



WORK ORDER

DELIVERY DUE DATE 10-5-19

Procurement Unit
Tel. No.: 045-606-0142

Supplier : **FORTUNE GENERAL INSURANCE CORPORATION**
Address : 4F Citystate Center, 709 Shaw Blvd., Pasig City
TIN : 000-457-544-000
Tel. No. : (632) 706-3959

Work Order No 2019-130
Date : 9/20/2019
JO No. : 2019-134
Date : 8/8/2019
Mode of Procurement: Small Value
Mode of Payment: N/30

SIR/MADAM:

You are hereby advised to accomplish/deliver the following job/work within 15 calendar days upon receipt of the Work Order as per quotation submitted by you, duly approved by the TSU Committee on Bids and Awards and the President of the Agency

| QTY. | UNIT | DESCRIPTION | UNIT COST | TOTAL COST |
|------|------|--|-----------|------------|
| 1 | lot | <p>ACCIDENTAL GROUP INSURANCE FOR STUDENTS S.Y. 2019-2020</p> <p>THE COVERAGE: The Group Student Personal Accident Coverage provides protection to students: *24 hours a day, 365 days a year * Anywhere in the world: whether in or out of school premises; while traveling to and from school; while traveling to and from school; while traveling to and from a school-sponsored and supervised activity whether it may be during or after school hours or on days when school is not in session; *While traveling in public or private conveyance used for land and sea travel; *While traveling as a fare paying passenger or any commercial scheduled flights/voyages. *It also includes natural calamities, drowning, dog and snake bites.</p> <p>THE BENEFITS ARE:</p> <p>A. ACCIDENTAL DEATH AND DISABLEMENT - If as a result of accident, the Company shall pay the Principal Amount to the beneficiary/ies of the individual for death or percentage of the Principal Sum to the insured for disablement. Schedule of Disablement Benefits: Loss of Life- The Principal Sum; Loss of Two Hands - The Principal Sum; Loss of Two Feet- The Principal Sum; Loss of Sight of Two Eyes - The Principal Sum; Loss of One Hand and One Foot - The Principal Sum; Loss of One Hand and Sight of One Eye - The Principal Sum; Loss of All Fingers and Both Thumbs - The Principal Sum; Loss of One Hand or One Foot - One-Half the Principal Sum; Loss of Sight of One Eye - One-Half the Principal Sum;</p> <p>B. MEDICAL REIMBURSEMENT - Reimburses the medical expenses incurred due to accidental bodily injury, but not to exceed the limits of the chosen plan.</p> <p>C. BURIAL EXPENSE BENEFIT - The company will pay the cost of Burial Expense incurred due to accident up to the limit of the chosen plan.</p> <p>D. UNPROVOKED MURDER AND ASSAULT BENEFIT - Pays for the Principal Sum for death due to Unprovoked Murder and Assault.</p> <p>E. MOTORCYCLE PASSENGER COVER (PILLION RIDER ONLY) - Covers the Insured in case of bodily injury or death as a result of an accident while riding as pillion rider on a motorcycle. F. DAILY HOSPITAL ALLOWANCE - Pays the insured an allowance per day of Hospital confinement as a result of accidental or illness up to maximum of 30 days a year.</p> <p>PREMIUM SCHEDULE (per student) BENEFITS - Accidental Death & Disablement - P 75,000.00; Accidental Medical Reimbursement - 5,000.00; Daily Hospital Income Confinement Benefit (accident) - 300.00/day; Burial Expense Benefit - 10,000.00; Burial Benefit due to Natural Death - 2,000.00; Unprovoked Murder & Assault - 50,000.00; Accident due to Motorcycling (ADD) - 40,000.00; Fire Assitance Benefit (due to fire and lightning only) per student - 3,000.00; Annual Premium (incl. of taxes) - 20.00</p> | | |

(Please read carefully at the back hereof)

Charge to:
ROA No. :
CONFORME & RECEIVE COPY:

FORTUNE GENERAL INSURANCE CORPORATION

Firm/Dealer/Supplier/Contractor

Date

Bank Account Name: _____
Bank Account Number: _____
Bank Name: _____
Bank Address: _____

RECEIVED COPY:
DATE JO/PR RECEIVED:

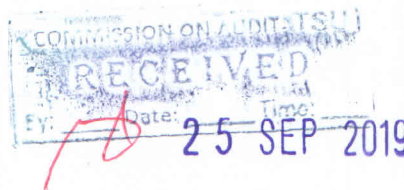
Form No. : TSU-PRO-SF 10 Revision No.: 01

FUNDS AVAILABLE:

JESUS S. DANGANAN
Budget Officer IV

APPROVED:

DR. GLENARD T. MADRIAGA
VP, Admin. & Finance
Authorized Official



all needed
9/20/19



WORK ORDER

DELIVERY DUE DATE 10-5-19

Procurement Unit
Tel. No.: 045-606-0142

Supplier : **FORTUNE GENERAL INSURANCE CORPORATION**
Address : 4F Citystate Center, 709 Shaw Blvd., Pasig City
TIN : 000-457-544-000
Tel. No. : (632) 706-3959

Work Order No. 2019-130
Date : 9/20/2019
JO No. : 2019-134
Date : 8/8/2019
Mode of Procurement: Small Value
Mode of Payment: N/30

SIR/MADAM:

You are hereby advised to accomplish/deliver the following job/work within 15 calendar days upon receipt of the Work Order as per quotation submitted by you, duly approved by the TSU Committee on Bids and Awards and the President of the Agency

| QTY. | UNIT | DESCRIPTION | UNIT COST | TOTAL COST |
|------|------|--|------------|-------------------|
| 1 | lot | <p>EXCLUSIONS: The plan does not cover self inflicted injuries, wholly or partly by suicide, while sane or insane, insurrection, war declared or undeclared, terrorism, participating in riot, committing an assault, injuries sustained while under the influence of prohibited drugs or alcohol; and any form of racing other than foot, hazardous / professional sports, pregnancy related illness or disease, and injuries sustained while under the influence of alcohol or prohibited drugs.</p> <p>The MECHANICS of the program are:</p> <p>1.) Minimum number of enrollees should be 50. 2.) FGIC shall issue a Master Policy under the name of the School. You shall then be required to submit to us a list with the following information: *name of the student* beneficiary/ies and relationship to the assured. 3.) Free coverage for Faculty and Staff. 4.) Faculty and staff can avail of the package with the same benefits as the students. 5.) Eligibility: Registered students: Between 4 to 23 years old; Faculty & staff: Between 18 to 65 years old. 6.) Fortune General shall issue endorsements to the Master Policy for addition or deletion of insureds per lists to be submitted to the company.</p> <p>*****</p> | 300,840.00 | <u>300,840.00</u> |

(Please read carefully at the back hereof)

Charge to:
ROA No. :
CONFORME & RECEIVE COPY :

FORTUNE GENERAL INSURANCE CORPORATION

Firm/Dealer/Supplier/Contractor

Date

Bank Account Name: _____

Bank Account Number: _____

Bank Name: _____

Bank Address: _____

RECEIVED COPY:

DATE JO/PR RECEIVED:

Form No. : TSU-PRO-SF 10 Revision No.: 01

FUNDS AVAILABLE:

JESUS S. DANGANAN

Budget Officer IV

APPROVED:

DR. GLENARD T. MADRIAGA

VP, Admin. & Finance

Authorized Official

