

Get protected,  
one pedal at a time.

MyCyclingClub Mate 



 **FPG** insurance



Cycling is not only a fun and environmentally responsible way to get around, but it's also a wonderful way to keep in shape. Accidents can nevertheless occur and have serious consequences. Because of this, **MyCyclingClub Mate** was developed to give you security whenever you travel.

A group accident insurance plan created especially for cyclists is called **MyCyclingClub Mate**. No matter where you are in the world, you will always have coverage, whether you're traveling to work or discovering new routes.

Along with accidents, the insurance policy also provides coverage for other unforeseen occurrences including dog or snake bites, drowning, and natural disasters. You may rest easy knowing that you are guarded against a variety of threats that cyclists confront with the help of **MyCyclingClub Mate**.

#### Disclaimer

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

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.



## SCHEDULE OF BENEFITS AND PREMIUMS

BENEFITS / PERSON	PLAN I	PLAN II
Accidental Death/ Disablement	Php 50,000	Php 100,000
Unprovoked Murder and Assault	Php 25,000	Php 50,000
Accidental Medical Reimbursement	Php 5,000	Php 10,000
Accidental Burial Benefit	Php 5,000	Php 10,000
Daily Hospital Income - accident (max of 7 days)	Php 200/day	Php 300/day
Fire Cash Assistance	Php 5,000	Php 10,000
Personal Liability	Php 25,000	Php 50,000
<b>Annual Premium per Person (Inclusive of Taxes)</b>	<b>Php 200.00</b>	<b>Php 400.00</b>

### Guidelines:

- The minimum number of members to be covered should be 20.
  - For less than 20 but not less than 10 members, an additional 50% premium surcharge per member will apply.
- Age eligibility is 18 – 65 years old.
- Provide complete names and accurate information about the permanent residence of all members to be covered.

### Exclusions:

- Any loss or disability caused directly or indirectly, wholly or partly by suicide, self-inflicted injuries, while sane or insane, insurrection, war declared or undeclared, participating in a riot, committing an assault or felony, injuries sustained while under the influence of prohibited drugs or alcohol, illegal acts. Have been violating laws and regulations that are not covered.

- Injuries arising out of the Insured engaging in hunting, racing (except foot racing and amateur bicycle racing), steeple chasing, polo playing, mountaineering, scuba diving, hand gliding, winter sports, all professional sports like ice hockey, football, or rugby, basketball, volleyball or any other contact sports that require to sign a waiver are NOT COVERED under the plan.



# Definition of Benefits



## ACCIDENTAL DEATH

Pays up to the Sum insured in the event of death due to an accident. It provides protection to an insured person twenty-four (24) hours a day, on or out of the office throughout one (1) calendar year but not to exceed twelve (12) months.



## DISABLEMENT/DISEMEMBERMENT

When an injury does not result in the loss of life of the Insured within twelve calendar months after the accident but results in any of the following losses:

Loss of two limbs	100%
Total loss of Sight of both eyes	100%
Loss of both feet	100%
Loss of one hand and one foot	100%
Loss of either hand or foot	100%
Loss of sight of one eye	50%
Loss of hearing of both ears	50%



## UNPROVOKED MURDER & ASSAULT ENDORSEMENT

Pays for death or permanent disablement sustained as a direct result of the insured being a victim of Unprovoked Murder or Assault. This benefit does not extend to cover Unprovoked Murder & Assault occurring in the following geographical areas, including their cities, barrios, and barangays:

- |                        |                      |
|------------------------|----------------------|
| 1. Lanao Del Norte     | 6. Zamboanga Del Sur |
| 2. Lanao Del Sur       | 7. Maguindanao       |
| 3. North Cotabato      | 8. Sultan Kudarat    |
| 4. South Cotabato      | 9. Sulu Archipelago  |
| 5. Zamboanga Del Norte | 10. Basilan          |



## ACCIDENTAL MEDICAL REIMBURSEMENT

Pays for medical expenses for accidental bodily injury, providing financial assistance for necessary treatments.



