

Beneficiary

Name	Relationship

DECLARATION AND CONSENT

I hereby apply for insurance as set out in the above application form and declare, to the best of my knowledge and belief, that the foregoing statements and particulars are true and complete. I hereby agree to notify Cocogen of any material change in the information as stated above.

I also declare that I am in good health and that:

- I am not a Person with Disability (PWD)
- I am a PWD (If applicant is a PWD, please accomplish the questionnaire below):

Type of Disability	Year of Disablement (yyyy)	Cause of Disability

I hereby certify that I voluntarily and knowingly consent to the collection, processing, sharing, storing of my personal and/or sensitive personal information by Cocogen for the purposes necessary in processing my insurance policy and in any related transactions and/or in other purposes as stated in the Privacy Policy of Cocogen. I certify that I carefully read and understood the terms above before giving my consent.

PRIVACY POLICY

Cocogen upholds an individual's data privacy rights and assures that all your personal information, sensitive personal information and privileged information (collectively, "Personal Data"), collected and to be collected, are processed in compliance with the Data Privacy Act of 2012 (DPA) and its Implementing Rules and Regulations (IRR).

This Privacy Policy provides information on how we collect, use, manage and secure your Personal Data necessary to serve you better. Any information you provide to us indicates your express consent to the content of our Privacy Policy.

Collection of Personal Data: We collect the following personal data from you when you apply for our insurance products and services, such as your:

- Name, birth date, place of birth, sex, nationality;
- Address (current and present address);
- Contact number or information (email address, telephone number and mobile number);
- PHID or Government ID information (Passport, ISS or Civic ID, driver's license, postal ID) and
- Source of funds or property and occupation.

- Claim investigation companies, tax adjusters, assessors/claims investigators, suppliers, repairers;
- Person or entity that we contractually entered with that ensures the confidentiality standard we implement and adhere to the DPA.

Any person that fall within matters of public concern, in order to carry out functions of public authority only to the extent of collection and further processing consistent with a constitutionally or statutorily mandated function pertaining to law enforcement, taxation and other regulatory function.

When you provide information other than yours, you undertake that you properly obtained the necessary consent in disclosing the same. You also certify that all Personal Data you submit is accurate, complete and up-to-date.

As a rule, Cocogen is not allowed to share your Personal Data to third parties. However, by giving your consent, you expressly authorize Cocogen to disclose your Personal Data to the aforementioned individuals and entities that is necessary for the proper execution of processes related to the declared purpose as stated in this Privacy Policy; and may not use it for any other purpose.

We may collect this information when you: (a) submit your application personally or through our distribution partners, insurance agents and brokers; (b) call us, visit our websites and social media advertisements; and/or (c) submit the same to us as part of your application and claims requirements, including information that we gather from third-parties, such as but not limited to subsidiaries, reinsurers, business partners.

Protection Measures: To maintain the integrity and confidentiality of your Personal Data we have implemented measures to secure and protect it from theft, loss, penetration or breach. We put in place organizational, physical and technical security measures necessary to protect your personal information. We will retain your Personal Data for as long as necessary to fulfill the purposes of your transactions with Cocogen, unless a longer period is allowed or required by law. After which, physical records shall be disposed of through shredding while digital files shall be anonymized.

Use: The collected Personal Data shall be used to process your transactions (e.g. insurance quotations and applications, policy issuance, claims servicing, premium payments); communicate and respond to your request; send your statements, billings and notices for your insurance coverage; serve as a reference for promotional information regarding our products; conduct surveys and inform through phone, mail, email, SMS or other communication facility in order to help us take better care of your insurance needs and allow us improve our products and services for you; comply with the directives issued by regulatory bodies; assist the Company in risk management, identify and claim verification and prevent and detect fraud; and, perform any other actions as may be necessary to implement the terms and conditions of our contract.

Contact Us: To exercise your rights under the DPA which include, among others, the right to erase, block, modify and object to the processing of your personal data, or should you have any inquiries or concerns about this Privacy Policy and/or complaints, you may contact our Data Protection Officer at:

We may disclose and share your Personal Data to the following:

- Our employee handling your account and requests;
- Our subsidiaries, affiliates and third-party service providers performing financial, administrative, technical and other ancillary services;
- Banks for bancassurance transactions, reinsurers, partners and professional advisers performing due diligence checks;
- Marketing intermediaries, agents, brokers and distributors;
- Government institutions and other competent authorities which by law, rules or regulations requires us to disclose.

Cocogen Data Protection Officer:
Address: 22F One Corporate Center,
Doña Julia Vargas Avenue corner
Hertel Avenue, Ortigas Center, Pasig City
E-mail: dpo@cocogen.com

Kindly browse through our Privacy Policy at www.cocogen.com/data-privacy to know more on how we protect your Personal Data.

DATA PRIVACY CONSENT

I, the undersigned hereby certify that I explicitly and unambiguously consent to the collection, processing, sharing, storing of my Personal Data by Cocogen for the purposes described in the Privacy Policy. I hereby certify that I carefully understood and comprehend the terms above before giving my consent. I further acknowledge that I have acquired the consent from all parties relevant to this Consent Form and hold free and harmless Cocogen from any complaint, suit or damages which any party may file or claim in relation to my consent.

Signed this on _____ at _____ City.

Name and Signature of the Insured

Important: Section 23 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of 2 years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim.



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COCOGEN INSURANCE, INC.

Cocogen has consistently been among the Philippines' leading non-life insurance companies. With more than five decades of distinctive leadership and commitment to the industry, it has earned the trust and loyalty of its valued clients.

With branches located in key cities and localities nationwide, Cocogen aims to maintain a culture of distinctive excellence by attaining customer satisfaction with our innovative insurance solutions and outstanding service.

