AREA IV

SUPPORT TO STUDENTS

S.18.5. others, (please, specify): DEATH AND MEDICAL ASSISTANCE

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STUDENT PERSONAL ACCIDENT POLICY SCHEDULE

Line	: Personal Accident	Issue Date	: October 21,2026		
Product	: STUDENT PERSONAL ACCIDENT				
Policy No.	: P-DIG-26-1-50-5004-000004	**Policy Period**			
		From	: October 20, 2026 (12:00 noon)		
		To	: October 20, 2027 (12:00 noon)		
Insured	: UNIVERSITY OF SOUTHERN MINDANAO				
		Premium	: PHP		1,463,219.51
Address	: POBLACION, KABACAN, NORTH COTABATO	**Documentary Stamps**	:		200.00
		Premium Tax	:		29,264.39
		Local Government Tax	:		7,316.10
		Total	:	**PHP**	**1,500,000.00**
Agent Code	: AG0000476	**Renewing/Replacing**	:		

COVERED PERSON : REFER ATTACHED LIST OF 15,000 STUDENTS.
FACULTY AND ADMINISTRATIVE STAFF ARE COVERED WITH THE SAME PLAN (FREE OF CHARGE)

REMARKS : COLLEGE STUDENTS - 15,000

COVERAGE	LIMIT OF LIABILITY (PHP)
Injuries From School'S Athletic Meet And/Or Sport'S Festival	1,200,000,000.00
Accidental Death & Disablement	6,750,000,000.00
Unprovoked Murder & Assault	6,750,000,000.00
Burial Assistance Due to Accident	600,000,000.00
Burial Benefit Due To Natural Causes	450,000,000.00
Death Due To Drowning	6,000,000,000.00
Accidental Burial Benefit	6,750,000,000.00
Cash Assistance To Fire Victims	75,000,000.00
Daily Hospitalization For 30 Days Due To Accident	12,000,000.00
Ambulance Assistance	45,000,000.00
Comprehensive General Liability	300,000.00

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(Premises & Operations Only)	

INSURED DETAILS :

COVERAGE PER INSURED:
Accidental death/disablement & Dismemberment 450,000.00
Death due to unprovoked murder & assault 450,000.00
Accidental death benefit 450,000.00
Death due to communicable diseases 250,000.00
Burial assistance due to an accident 40,000.00
Burial assistance due to natural causes & communicable disease 30,000.00
Burial assistance due to unprovoked murder and assault 30,000.00
Accidental medical reimbursement
a. Vehicular accident 80,000.00
b. Injuries from athletic/sports meets, cultural events, training & other school related activities 80,000.00

Daily hospitalization allowance (max of 30 days) due to accident, natural cause, pre-existing illness & communicable diseases 800.00/day
Cash assistance for fire victims 5,000.00
Ambulance Assistance 3,000.00
Comprehensive General Liability (premises & operations only) 300,000.00
With extension coverage
- Death due to drowning 400,000.00
- Death due to Accidental Food poisoning 400,000.00
- Medical assistance/reimbursement due to animal bites (dog, cat, rat & snake) 10,000.00
- Medical assistance/reimbursement due to communicable diseases 10,000.00
- Medical assistance/reimbursement due to surgery (ectopic pregnancy, appendicitis, kidney or bladder stone surgery & other forms of surgery 10,000.00

Administrators, Faculty & Staff (permanent) are covered with the same plan (Free of Charge)

Motorcycling without helmet in Kabacan area is covered.

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Annual Premium (Inclusive of taxes) 100.00 per head

NOTE:

Extension of coverage:
Accidental Drowning & Food Poisoning
Injuries due to animal bites/attacks (limited to cat, dog, and snake only) - maximum of P10,000
Death or injuries resulting from acts of nature like Earthquake, Flood or Typhoon
Subejct to Accumulation limit Php 30,000,000.00 -anyone occurrence/event for acts of nature and tour activities.

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CLAUSES, ENDORSEMENTS AND WARRANTIES

TERRORISM EXCLUSION ENDORSEMENT

Notwithstanding any provision to the contrary within this insurance or any endorsement thereto, it is agreed that this insurance excludes loss, damage, cost of expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other causes or event contributing concurrently or in any other sequence to the loss.

For the purpose of this endorsement an act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or nay section of the public, in fear.

If the underwriters allege that by reasons of the exclusion, any loss, damage, cost of expense is not covered by this insurance the burden of providing the contrary shall be upon the assured.

MOTORCYCLING EXTENSION CLAUSE

Motorcycling Extension Clause.

Notwithstanding what is stated in the printed conditions of this Policy to the contrary, it is hereby declared and agreed that this policy is extended to cover death and disablement sustained by an Insured Person arising from motorcycling as a rider or back rider provided that this extension does not cover motorcycling whether the Insured Person is a rider or back rider whilst racing, pace-making, speed testing, taking part in reliability trials or riding on habal-habal type of motorcycles or on motorcycles beyond their seating capacities.

It is a condition precedent to any liability under this Policythat the Insured Person -

(a) Operating a motorcycle as a driver must be a duly licensed driver as permitted by law or other regulations to drive such motorcycle, and

(b) Whether as a rider or back rider of a motorcycle wears a protected crash helmet approved by the Department of Trade and Industry (DTI) when riding a motorcycle as per Republic Act 10054 otherwise known as the Motorcycle Helmet Act of 2009.

Failure to comply with any of the foregoing requirements shall invalidate the coverage afforded under this Clause as if this Clause has not been issued and appended to this Policy.

MOTOR VEHICLE PA ENDORSEMENT

IT IS DECLARED AND AGREED that the Insured person/s under this Policy are the passengers, including the driver of the Motor Vehicle as stated below described in the Schedule of Covered Vehicle. This policy covers the Insured persons whilst riding either as a passenger or an operator, boarding or alighting from said vehicle.

The number of passengers insured is limited to the declared maximum seating capacity stated herein. If at the time of the accident, the number of passengers exceed the maximum seating capacity stated, the Company shall not be liable in respect of each passenger for a greater proportion of the indemnity otherwise payable than the maximum seating capacity bears to the actual number of passengers.

Indemnity for loss or damage under this policy shall be payableas stated below for distribution to the heirs of the Insured. Payment to the beneficiary shall fully discharge the Company ofthe liability under this policy.

EXCEPT AS HEREIN VARIED, all other terms and conditions of the Policy remain the same.

PA Endorsement for Policies with Dental/Animal bites/Physical Therapy/Pre-Existing

It is hereby declared and agreed that:

1. Under the Medical Reimbursement cover due to an accident, the assured can avail himself of the following, subject to sub mission of the original official receipt:

1.1 Maximum limit of P5,000 for Dental procedures/operation resulting from an accident.

1.2 Maximum of P5,000 for animal (dog, cat and snake) bite and insect bite, if extended under the policy.

1.3 Maximum of three (3) sessions for physical therapy result from an accident.

2. Supplementary to Item b) under Exclusion 2 - Suffering from pre-existing physical or mental defect of infirmity, under the PA policy, the following are automatically considered as Pre-existing physician or mental defect or illness.

2.1 Hypertension

2.2 Goiter (nodular, hypo/hyperthyroidism)

2.3 Cataract/Glaucoma

2.4 ENT conditions requiring surgery

2.5 Bronchial asthma and other systemic allergies

2.6 Primary complex /Tuberculosis/Leprosy/Sarcoidosis

2.7 Chronic cholecystitis

2.8 Chronic pancreatitis

2.9 Acquired hernias

3.0 Benign prostatic hypeartrophy and other prostatic disorders.

3.1 Hemorrhoids and and anal fistulae

3.2 Benign tumors

3.3 Endometriosis and other causes of dysfunctional uterine bleeding

3.4 Buerger's disease and other forms of vasculitis

3.5 Varicosities

3.6 Arthritis/Osteoporosis

3.7 Migraine headache

3.8 Dyspepsia/gastritis/duodenal or

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gastric ulcer
3.9 Ascites and other edematous states

4.10Any dreaded disease (except Items 9 and 13 above), as follows:

4.1 Cerebrovascular accident and its complications
4.2 Central Nervous System diseases except neurological utoimmune diseases
4.3 Hypertension and its complications/Cardiovascular disease
4.4 Chronic obstructive and restrictive pulmonary disease

4.5 Liver parenchymal disease except hepatitis A
4.6 End stage renal disease and other conditions that may require dialysis.

4.7 Chronic urological diseases causing hydroueter, inflammatory bowel/Chronic Gastro intestinal tract disease requiring resection and /or anastomosis.
4.8 Collagen disease, diabetes mellitus and its complications
4.9 Malignancies and blood dyscrasias
4.10 Injuries from accidents or assaults, frustrated murder (subject to Police)
4.11 Complications of an apparent ordinary illness including Multiple Organ Dysfunction (MOD) and Systemic Inflammatory Response Sydrome (SIRS)
4.12 Chronic pain syndrome (greater than six (6) weeks)
4.13 Near drowning and drowning