• Work-related death and injury of the Insured who belong under the following categories are not covered under the plan: Security/Military personnel, people in the police force, Barangay Tanods, crew members of vessels/aircraft, professional athletes, professional entertainers (including actors), window cleaners, divers, loggers, fireman, public utility drivers including delivery riders, miners, pilots, rangers, linemen, acrobats/stuntmen, national journalists/news reporters, off-shore oil or gas rig worker, tree feller, politicians and other known celebrities/personalities, seaman/vessel crewmembers and any offshore activities/training.

• Any loss related to motorcycling is not covered.

### General Exclusion:

- Communicable Disease
- Sabotage & Terrorism
- Total Asbestos
- Cyber & Data Loss





## ACCIDENTAL BURIAL ASSISTANCE BENEFIT ENDORSEMENT

Pay for the funeral expenses incurred in the event of accidental death.



## DAILY HOSPITAL INCOME BENEFIT (DUE TO ACCIDENT)

Pays for the daily allowance to the insured as a result of accident hospital confinement up to a maximum of 7 days provided that Pregnancy, Aids, self-inflicted injury or illness, suicide, alcoholism, drug abuse, pre-existing conditions, and Communicable Diseases are excluded from this program.



## FIRE ASSISTANCE BENEFIT

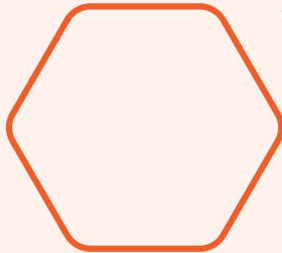
Pays for the loss and damages incurred to the Insured's declared house residence or contents due to fire and lightning. Unless otherwise expressly stated in the policy, this insurance does not cover:

- a) Goods held in trust or commission
- b) Bullions or unset precious stones
- c) Any curiosity or works of arts
- d) Manuscripts, plans, drawings, or other designs, patterns, or moulds
- e) Securities, obligations or documents of any kind, stamps, coined or paper money, cheques or book of accounts or other business books, computer system record Loss or damage to any electrical machines or apparatus or any portion of an electrical installation arising from or occasioned by overrunning, excessive pressure, short-circuiting, arcing, self-heating, or leakage of electricity of whatever cause (lightning included), unless fireensues therefrom and liability shall be limited to actual damage caused by the ensuing fire.



## PERSONAL LIABILITY

The Company will pay the insured for costs and expenses, which the insured may be obligated to pay for the bodily injury and damage to a property belonging to a third party as a result of negligence sustained during organized group rides or races.



With **MyCyclingClub Mate**, you can have an enjoyable journey with every pedal on your bike knowing that you're protected anytime, anywhere. Whether it's a minor scrape or a more serious injury, you can rest assured that your medical expenses will be covered.

This insurance policy is offered by FPG and is specifically targeted toward bikers associations with a minimum of 20 members. However, if your association has less than 20 members but more than 10, you can still apply for coverage with an additional 50% premium surcharge per member. This policy is available to all riders aged 18 to 65 years old.

An enjoyable journey starts with safety. Don't let the fear of accidents hold you back from exploring the world on your bike. With **MyCyclingClub Mate**, you can ride with confidence, knowing that you're always protected.

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

INFORMATION  
(ALL INFORMATION IS REQUIRED)

Cycling Associations Name:

Mailing Address:

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

Street

Village/Subdivision/Condo Building

Barangay

City/Municipality

Province/State

ZIP Code

Mobile No.:

Tel. No.:

E-mail Address:

TIN/SSS/GSIS No.:

Choice of Plan: ☐ Plan I ☐ Plan II

GROUP MEMBERS

Full Name	Gender	Date of Birth	Residence Address

Note: More than ten (10) members may email the complete list.

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



## 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



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