

Discover the philippines  
with confidence.

**MyTravel Mate**  
Domestic



 **FPG** insurance



As you explore the stunning islands and breathtaking landscapes of the Philippines, you want to be sure that you're covered and protected every step of the way. That's where **MyTravel Mate Domestic** from FPG Insurance comes in. With our comprehensive domestic travel insurance, you can travel with confidence, knowing that you are protected against unexpected situations, from medical emergencies to trip cancellations and more.

Whether you're taking a scenic road trip, embarking on an island-hopping adventure, or simply exploring the local culture, **MyTravel Mate Domestic** has got you covered. Our policies are tailored to meet the unique needs of travelers, offering a range of coverage options and benefits to suit your budget and travel style.

**Disclaimer**

This information contained in this brochure is just a brief description of available FPG Insurance's **MyTravel Mate Domestic**.

This brochure is not statement of contract. The precise and full coverage is subject to terms, conditions, exclusions, and limit of liability contained in the actual insurance policy which will be used to you upon approval of our application.

In case of conflict, our insurance policy shall prevail over this brochure.

## BENEFITS

COVERAGE	PLAN I	PLAN II	PLAN III	PLAN IV	PLAN V
Accidental Death/Disablement	Php 50,000	Php 100,000	Php 500,000	Php 750,000	Php 1,000,000
Unprovoked Murder & Assault	Php 25,000	Php 50,000	Php 250,000	Php 375,000	Php 500,000
Medical Reimbursement	Up to Php 5,000	Up to Php 10,000	Up to Php 50,000	Up to Php 75,000	Up to Php 100,000
Accidental Burial Expense	Up to Php 5,000	Up to Php 10,000	Up to Php 50,000	Up to Php 75,000	Up to Php 100,000
Trip Cancellation	Up to Php 25,000	Up to Php 50,000	Up to Php 100,000	Up to Php 120,000	Up to Php 150,000
Trip Curtailment	Up to Php 10,000	Up to Php 20,000	Up to Php 50,000	Up to Php 75,000	Up to Php 100,000
Hospital Confinement Allowance	Php 1,000	Php 2,000	Php 3,000	Php 4,000	Php 5,000
Flight Delay	Up to Php 1,000	Up to Php 2,000	Up to Php 10,000	Up to Php 15,000	Up to Php 20,000
Baggage Delay	Up to Php 2,500	Up to Php 5,000	Up to Php 10,000	Up to Php 15,000	Up to Php 20,000
Loss of Baggage	Up to Php 5,000	Up to Php 10,000	Up to Php 25,000	Up to Php 35,000	Up to Php 50,000

### COVID-19 COVERAGES

Medical Reimbursement	Up to Php 2,500	Up to Php 5,000	Up to Php 10,000	Up to Php 20,000	Up to Php 25,000
Trip Cancellation	Up to Php 2,500	Up to Php 5,000	Up to Php 10,000	Up to Php 20,000	Up to Php 25,000
Trip Curtailment	Up to Php 2,500	Up to Php 5,000	Up to Php 10,000	Up to Php 20,000	Up to Php 25,000
Hospital Confinement Allowance	Up to Php 600	Up to Php 700	Up to Php 800	Up to Php 900	Up to Php 1,000

## TRAVEL PREMIUM

NUMBER OF DAYS	PLAN I	PLAN II	PLAN III	PLAN IV	PLAN V
1 to 5 days	Php 70	Php 145	Php 205	Php 277	Php 366
6 to 12 days	Php 100	Php 205	Php 353	Php 473	Php 627
13 to 21 days	Php 130	Php 265	Php 435	Php 575	Php 800
22 to 31 days	Php 160	Php 325	Php 651	Php 875	Php 1,150
32 to 45 days	Php 232	Php 489	Php 1,051	Php 1,425	Php 1,850
46 to 60 days	Php 304	Php 653	Php 1,451	Php 1,975	Php 2,550
Each Additional Week	Php 36	Php 82	Php 200	Php 275	Php 350
<b>Annual Premium</b>	<b>Php 1,788</b>	<b>Php 3,748</b>	<b>Php 7,800</b>	<b>Php 9,400</b>	<b>Php 12,000</b>

## TRAVEL PREMIUM WITH COVID-19 RIDER

NUMBER OF DAYS	PLAN I	PLAN II	PLAN III	PLAN IV	PLAN V
1 to 5 days	Php 105	Php 218	Php 308	Php 416	Php 549
6 to 12 days	Php 150	Php 308	Php 530	Php 710	Php 941
13 to 21 days	Php 195	Php 398	Php 653	Php 863	Php 1,200
22 to 31 days	Php 240	Php 488	Php 977	Php 1,313	Php 1,725
32 to 45 days	Php 348	Php 734	Php 1,577	Php 2,138	Php 2,775
46 to 60 days	Php 456	Php 980	Php 2,177	Php 2,963	Php 3,825
Each Additional Week	Php 54	Php 123	Php 300	Php 413	Php 525
<b>Annual Premium</b>	<b>Php 2,682</b>	<b>Php 5,622</b>	<b>Php 11,700</b>	<b>Php 14,100</b>	<b>Php 18,000</b>