A. Accidental Death
PHILIPPINE BRITISH shall pay the Principal Amount to the beneficiary/ies of the insured in case of death due to accident.
B. Permanent Total Disablement pays the Insured the principal amount covered:
a. For the loss of two or more limbs or both eyes.
b. For permanent total disablement from gainful employment of any kind, other than dismemberment, provided such disability has continued for a period of 52 weeks and is total, continuous or permanent at the end of this period.
C. Permanent Partial Disablement pays the Insured a percentage of the principal amount covered for permanent loss of use of body parts, according to the following schedule:
a. Loss of one (1) limb or one (1) eye - 70%
b. Loss of hearing – both ears - 75%
c. Loss of hearing – one (1) ear - 35%
d. Loss of speech - 50%
e. Loss of thumb - 30%
f. Loss of index finger - 15%
g. Loss of middle finger - 10%
h. Loss of ring or little finger - 5%
i. Loss of big toe - 10%
j. Loss of each other toe - 2%
D. Unprovoked Murder and Assault Benefit
For death due to unprovoked murder & assault, PHILIPPINE BRITISH shall pay the Principal Sum to the assured's beneficiary/ies.
E. Accidental Medical Reimbursement
The insured gets to reimburse the medical expenses incurred as a result of an accident.
F. Burial Assistance Benefit
PHILIPPINE BRITISH shall pay the amount of Burial Assistance, to the designated beneficiary/ies in case of death due to accident.

EXTENSION OF COVER
With effect from , this policy is extended to
EXTENSION OF COVER
1. Drowning
2. Twenty four (24) hours on or off the job
3. Accidental Poisoning
4. Animal & Insect bites (except mosquito)
5. Commercial Flying
6. Acts of Nature
7. Motorcycling and Pillion Riding except as sport activity such as but not limited to motorcycling racing
8. Worldwide coverage except Afghanistan, Cuba, Democratic Republic of Congo, Iran, Iraq, Liberia, Syria and Sudan

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Documentary Stamps to the value shown herein have been affixed/imprinted to the premium register of the Company.

In witness whereof, a duly authorized officer of the company has set his hand hereunto in Davao del Sur, Philippines this October 21,2026

