



**CHARTER PING AN INSURANCE CORPORATION**

Under the trade name AXA Philippines  
29th Floor GT Tower International, 6813 Ayala Ave. cor. H.V. Dela Costa St., Makati City 1227 Philippines  
Customer Care Hotline +63 2 5815 292 · customer.service@axa.com.ph · [www.axa.com.ph](http://www.axa.com.ph)

## Non-Waiver Agreement

| POLICYHOLDER'S INFORMATION |  |              |  |
|----------------------------|--|--------------|--|
| Complete Name              |  |              |  |
| Policy Number              |  | Date of Loss |  |
| Location                   |  |              |  |

**DECLARATION**

IT IS HEREBY AGREED by and between the above-named insured and AXA Philippines (Charter Ping An) or on their anything done or to be done by AXA Philippines (Charter Ping An) or on their behalf, in connection with the above described loss including any investigation into cause or amount of cause or amount of loss or other matters relative thereto, shall not waive, invalidate, forfeit, or modify any of their rights under the terms and conditions of the respective policies issued by them.

This agreement is made for the aid and convenience of the parties thereto, to permit investigation of the claim and ascertain of appropriate values of and loss or damage of the property involved to be made without delay and without prejudice to any of their rights.

This was filed on (mm/dd/yyyy) \_\_\_\_\_

at (AXA PH office or branch) \_\_\_\_\_

INSURED

AXA PHILIPPINES

\_\_\_\_\_

\_\_\_\_\_

Represented by:

By: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By: \_\_\_\_\_

WITNESS

REPUBLIC OF THE PHILIPPINES)

\_\_\_\_\_ ) S.S.

SUBSCRIBE AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_  
affiliant(s) with residence Certificate(s) as follows:

Res. Cert. No. \_\_\_\_\_  
Issued at \_\_\_\_\_  
on \_\_\_\_\_

Res. Cert. No. \_\_\_\_\_  
Issued at \_\_\_\_\_  
on \_\_\_\_\_

Doc No. \_\_\_\_\_ :  
Page. No. \_\_\_\_\_ :  
Book. No. \_\_\_\_\_ :  
Series of 200 \_\_\_\_\_ :

NOTARY PUBLIC  
Until December 3, 200\_\_\_\_

## Sworn Statement of Claim

| POLICYHOLDER'S INFORMATION |  |        |  |
|----------------------------|--|--------|--|
| Name of Insured            |  |        |  |
| Name of Claimant           |  |        |  |
| Policy Number              |  | Date   |  |
| Amount                     |  | Agency |  |

| DETAILS FOR REFERENCE  |  |
|--|--|
| 1. Date and hour of loss   |  |
| 2. Cause of loss and the circumstances it occurred   |  |
| 3. Location of property damaged and / or destroyed   |  |
| 4. How and by whom the premises were occupied at the date of loss  |  |
| 5. Specific place or point of origin of the fire / typhoon/ flood / earthquake and / or other specific perils.   |  |
| 6. Occupants of the place of origin of the fire.   |  |
| 7. Names and addresses of persons present in Insured's premises immediately before or during the fire  |  |
| 8. Names and addresses of persons who discovered the fire  |  |
| 9. Names and addresses of last person who discovered the fire  |  |
| 10. Describe the rate of spread of propagation of the fire   |  |
| 11. State if there was explosion. If so did it occur immediately before the fire or during the fire?   |  |
| 12. Is there any suspicion of incendiarism? If so, state all available details/  |  |
| 13. Does policy give a correct description of the property in all respects as it existed immediately before the loss?                                  |  |
| 14. Has any element of risk been introduced which was not allowed by the policy? (if so, give details)   |  |
| 15. Have the conditions of risk been complied with in every respect?   |  |
| 16. Is the claimant the sole owner of the property damaged or destroyed? (If not, state full particulars of any other interests.)                      |  |
| 17. State liens encumbrances or other interests on your property. State details  |  |
| 18. Value of my property at time of loss (attach inventory for stocks and contents claim.)   |  |
| 19. Did you remove or save any property immediately, during, or after the loss? How much is it worth and where is it located now?                      |  |
| 20. Do you have any other bodega and / or store? If so, where is it located?   |  |
| 21. Has there been a previous loss in these premises, or in any other premises in which the Insured was interested? Use separate sheets, if necessary. |  |

22. Statement of other insurance in force covering the same property destroyed or damaged:

| Policy No. | Name of Company | Expiry | Amount | Adjuster |
|------------|-----------------|--------|--------|----------|
|            |                 |        |        |          |
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|            |                 |        |        |          |
|            |                 |        |        |          |

I, \_\_\_\_\_ now residing at \_\_\_\_\_

do hereby declare that the above is a full, true and accurate statement, and I further declare that my property worth according to the extent and values annexed and insured under your Policy or Policies No. \_\_\_\_\_ was accidentally destroyed or damaged by the aforesaid loss, without any design or procurement on my part: wherefore I claim from my insurers the sum of \_\_\_\_\_. I further declare that the attached documents and / or records are being submitted with this claim in proof of my loss.

Lastly, I declare that anything done or to be done by the Insurers or their representatives in connection with the above-described loss, including my investigation into cause or amount of loss or other matters relative thereto shall not waive, invalidate, forfeit or modify any of my own or that of my insurers rights under the terms and conditions of the policy or policies against which I am claiming recovery.

\_\_\_\_\_  
 Claimant  
 (Signature over printed name)

REPUBLIC OF THE PHILIPPINES)  
 \_\_\_\_\_) S.S.

SUBSCRIBE AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200 \_\_\_\_\_  
 affiliant(s) with residence Certificate(s) as follows:

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 Res. Cert. No. \_\_\_\_\_  
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 on \_\_\_\_\_

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