\*TABLE OF PREMIUMS IS INCLUSIVE OF TAXES. AMOUNTS STATED ARE IN PHILIPPINE PESO\*

#### With COVID-19 Cover

##### Maximum Days of Coverage allowed

- a. For Two Way continuous leisure / business trips - COVID-19 is covered up to a maximum 180 days only
- b. For Two Way Annual Multi Trip - COVID-19 is covered up to a maximum of 90 days per Trip Only
- c. For One Way Trip - COVID-19 is covered up to 24 hours upon reaching the destination

##### Eligibility of Cover with and without COVID-19

- Age Limit: 1 month to 70 years old
- Children 1 month to 17 years old can only be covered max of Php 100,000

# Definition of Benefits



## ACCIDENTAL DEATH & DISABLEMENT

Pays up to the sum insured in the event of death or permanent disablement due to an accident.



## UNPROVOKED MURDER & ASSAULT

Pays for 50% of the sum insured for accidental bodily injury sustained as a direct result of the insured being a victim of Unprovoked Murder or Assault.



## ACCIDENTAL MEDICAL REIMBURSEMENT

Pays for the actual medical expenses incurred due to accidental bodily injury.



## ACCIDENTAL BURIAL BENEFIT

Pays for a fixed amount to the insured as financial assistance resulting in accidental death.



## BAGGAGE DELAY

The Company will pay for the purchase of necessary clothing and toiletries in case of luggage delay for more than twelve (12) hours.



## TRIP CANCELLATION

The Company will pay for the unused and non-refundable portion of travel, accommodation & tours in the event that the insured did not proceed with the trip due to related conditions or other emergency reasons defined in the policy.

### Guidelines:

#### Family Condition

- Family Package consists of a maximum of 4 Family members with at least 1 adult and 1 minor.

- Age eligibility for children is from 1 month up to 17 years old.
- Limit for children is up to Php 100,000 only.

#### Group Policy Condition

- No limitation on the number of Group.
- Only those testing positive for COVID-19 who provide all the necessary elements to validate this situation will have access to the benefit.





## TRIP CURTAILMENT

The Company will pay for the unused portion of the travel or accommodation in the event that the trip is shortened due to related conditions or other emergency reasons defined in the policy.



## FLIGHT DELAY

The Company will pay for reasonable meals including transport and hotel accommodation in the event that the trip is delayed for at least twelve (12) hours.



## LOSS OF BAGGAGE AND PERSONAL EFFECTS

Covers loss or damage to baggage and personal belongings sustained while traveling up to the maximum limit of the chosen plan.



## HOSPITAL CONFINEMENT ALLOWANCE

Pays for a fixed amount for everyday hospitalization maximum of 10 days as a result of accidental injury and sickness.



### General Exclusion:

- Motorcycling, riding or driving in any kind of race, all professional sports and air travel (other than a passenger on a scheduled commercial flight), hitchhiking, mountaineering, rock climbing, hiking/trekking in remote areas, and underwater activities.
- Pregnancy, AIDS, self-inflicted injury or illness, suicide, alcoholism, drug abuse, and pre-existing condition.
- War, mutiny, revolution, insurrection, rebellion, military or usurped power, strike, riot, and civil commotion.
- Military or air force operations.
- Nuclear hazard
- Medical treatment is the main purpose of the trip.
- Illness that requires treatment or consultation, 12 months prior to commencement of trips are not covered

# COVID-19 RIDER

## Definition of Benefits



### **MEDICAL REIMBURSEMENT DUE TO COVID-19**

Pays for medical expenses incurred due to COVID-19, up to the maximum limit under the policy schedule.



### **TRIP CANCELLATION DUE TO COVID-19**

Pays the non-refundable portion of travel costs paid in advance due to COVID-19 prior to departure, up to the maximum limit under the policy schedule.



### **TRIP CURTAILMENT DUE TO COVID-19**

Pays the unused portion of your travel or accommodation cost (which has been paid in advance and is non-refundable) if the trip is curtailed due to COVID-19 that requires emergency treatment, up to the maximum limit under the policy schedule.



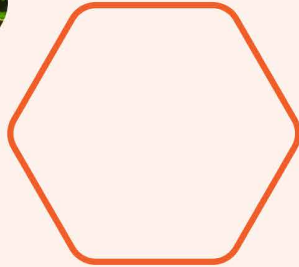
### **HOSPITAL CONFINEMENT ALLOWANCE DUE TO COVID-19**

Pay a fixed amount for everyday hospitalization (maximum of ten (10) days) as a result of COVID-19, up to the maximum limit under the policy schedule.



### **SPECIFIC EXCLUSIONS COVID-19 HEALTH EXPENSES**

In addition to the General Exclusions to all the guarantees of the General Conditions, the benefits required for the care of the COVID-19 disease will not be covered when it is pre-existing to the contracting of this COVID-19 coverage, that is, at the moment the Insured has tested positive in a COVID-19 detection test or already presents the symptoms of this disease.