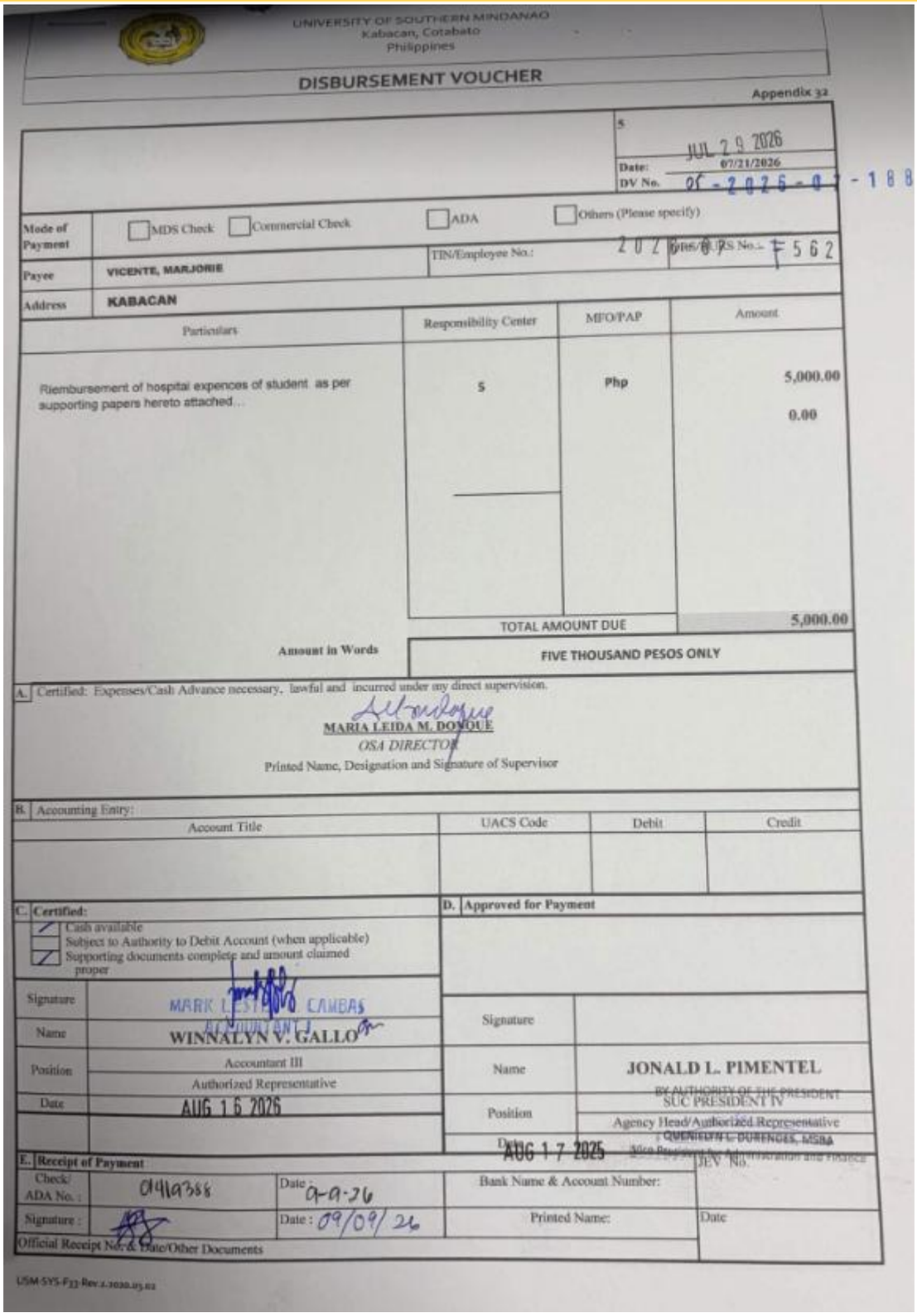
Authorized Signature

IAN PHILIPPE W. CUYEGKENG
PRESIDENT

SCV179 | 10212026 | SCV179 | 10222026 | 01:03:09

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UNIVERSITY OF SOUTHERN MINDANAO
Kabacan, Cotabato
Philippines

DISBURSEMENT VOUCHER

Appendix 32

5

Date: JUL 29 2026 / 07/21/2026

DV No. 05-2026-07-188

Mode of Payment: ☐ MDS Check ☐ Commercial Check ☐ ADA ☐ Others (Please specify)

Payee: VICENTE, MARJORIE — TIN/Employee No.: 202 — ORS/BURS No.: 7562

Address: KABACAN

Particulars	Responsibility Center	MFO/PAP	Amount
Riembursement of hospital expences of student as per supporting papers hereto attached...	5	Php	5,000.00 0.00
		TOTAL AMOUNT DUE	5,000.00

Amount in Words: FIVE THOUSAND PESOS ONLY

A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.

MARIA LEIDA M. DONQUE
OSA DIRECTOR
Printed Name, Designation and Signature of Supervisor

B. Accounting Entry:

Account Title	UACS Code	Debit	Credit

C. **Certified:**
- ☑ Cash available
- ☑ Subject to Authority to Debit Account (when applicable)
- ☑ Supporting documents complete and amount claimed proper

Signature: MARK LESTER O. CAMBAS (ACCOUNTANT I)
Name: WINNALYN V. GALLO
Position: Accountant III
Authorized Representative
Date: AUG 16 2026

D. **Approved for Payment**

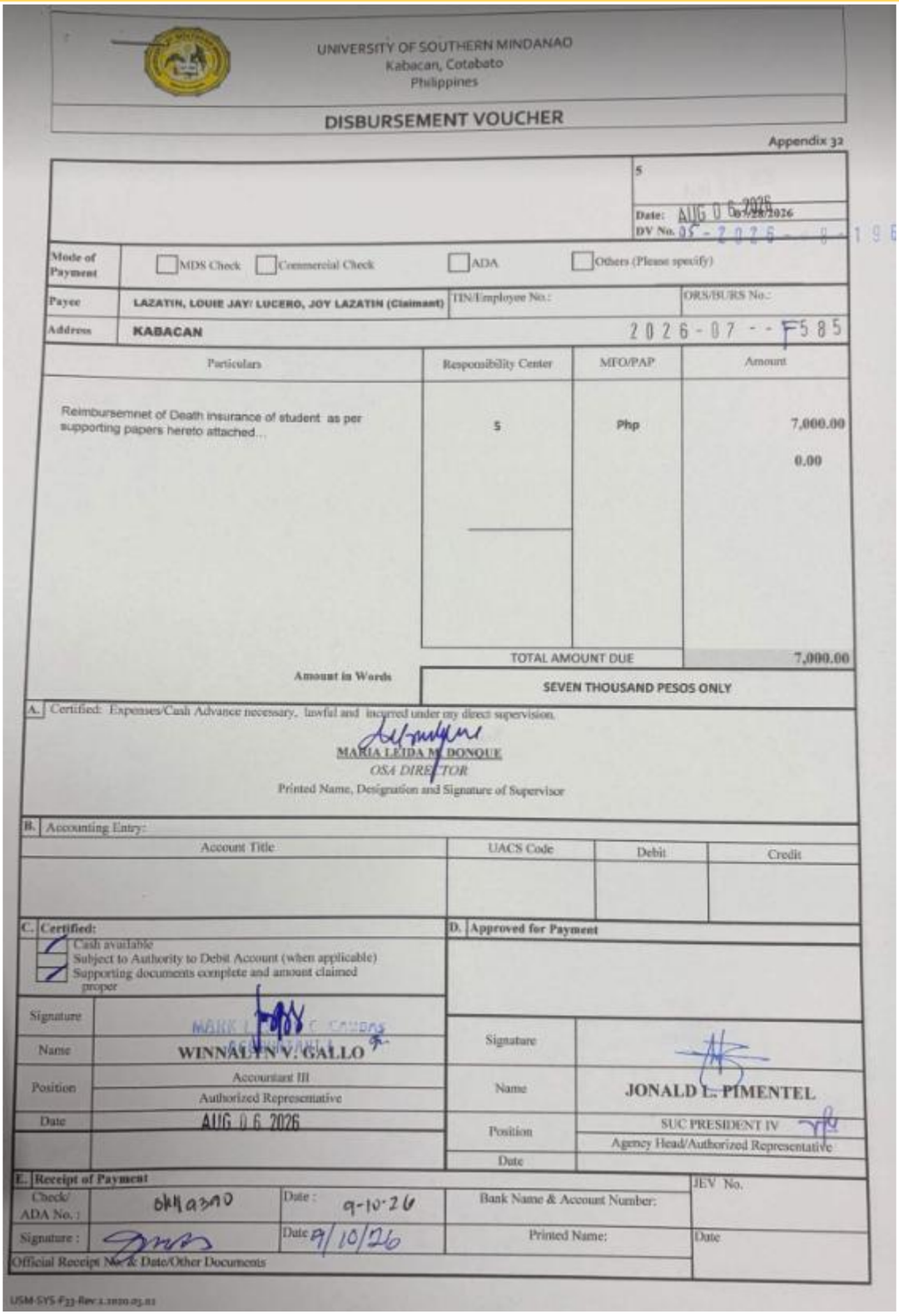
Signature:
Name: JONALD L. PIMENTEL
BY AUTHORITY OF THE PRESIDENT
SUC PRESIDENT IV
Position: Agency Head/Authorized Representative
QUENELFIN L. DURENCES, MSBA
Vice President for Administration and Finance
Date: AUG 17 2025

E. **Receipt of Payment**

Check/ ADA No.: 0419388	Date: 9-9-26	Bank Name & Account Number:	JEV No.
Signature:	Date: 09/09/26	Printed Name:	Date

Official Receipt No. & Date/Other Documents

USM-SYS-F33-Rev.1.2020.05.02



UNIVERSITY OF SOUTHERN MINDANAO
Kabacan, Cotabato
Philippines

DISBURSEMENT VOUCHER

Appendix 32

5
Date: AUG 0 6 2026
DV No. 05-2026-08196

Mode of Payment: ☐ MDS Check ☐ Commercial Check ☐ ADA ☐ Others (Please specify)

Payee	LAZATIN, LOUIE JAY/ LUCERO, JOY LAZATIN (Claimant)	TIN/Employee No.:	ORS/BURS No.:
Address	KABACAN	2026-07--F585	

Particulars	Responsibility Center	MFO/PAP	Amount
Reimbursemnet of Death insurance of student as per supporting papers hereto attached...	5	Php	7,000.00
			0.00
		TOTAL AMOUNT DUE	7,000.00

Amount in Words: SEVEN THOUSAND PESOS ONLY

A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.
MARIA LEIDA M. DONQUE
OSA DIRECTOR
Printed Name, Designation and Signature of Supervisor

B. Accounting Entry:

Account Title	UACS Code	Debit	Credit

C. Certified:
☑ Cash available
☐ Subject to Authority to Debit Account (when applicable)
☑ Supporting documents complete and amount claimed proper

Signature	
Name	WINNALYN V. GALLO
Position	Accountant III / Authorized Representative
Date	AUG 0 6 2026

D. Approved for Payment

Signature	
Name	JONALD L. PIMENTEL
Position	SUC PRESIDENT IV / Agency Head/Authorized Representative
Date	

E. Receipt of Payment

Check/ ADA No.:	0000 a3510	Date:	9-10-26	Bank Name & Account Number: / JEV No.
Signature:		Date	9/10/26	Printed Name: / Date

Official Receipt No. & Date/Other Documents

USM-SYS-F33-Rev 1.2020.03.01