

HOME CARE ADVANTAGE APPLICATION FORM – INDIVIDUAL CLIENT

*Client information as mandated under the Phil. Anti-Money Laundering Act (AMLA) R.A No.10365 as amended.
 Complete information is required before a policy is issued.*

Complete Name:			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Citizenship:	Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow	Date of Birth:	Place of Birth:
Residence Address:		Telephone/Mobile/Fax No.:	
		Email Address:	
SSS, GSIS, Driver's License or Passport No. (For Driver's License and Passport, please indicate "Date of Expiry"):			TIN:
Name of Business/Employer:		Occupation/Designation:	
Business/Employer Address:		Contact No.:	
		Fax No.:	
Nature of Business (If self-employed):			
If unemployed, please state source of funds:			
Name of Beneficiary/Relationship, if applicable:			
Address of Beneficiary:			
Please check your preferred mailing address: <input type="checkbox"/> Residence Address <input type="checkbox"/> Business Address			

PROPERTY DETAILS

Address of Property to be insured:		
Nearest Landmark:		
Properties to be insured	Age of building:	No. of storeys/floors:
Amount of Insurance Applied for: <input type="checkbox"/> Building Php _____ <input type="checkbox"/> Contents Php _____	Period of Insurance From 4:00 PM of _____ to 4:00 PM of _____	



<p>The roof is made of:</p> <p><input type="checkbox"/> GI Sheet <input type="checkbox"/> Reinforced Concrete</p> <p><input type="checkbox"/> Tegula <input type="checkbox"/> Others, please specify: _____</p>	<p>Houses, Buildings or Streets surrounding the property:</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"></th> <th style="width:15%;">Occupancy</th> <th style="width:15%;">No. of Storeys</th> <th style="width:15%;">Roof</th> <th style="width:15%;">Exterior Walls</th> </tr> </thead> <tbody> <tr> <td>Front</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Right</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Left</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Rear</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Occupancy	No. of Storeys	Roof	Exterior Walls	Front	_____	_____	_____	_____	Right	_____	_____	_____	_____	Left	_____	_____	_____	_____	Rear	_____	_____	_____	_____
	Occupancy	No. of Storeys	Roof	Exterior Walls																						
Front	_____	_____	_____	_____																						
Right	_____	_____	_____	_____																						
Left	_____	_____	_____	_____																						
Rear	_____	_____	_____	_____																						
<p>The exterior walls are made of:</p> <p><input type="checkbox"/> Concrete/Concrete Hollow Blocks <input type="checkbox"/> Concrete/Concrete Hollow Blocks with Timber Blocks</p> <p><input type="checkbox"/> Timber Blocks <input type="checkbox"/> Others, please specify: _____</p>																										
<p>Are you the:</p> <p><input type="checkbox"/> Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Part Owner</p> <p><input type="checkbox"/> Mortgagor <input type="checkbox"/> Contractor <input type="checkbox"/> Others, please specify: _____</p>																										
<p>The property is mortgaged, or will be mortgaged with:</p>																										
<p>Do you have an existing insurance?</p> <p><input type="checkbox"/> None <input type="checkbox"/> Yes, Insurance Company: _____</p> <p>Property Covered: <input type="checkbox"/> Building <input type="checkbox"/> Contents</p>	<p>Have you had a fire loss in this or other premises?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, When? _____</p> <p>Nature of Loss: _____</p> <p>Address of Property: _____</p> <p>Insurance Company: _____</p>																									

* NOTE: In describing the Surrounding Details, Assured should take the position inside the bldg. facing its front area.

FAMILY MEMBERS TO BE COVERED UNDER GROUP PERSONAL ACCIDENT

Name	Birthday	Relation to Applicant	Beneficiary
1.			
2.			
3.			
4.			

HOUSEHOLD HELP MEMBERS TO BE COVERED UNDER GROUP PERSONAL ACCIDENT (maximum of 3)

Name	Birthday	Relation to Applicant	Beneficiary
1.			
2.			
3.			

Do you have an existing agent with BPI/MS? None Yes Agent's Name: _____

Note: This Application, if approved, shall form part of and shall be the sole basis in issuing the Home Care Advantage Policy. Any material fact concealed or misrepresented at the time this Application is accomplished, shall exempt the Insurer from any liability caused or brought about by such undisclosed or misrepresented material fact.

"I hereby authorize BPI/MS to inquire about and investigate all the declared information from whatever sources BPI/MS may consider appropriate and use any contact details to communicate to me for whatever purpose (such as customer satisfaction surveys, etc.)."



Signature of Applicant

Date

Financial product/s of BPI/MS is/are not insured by the Philippine Deposit Insurance Corporation and is/are not guaranteed by the Bank of the Philippine Islands.

PAYMENT OPTIONS

- Cash BPI Debit Card BPI Express Online Credit Card

Please refer to the Payment Facilities page for more details.

To be accomplished by BPI personnel

TRACKING FORM

Client's RM No.:
Referrer's name:
Referrer's Employee No.:
Referring Branch code:
Referring Branch name:
Dealer's name: