

GLOBE GADGET CARE CLAIMS GUIDELINES

Contact the **Gadget Care Hotline** for all claims and claims-related inquiries.

- Globe Gadget Care Hotline: (632) 7565400
- Toll-Free Number: 1-800-8-7565400
- Email Address: GlobeConsumerClaims.PH@chubb.com

Process your claim in 3 easy steps.

STEP 1 REPORT

Report the incident immediately or within seven (7) days of discovery via the Gadget Care Hotline numbers or Email Address.

STEP 2 COMPLETE

Download the Gadget Care Claim Form and fill it out completely.

STEP 3 SUBMIT

Submit the required documents via GlobeConsumerClaims.PH@chubb.com to start claims processing.

Type of Claim	Claims Documentary Requirements
Accidental Damage	<ol style="list-style-type: none"> 1. Duly completed Claim Form 2. Two (2) Latest Globe Statements of Account showing Monthly Recurring Fee of Gadget Care Plan 3. Any proof of payment of Globe account's outstanding balance covering claim period 4. Photo of the damaged gadget
Theft Benefit	<ol style="list-style-type: none"> 1. Duly completed Claim Form 2. Two (2) Latest Globe Statements of Account showing Monthly Recurring Fee of Gadget Care Plan 3. Any proof of payment of Globe account's outstanding balance covering claim period 4. Original copy of Police Report secured within 7 days of discovery 5. Notarized Affidavit of Ownership and Loss Undertaking (National Telecommunications Commission Form for Phone Blocking) 6. Photocopy of two (2) Valid IDs
Postpaid Bill Protect	<p>Requirements for Accidental Temporary Disability Benefit & Accidental Death Benefit Claim:</p> <ol style="list-style-type: none"> 1. Duly completed Claim Form 2. Two (2) Latest Globe Statements of Account showing Monthly Recurring Fee of Gadget Care Plan 3. Any proof of payment of Globe account's outstanding balance covering claim period 4. Attending Physician's Report, specifying the number of days/months that the Insured is not allowed to or capable of returning to work and/or attending to his daily duties 5. Birth Certificate of the Insured 6. Original copy of Police Report 7. Notarized Affidavit of Witness <p>Additional requirements for Accidental Death Benefit Claim:</p> <ol style="list-style-type: none"> 1. Death Certificate 2. Autopsy Report or Medico Legal Statement 3. Proof of Relationship to Beneficiary

Upon submission of your complete documents, a Claims Decision Letter will be sent to your email within 15 working days. Information about the next steps will also be provided in the same email.

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How to Settle your Participation Fee*

For approved claims, find out the Participation Fee corresponding your Gadget Care Plan.

Gadget Care Plan	Gadget Care Monthly Premium	Participation Fee
Gadget Care Plan 89 – Band 1 Device	P89	P750
Gadget Care Plan 179 – Band 2 Device	P179	P1,500
Gadget Care Plan 299 – Band 3 Device	P299	P3,000
Gadget Care Plan 399 – Band 4 Device (except iPhone 8, iPhone 8 Plus and iPhone X)	P399	P4,000
Feature Phone – non-Android, Legacy phones, low-end smartphones	P199	P1,250
Smartphone – Android, iPhone, BlackBerry	P299	P4,250

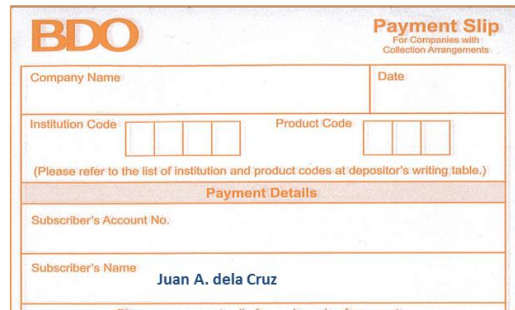
Deposit your Participation Fee payment through any BDO branch nationwide and wait for a payment confirmation via email within 3 working days.

(1) In the payment slip, indicate “Insurance Company of North America” in the Company Name



The form shows the 'Company Name' field filled with 'Insurance Company of North America'. Other fields like 'Institution Code', 'Product Code', 'Subscriber's Account No.', and 'Subscriber's Name' are empty.

(3) Write your name in the Subscriber Name Field



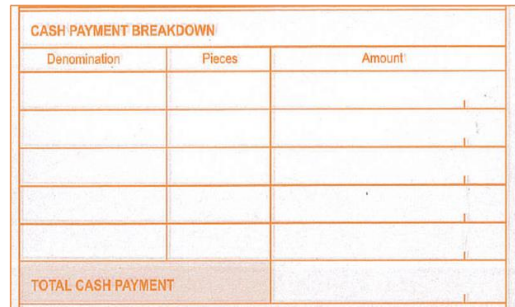
The form shows the 'Subscriber's Name' field filled with 'Juan A. dela Cruz'. Other fields are empty.

(2) Specify your payment reference number in the Subscriber Account Number Field



The form shows the 'Subscriber's Account No.' field filled with '00000 - 51400 - xxxxx'. Other fields are empty.

(4) Complete the form with your payment details



Denomination	Pieces	Amount
TOTAL CASH PAYMENT		

Provided that your claim has been approved, your replacement device will be delivered to your preferred delivery address within 10 working days. Please note that lead time may vary depending on device availability, your area of delivery, and your availability to receive the replacement device.

Claims Servicing Turnaround Time

Acknowledgment of Notice of Claim	Within 24 hours or the next business day from receipt of notice of claim
Assessment and Processing of Claims	Within fifteen (15) working days from receipt of complete claims documents
Delivery of Replacement Unit	Within ten (10) working days provided that your claim has been approved