Don't let unexpected incidents ruin your travels in the beautiful Philippines. With **MyTravel Mate Domestic**, you can explore the country with peace of mind. Get insured today and travel with confidence!

**FOLLOW US ON OUR SOCIAL MEDIA ACCOUNTS:**

## APPLICANT'S INFORMATION

Name:

Last Name

First Name

Middle Name

Suffix

Mailing Address:

Block/Lot/Phase No./Floor No./Unit No.

Street

Village/Subdivision/Condo Building

Barangay

City/Municipality

Province/State

ZIP Code

Mobile No.:

E-mail Address:

TIN/SSS/GSIS No.:

Gender:  Male  Female

Civil Status:  Single  Married

Date of Birth: DD/MMM/YYYY

Place of Birth:

Citizenship/Nationality:

Source of Funds:  Self-Employed  Salary

Name of Employer/Business:

Nature of Employment/Business:

Occupation:

Purpose of Travel:  Leisure  Business

## CHOICE OF PLAN

PLAN I  PLAN III  PLAN V

PLAN II  PLAN IV

COVID-19 PROTECTION

INCLUDED  EXCLUDED

## FAMILY MEMBER TO BE COVERED

Full Name	Date of Birth DD/MMM/YYYY	Gender	Relationship

## PERIOD OF INSURANCE

From:

DD/MMM/YYYY

To:

DD/MMM/YYYY

Itinerary:

## AGREEMENT

I HEREBY DECLARE and warrant the answers given above in every respect true and correct; and have not withheld any information likely to effect acceptance of this proposal; I further agree that this proposal shall be the basis of the contract between FPG Insurance and me.

During the effectivity of the contract/policy, the customer/client agrees to the following:

(1) In case the Company is unable to comply with relevant customer due diligence (CDD) measures, as required under the Anti-Money Laundering Act, as amended and relevant Issuances, due to the fault of the client, the company may apply the following:

a. Measures to restrict the services available or prohibit any further transactions on the contract/policy until full and proper CDD Measures have been successfully conducted; and  
b. In case the foregoing is unsuccessful, terminate business relationship. The exercise of the company of this measure shall only entitle the client/customer to receive the unused portions of premium or withdrawal value, if any, whichever is applicable.

(2) Be bound by obligations set out in relevant United Nations Security Council Resolution relating to the prevention and suppression of proliferation financing of weapons of mass destruction, including freezing and unfreezing actions as well as prohibition from conducting transaction with designated persons and entities.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
DD/MMM/YYYY  
Date

## DATA PRIVACY CONSENT FORM

I acknowledge that FPG Insurance Co., Inc. (FPG) may collect, use, process and share my personal information to its stakeholders, duly authorized representatives, business partners, adjusters and other third parties for purposes such as but is not limited to underwriting, claims, business analysis, compliance with regulatory requirements and any other legitimate business purpose. I authorize FPG to disclose my personal data to FPG group of companies, their service providers, other insurance and distribution parties and to any other third parties and authorities to whom FPG must make disclosures under applicable laws and regulations.

I also authorize FPG to verify and investigate the information I have given, including documents submitted. FPG may retain my personal information as long as my business transaction with FPG is still in force and in case of termination, for a period of five (5) years from the date of termination. I acknowledge and agree to the data privacy provisions as stated above. I hereby provide my consent by affixing my signature in this form



# CONSUMER ASSISTANCE MANAGEMENT SYSTEM



CONSUMER

PLATFORM



TRUNKLINE

(02) 8859-1200  
(02) 7944-1300



EMAIL

**FOR COMPLAINT**  
consumercomplaint@fpgins.com  
**FOR INQUIRY/REQUEST**  
phcustomercare@fpgins.com



MAILING  
ADDRESS

**CRM DEPARTMENT**  
6/F Zuellig Building, Makati Ave.,  
corner Paseo de Roxas,  
Makati City 1225, Philippines



WEBSITE

[www.fpgins.com/ph](http://www.fpgins.com/ph)



SOCIAL MEDIA



[fpginsurance.ph](https://www.facebook.com/fpginsurance.ph)



AGENT/ BROKER

CONTACT YOUR SERVICING  
AGENT/ BROKER



RECEIPT AND  
ACKNOWLEDGEMENT

Complaints are received through  
our various service delivery channels



INTERNAL INVESTIGATION,  
REQUEST, AND RESOLUTION

Our consumer assistance team conducts  
the investigation and comes up with  
a resolution for the complaint



COMMUNICATION OF  
RESOLUTION TO CUSTOMER

We communicate to the financial consumer the resolution  
within the time frames below:  
**SIMPLE** – within 5 working days  
**COMPLEX** – within 30 working days

FPG Insurance is regulated by the Insurance Commission of the Philippines

## FPG Insurance Co., Inc.

6/F Zuellig Building, Makati Avenue corner Paseo de Roxas, Makati City 1225, Philippines



(02) 8859-1200 | (02) 7944-1300



[phcustomercare@fpgins.com](mailto:phcustomercare@fpgins.com)

[www.fpgins.com/ph](http://www.fpgins.com/ph)