COMMITTED.
COMPASSIONATE.
GENUINE.

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Client Services: (632) 8-830-6000
E-mail: client_services@cocogen.com
Website: www.cocogen.com
f t i @cocogenofficial

The information presented in this brochure is intended as a guide to coverage benefits only. Kindly refer to the details of the policy for the complete terms and conditions.

THE FINANCIAL PRODUCTS OF COCOGEN INSURANCE, INC. ARE NOT INSURED BY THE PHILIPPINE DEPOSIT INSURANCE CORPORATION AND ARE NOT GUARANTEED BY LAND BANK OF THE PHILIPPINES.



TRAVEL EXCEL PLUS
INTERNATIONAL

Best buddy to a hassle-free journey,
we got you!



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Pack your bags and get ready to go.

COCOGEN INTERNATIONAL TRAVEL EXCEL PLUS

is your best travel buddy for a smooth business or leisure trip so you can explore the world with complete protection benefits.



INTERNATIONAL TRAVEL

Our international travel insurance coverage comes in four (4) different sets of packages. Premiums vary depending on your travel duration and destination whether in Asia, Schengen, and the rest of the world.

Benefits

Coverage	Economy	Esteem	Executive	Elite*
Accidental Death/Disablement	USD 10,000	USD 25,000	USD 50,000	USD 100,000
Accidental Burial Benefit	USD 250	USD 500	USD 1,000	USD 2,000
Personal Liability	USD 1,000	USD 10,000	USD 20,000	USD 25,000
Medical Expense (Including Sabotage and Terrorism coverage) and hospitalization abroad***	USD 20,000	USD 45,000	USD 50,000	USD 100,000

*Available only to Insured below 60 years old.

** For FAMILY PLAN, Spouse and/or One Dependent Parent will receive one hundred percent (100%) of the Benefit Amounts as stated in the Policy Schedule, Dependents will each receive fifty percent (50%) of the Medical and Personal Accident Amounts as stated in the Policy Schedule except for Schengen Plans where benefits for Spouse and Dependents are equal to the Principal.

	Limits		Limits		
Travel Assistance Services (inclusive in all packages)	Economy/Esteem/ Executive	Elite	Travel Assistance Services (inclusive in all packages)	Economy/Esteem/ Executive	Elite
Hospital Cash Income	USD 20 (per day, max of 10 days)	USD 20 (per day, max of 10 days)	Connection services	Actual Expense	Actual Expense
Emergency Dental Care	USD 200	USD 400	Advance of ball bond	USD 1,000	USD 2,000
Delivery of Medicines	Actual Expense	Actual Expense	Trip Cancellation	USD 3,000	USD 5,000
Medical referral/appointment of local medical specialist	Actual Expense	Actual Expense	Trip Curtailment	USD 3,000	USD 5,000
Long distance medical information service	Actual Expense	Actual Expense	Delayed Departure	USD 200 (Non Receipted up to USD 100) Lump Sum cash benefit per occurrence	USD 500 (Non Receipted up to USD 100)
Transport or repatriation in case of illness or accident	Actual Expense	Actual Expense	Flight Misconnection	USD 200	USD 400
Repatriation of a family member traveling with the insured	Actual Expense	Actual Expense	Flight Diversion	USD 200	USD 400
Repatriation of mortal remains	Actual Expense	Actual Expense	Baggage Delay	USD 40 (Economy) USD 90 (Esteem) USD 100 (Executive)	USD 100 (Elite)
Escort of dependent child	Actual Expense	Actual Expense	Compensation for in-flight loss and/or damage of checked-in baggage	Up to USD 1,200	Up to USD 1,200
Travel of one immediate family member	Travel Cost (plus USD 100/day maximum USD 1,000)	Travel Cost (plus USD 100/day maximum USD 2,000)	Lost or stolen baggage/personal belongings not checked-in	Up to USD 1,200	Up to USD 1,200
Emergency return home following death of a close family member	Actual Expense	Actual Expense	Location and forwarding of baggage and personal effects	Actual Expense	Actual Expense
Relay of urgent messages	Actual Expense	Actual Expense	Loss of Personal Money	USD 250	USD 250
			Loss of passport, Driving License, National Identity Card Abroad	USD 250	USD 250

TRAVEL EXCEL PLUS

International Travel Personal Accident Insurance

Application Form

Personal Data			
Name of Applicant (Individual/Company)			
Present/Business Address			
Permanent/Official Mailing Address			
Date of Birth/Incorporation			
TIN		Other ID No. (SSS/GSIS, if TIN is unavailable)	
Mobile No.		Telephone No.	
Email Address			
For Individual		For Corporate Accounts/Business Representative	
Place of Birth		Nature of Business	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Website	
Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		Affiliated Companies	
Nationality		Occupation	
Occupation		Source of Funds	
Employer			
How would you like to receive information from us? <input type="checkbox"/> Mobile <input type="checkbox"/> Landline <input type="checkbox"/> Email			
Trip Information			
Departure Date		Return Date	No. of Days
Itinerary		Purpose of Trip	
Coverage			
<input type="checkbox"/> Economy <input type="checkbox"/> Esteem <input type="checkbox"/> Executive <input type="checkbox"/> Elite			
Optional Coverage			
Cruise Surcharge <input type="checkbox"/> Yes <input type="checkbox"/> No			
COVID-19 Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Applicant should not be in contact with a probable, suspected or confirmed COVID-19 case at the time of the application and before the date of departure. RT-PCR Test with Negative Result should be submitted.</i>			
For Family Coverage			
Name of Accompanying Dependent(s)	Relationship	Date of Birth	Occupation
Person to contact in case of emergency			
Name	Relationship	Tel. No.	

