

MOTOR 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	
Nationality:	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:		Contact No.:	
		E-mail Address:	
SSS, GSIS, Driver's License or Passport No. (For Driver's License and Passport, please indicate "Date of Expiry"):			TIN:
Nature of Business/Employer:		Occupation/Designation:	
Business/Employer Address:			
Name of Beneficiary/Relationship, if applicable:			
If unemployed, please state source of funds:		Net Annual Income:	
Please check your preferred mailing address: <input type="checkbox"/> Residence Address <input type="checkbox"/> Business Address			

UNDERWRITING DETAILS
Vehicle Information

Make/ Type/ Model	<input type="text"/>	Year Model	<input type="text"/>
Engine/ Motor No.	<input type="text"/>	Serial No.	<input type="text"/>
Plate/Conduction No.	<input type="text"/>	Seating Capacity	<input type="text"/>
		Color	<input type="text"/>
Mortgagee	<input type="text"/>	Assignee	<input type="text"/>
Use of Unit	<input type="checkbox"/> Private Use <input type="checkbox"/> Commercial or Business Use <input type="checkbox"/> Others _____		

If used for Commercial or Business, please specify the following:

Nature of business

Type of goods/materials being carried

Area of Operation

Is the vehicle being hired by others? Yes No

Are fare paying passengers being carried? Yes No

Insurance Requested

Effectivity: From To

Coverage
<input type="checkbox"/> Compulsory Third Party Liability
<input type="checkbox"/> Comprehensive Cover
Own Damage / Theft
Voluntary Third Party Liability – Bodily Injury
Voluntary Third Party Liability – Property Damage
Unnamed Passenger Personal Accident
<input type="checkbox"/> Add-on Accessories (supported by Sales Invoice)
Extended Perils
<input type="checkbox"/> Acts of Nature (Flood, Typhoon, Hurricane, Volcanic Eruption, Earthquake)
<input type="checkbox"/> Strikes, Riots, and Civil Commotion

Additional Information

If the answer is yes to any of the following questions, please give full details:

Has the vehicle been imported? Yes No

If yes, has tax been paid? Yes No

Has the vehicle been modified from the manufacturer’s standard specifications in any way? Yes No

Have you or any of the drivers of the particular unit:

During the past 3 years had any accident, loss or claim in connection with a motor vehicle? If none, just provide us the name of your previous/present insurer. Yes No

Date	Nature of Loss	Amount of Claim	Driver	Insurer



Been convicted of any offense or incurred a fine / penalty in connection with any motor vehicle during the past 3 years? Yes No

Had their driving license suspended at any time or had any possible prosecutions outstanding? Yes No

Had any motor insurance declined, cancelled, or had any special terms imposed? Yes No

Have any disability or medical condition, which could affect fitness as a driver? Yes No

Full details of any of the above answers:

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

I declare that the above information is true and complete, and I have not withheld any information material to this Application. I agree that this Application shall be incorporated in the insurance contract between me and BPI/MS Insurance Corporation.

"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

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: