



ACCIDENTAL DAMAGE INSURANCE CLAIMS GUIDELINES

Contact the **1+1 Accidental Damage Insurance Hotline** for all claims and claims-related inquiries.

- 1+1 mobileprotect Accidental Damage Insurance Hotline:+63 2 859 2773
- Toll-Free Number: 1800-10-8592773
- Email Address: Esquire1plus1.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 1+1 Accidental Damage Insurance Hotline or Email Address.

STEP 2 COMPLETE

Download the 1+1 Accidental Damage Insurance Claim Form from [link to download](#) and fill it out completely.

STEP 3 SUBMIT

Submit the required documents via Esquire1plus1.PH@chubb.com to start claims processing.

Claims Documentary Requirements

1. Duly completed Claim Form
2. Photo of the damaged device/phone

Upon submission of your complete documents, a Claims Decision Letter will be sent to your email within 5 working days. Information about the next steps will also be provided in the same email.



mobileprotect

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How to Settle your Participation Fee*

For approved claims, refer to the Participation Fee corresponding to your device.

Device SRP (PHP)	20,000 – 30,000	30,001 – 40,000	40,001 – 50,000	50,001 – 60,000	60,001 – 70,000	70,001 – 80,000	80,001 – 90,000	90,001 – 100,000
Participation Fee (PHP)	2,175	2,900	3,625	4,350	5,075	5,800	6,525	7,250

Deposit your Participation Fee payment through any BDO branch nationwide and wait for a payment confirmation via email within 48 hours.

1. In the Bill Payment box, indicate "Insurance Company of North America" in the Company Name
2. Write your name in the Subscriber's Name Field
3. Specify your Chubb Ref. No. on the Subscriber's Account No. Field (starts with five zeros "00000")
4. Complete the form with your payment details

BDO Cash Transaction Slip

Currency: Peso US Dollar Others Date: _____

Deposits: Current Savings Time Deposit/Placement For Account with Deposit Reference Facility

Bills Payment: Company Name: Insurance Company of North America; Institution Code: _____; Product Code: _____; Subscriber's Name: Juan A. dela Cruz; Subscriber's Account No.: 00000-51400-_____

Cash Card: Sale Reload; Cardholder's Name/Contact No.: _____; Cash Card No.: _____

Payment: Loan Trade; Borrower's Name: _____; Promissory Note No. / Trade Reference No.: _____

Machine Validation: _____

This serves as your receipt when machine validated. V032018

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 5 working days from receipt of complete claims documents
Delivery of Replacement Unit	Within 5 working days provided that your claim has been approved and Participation Fee has been paid

*Only applicable to approved claims.