

PERSONAL ACCIDENT APPLICATION FORM

- Please accomplish in BLOCK CAPITALS and check the boxes.
- Use the back part of the form or extra sheets when necessary.

Tell Us About Yourself:

Name: _____

Address: _____

TIN Number: _____ Sex: _____

Date of Birth: _____ Civil Status: _____

Height: _____ Weight: _____

Occupation: _____ Annual Income: _____

Name and nature of the Business or Employer: _____

Their Address: _____

Beneficiary: _____ Relationship: _____

Home Tel. No.: _____ Mobile No.: _____

Business Tel. No.: _____ eMail Address: _____

If you answer "YES" to the following questions, kindly give us brief details on the space provided.

Do you have existing life/accident insurance? How much? Yes No

Have you ever applied for or received indemnity for any injury or sickness? Yes No

Do you engage in hazardous sports or contemplate any special journey or hazardous undertaking? If yes, what are they? Yes No

Have you ever been treated or been told you have heart disease, epilepsy, sexually transmitted disease, diabetes, renal disease, injury to or disease of spine or sacro-iliac joint, or mental or nervous disorder? Yes No

During the past five (5) years, have you ever been disabled or suffered from any disease or received any medical or surgical treatment advice? Yes No

Do you have any deformity, impairment of hearing or vision, or loss of hand, foot or vision? Yes No

Do you hold or have you ever held an elective office? Yes No

Declaration:

I hereby declare that to the best of my knowledge and belief the above statements and particulars are true, correct and complete and that I have withheld no information material to the application whether the subject of an application form question or not. Furthermore, the statements in this application shall form the basis if in case the contract of insurance if issued.

Signature of the Applicant: _____ Date signed: _____