

(1) **THIRD PARTY LIABILITY (SUBJECT TO THE SCHEDULE OF INDEMNITY)**

**SCHEDULE OF INDEMNITIES FOR BODILY INJURY AND/OR DEATH**

The following schedule of indemnities shall be observed in the settlement of claims for death, bodily injuries and professional fees and hospital charges for services rendered to, traffic accident victims under the Compulsory Motor Vehicle Liability Insurance Coverage.

**A. DEATH INDEMNITY** ₱ 70,000.00  
Burial and Funeral Expenses 30,000.00

**B. BODILY INJURIES AND FRACTURES -**

<u>Types of Accomodation or Professional Attendance Extended</u>	<u>Services Rendered</u>	<u>Maximum Reimbursable Fees and/or Charges</u>
1. Hospital Rooms	Maximum of 45 days per accident	₱ 500.00/day
	Laboratory Examination fees, X-rays	2,000.00
2. Surgical Expenses	Major Operation	7,500.00
	Medium Operation	5,000.00
	Minor Operation	1,500.00
3. Anaesthesiologist's Fees	Major Operation	2,500.00
	Medium Operation	2,000.00
	Minor Operation	500.00
4. Operating Room	Major Operation	1,500.00
	Medium Operation	1,000.00
	Minor Operation	500.00
5. Medical Expenses	For daily visits of Practitioner or Specialists	400.00/day
	The total amount of medical expenses must not exceed (For a single period of confinement)	5,000.00
6. Drugs and Medicine	Actual value of drugs and medicine used but not to exceed	20,000.00
7. Ambulance	Actual amount charged for ambulance transport but not to exceed	1,500.00

**C. PERMANENT DISABLEMENT**

Loss of or Loss of Use of:	AMOUNT
Two Limbs	P 50,000.00
Both Hands, or All Fingers & Both Thumbs	50,000.00
Both Feet	50,000.00
One Hand and one Foot	50,000.00
Sight of both eyes	50,000.00
Injuries resulting in being permanently bedridden	50,000.00
Any other injury causing permanent total disablement	25,000.00
Arm at or above elbow	20,000.00
Arm between elbow and wrist	15,000.00
Hand	15,000.00
Four fingers and thumb of one hand	15,000.00
Four fingers	12,000.00
Leg at or above knee	20,000.00
Leg below knee	15,000.00
One foot	15,000.00
All toes of one foot	10,000.00
Thumb	8,000.00
Index Finger	6,000.00
Sight of one Eye	20,000.00
Hearing-both Ears	30,000.00
Hearing-one Ear	15,000.00

**(2) EXCESS BODILY INJURY (You may choose your coverage below)**

- NONE
- P 100,000
- P 200,000

**(3) PROPERTY DAMAGE (You may choose your coverage below)**

- NONE
- P 100,000
- P 200,000

**(4) AUTO PASSENGER (You may choose your coverage below)**

- P 50,000
- P 100,000

**(5) ROADSIDE ASSISTANCE**

- Up to 3 events