

Department of Labor and Employment  
**OVERSEAS WORKERS WELFARE ADMINISTRATION**  
RWO: \_\_\_\_\_



**INSURANCE CLAIM FORM**

Application No. \_\_\_\_\_

[ ] Landbased [ ] Seabased

**PERSONAL DATA**

Name of OFW \_\_\_\_\_  
(Last) (First) (Middle)  
Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Civil Status: \_\_\_\_\_ Tel. No. \_\_\_\_\_  
Manila Address: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
Name of Spouse, if married: \_\_\_\_\_  
Name of Parents, if single: \_\_\_\_\_  
Name of CLAIMANT (for death Benefit): \_\_\_\_\_  
(Last) (First) (Middle)  
Address: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relation to OFW: \_\_\_\_\_

**EMPLOYMENT DATA**

Name of Foreign Employer: \_\_\_\_\_ Jobsite: \_\_\_\_\_  
Local Agency: \_\_\_\_\_ Position: \_\_\_\_\_ Contract processed: \_\_\_\_\_  
Contract duration: \_\_\_\_\_ Date of last departure: \_\_\_\_\_ Date of last arrival: \_\_\_\_\_

**CLAIM FILED (check applicable box)**

<input type="checkbox"/> Death	<input type="checkbox"/> Disability
Cause : _____	Nature : _____
Date : _____	Date : _____
Place : _____	Place : _____

\_\_\_\_\_  
CLAIMANT'S/OFW'S SIGNATURE OVER PRINTED NAME

\_\_\_\_\_  
DATE

**(FOR OWWA USE ONLY)**

**VERIFICATION / CERTIFICATION OF NON-AVAILMENT / MEMBERSHIP**

This is to certify that OFW: \_\_\_\_\_ has

<input type="checkbox"/> no previous availment	<input type="checkbox"/> previous availment	<input type="checkbox"/> membership record
	Date: _____	Duration : _____

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature over printed name of IHCBU VERIFIER

**MEDICAL EVALUATION**

Nature of Disability / Final Diagnosis / Disability  
Schedule: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dr.: \_\_\_\_\_  
SIGNATURE OVER PRINTED NAME

License No. \_\_\_\_\_  
Date: \_\_\_\_\_

**VALIDATION / EVALUATION**

[ ] Death [ ] Disability

**ATTACHED DOCUMENTS**

[ ] Death Certificate	[ ] Medical Certificate / Medical exam procedure result
[ ] Marriage Certificate	[ ] Accident / Police report
[ ] Birth Certificate	[ ] Passport / Seamen's Service Record Book / Info Sheet
[ ] O. R. of funeral expenses	[ ] Others _____

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature over printed name of  
IHCBU PROCESSOR/EVALUATION OFFICER

**RECOMMENDATION/APPROVAL**

Applicant is entitled to P \_\_\_\_\_

RECOMMENDING APPROVAL:

APPROVED:

\_\_\_\_\_  
ICHBU SUPERVISING OFFICER

\_\_\_\_\_  
CHIEF, PSD

\_\_\_\_\_  
DIRECTOR, RWO-NCR

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

ENCODED BY:

\_\_\_\_\_  
Signature over printed name

\_\_\_\_\_  
Date

**UNDERTAKING**

I, \_\_\_\_\_, of legal age, \_\_\_\_\_, Filipino citizen and a resident of \_\_\_\_\_ after having been duly sworn to in accordance with law, do hereby depose and say:

1. That, I am the beneficiary and claimant of \_\_\_\_\_ accruing from \_\_\_\_\_
2. That, for whatever benefits or amount that I may receive from the Overseas Workers Welfare (OWWA), I hereby take full responsibility for my action and hereby undertake to absolve the OWWA from any liability that may arise from its release of said claims;
3. That, likewise, in the even that any person who has a better right to my said claim would appear, I undertake to return or pay any amount that I shall receive in favor of the person;
4. That, I am executing this affidavit for the purpose of attesting to the truth of the foregoing and in order to support my claim for \_\_\_\_\_

In witness hereof, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ at Pasay City.

\_\_\_\_\_  
Claimant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ at Pasay City.

\_\_\_\_\_  
Administering Officer