



Republic of the Philippines  
**NATIONAL POLICE COMMISSION**  
Regional Office No. 8  
760 Real Street, Sagkahan District  
Tacloban City, 6500  
www.napolcom.gov.ph

## REQUIREMENT CHECKLIST FOR TOTAL PERMANENT PHYSICAL DISABILITY CLAIMS

<b>Regional Office:</b>	<b>DTS No.</b>	<b>LAWBD No.</b>
Date Filed:	Date Received:	
Name of PNP Member:		
Address:		
Last Unit Assignment:		
Date of Birth:	Date of Entry to the Service:	
Date of Disability:	Date of Adjudication:	
Base Pay:		

REQUIREMENT	Submitted	Remarks/ Lacking
1. Authenticated Service Record		
2. Authenticated Appointment Order		
3. Certificate of Non-Money and Property Accountability		
4. Authenticated Latest Payslip/ Certification of Last Payment		
5. Certificate of Non-Pending case		
6. Investigation Report re cause of TPPD		
7. Application Letter		
8. Adjudication		
9. Disbursement Voucher		

Evaluated by:	Remarks
<hr/> Signature over Printed Name/Date	
<i>To be filled out by FS personnel:</i>	
Evaluated by:	PNPWBU No.
<hr/> Signature over Printed Name/Date	