



STERLING INSURANCE COMPANY, INC.

6/F Zeta II Annex Bldg., 191 Salcedo Street, Legaspi Village, Makati City
Trunk Lines: 759-2920 / 759-2921 / 759-3082 / 892-3792 / 893-0025 / 893-0026
Fax Nos. 892-3794 / 759-2886 / 759-2399 Tin: 001-009-467-000

CONFIRMATION OF COVER

No: **000000016**

Group Policy Holder ARCHIPELAGO PHILIPPINE FERRIES CORPORATION	Master Policy Number GPA-HOM-0000001
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This confirms that the person named below is insured under and subject to all terms, conditions, warranties and clauses of the above stated Master Policy.

Accidental Death / Total Permanent Disability or Disablement, Sabotage & Terrorism PHP 100,000.00	Accidental Medical Expenses PHP 10,000.00
Burial Expense Benefit PHP 5,000.00	Repatriation Expenses PHP 5,000.00
Insured F F	Beneficiary / Relationship /
Term of Insurance One way only from boarding at port / terminal of origin until exit from the port / terminal of destination	From: F To: F
Vessel F	Departure Date / Time November 21, 2022 / 10:30
Issue Date December 12, 2023	Premium incl. Stamps & Taxes 10.00

IMPORTANT NOTICE: The Insurance Commission with offices in Manila, Cebu and Davao is the government official in charge of the faithful execution and enforcement of all laws relating to insurance and has supervision over insurance companies. He is ready at all times to render assistance in settling any controversy between an insurance company and a policy holder relating to insurance matters.

STERLING INSURANCE COMPANY INC.

VERONICA M. AQUINO
Authorized Signatory

SCOPE OF COVER

The policy covers against loss (as listed under Benefits below) resulting directly and independently of all other causes, including Sabotage & Terrorism, from bodily injury occurring at any time during the entire duration of the voyage starting from passenger entry into the port / terminal of origin until exit from the port / terminal of destination (unless voyage is terminated), within the Republic of the Philippines.

BENEFITS

The insurance afforded is only with respect to bodily injury which directly and independently of all other causes result in DEATH or DISABLEMENT or LOSS as stated hereunder. When injury shall result in any of the following losses within 12 consecutive months after the date of the accident, the Insurer will pay for the loss of:

- Life The Principal Sum
- Both hands or both feet or sight of both eyes The Principal Sum
- One hand and one foot The Principal Sum
- Either hand or foot and sight of one eye The Principal Sum
- Either hand or foot One half of the Principal Sum
- Sight of either eye One half of the Principal Sum
- Sight of either eye One half of the Principal Sum

Loss as above used with reference to hand or foot means complete severance through or above the wrist or ankle joint and as used with reference to eyes means the entire and irrecoverable loss of sight.

The occurrence of any specific loss for which indemnity is payable under this Part shall at one terminate all insurance under the Policy but such termination shall be without prejudice to any claim originating out of the accident causing such loss. No indemnity will be paid under any circumstances for more than one of the losses specified above. In case of occurrence of losses indemnifiable above, the Company will pay only the indemnity corresponding to the greatest loss.

In the event of accidental death of the Insured, the principal sum benefit shall be paid to the beneficiary indicated in the Confirmation of Cover, otherwise to the estate. All other benefits shall be payable to the Insured.

Accidental Medical Expenses pays for necessary medical, surgical and other incidental expenses including the necessary costs for procedures to properly identify bodies (in the event of death of the Insured).

Burial Expense Benefit pays an additional lump sum benefit in the event of accident death of the Insured.

Repatriation Expenses – In the event of death covered under the Policy, the Company shall reimburse expenses incurred to transport the mortal remains of the Insured back to the Insured’s residence anywhere in the Philippines.

EXCLUSIONS

This Policy shall not extend to cover:

1. Intentionally self-inflicted injury, suicide or any attempt thereat while sane or insane;
2. Any kind or sickness or disease;
3. Congenital anomalies and conditions arising therefrom, dental care or surgery except when necessary in the treatment of a covered injury;
4. Cosmetic or plastic surgery except when necessary in the treatment of a covered injury;
5. Medical or surgical treatment (except as may be necessary solely by injuries covered by this policy and performed within the time provided in the policy);
6. Any accident occurring outside the Republic of the Philippines;
7. War, invasion, act of foreign hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, conspiracy, military or usurped power, martial law or state of siege seizure quarantine or customs regulation or nationalization by or under the order of any government or public or local authority;
8. Any loss or expenses which the proximate cause was the Insured’s attempted commission of or a wilful participation in any crime punishable under the Revised Penal Code of the Philippines (RA 3815) except crimes of reckless imprudence as defined in Article 365;
9. Any loss or expenses in which the proximate cause was the Insured’s resistance to lawful arrest.

NOTICE OF CLAIM

Written notice of injury on which any claim may be based must be given to the Company within 30 days after the date of the accident causing such injury. In the event of accidental death, immediate notice must be given to the Company.

DISCLAIMER

This Confirmation of Cover is intended to be a general summary. For full details on terms, conditions, exclusions and provisions of your coverage, you may request for a copy of the Master Policy.

"We go further to serve you better"

Email: insure@sterling-insurance.com.ph / info@sterling-insurance.com.ph

