BPI / MS Insurance Corporation

F-S&U-25
Revision No. 02
June 1, 2016

PERSONAL ACCIDENT 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.

<table>
<tr><td colspan="3">Complete Name:</td><td>Sex:
☐ Male ☐ Female</td></tr>
<tr><td>Nationality:</td><td>Civil Status:
☐ Single ☐ Married
☐ Separated ☐ Widow</td><td>Date of Birth:</td><td>Place of Birth:</td></tr>
<tr><td colspan="2" rowspan="2">Residence Address:</td><td colspan="2">Contact No.:</td></tr>
<tr><td colspan="2">E-mail Address:</td></tr>
<tr><td colspan="3">SSS, GSIS, Driver's License or Passport No. (For Driver's License and Passport, please indicate "Date of Expiry"):</td><td>TIN:</td></tr>
<tr><td colspan="2">Nature of Business/Employer:</td><td colspan="2">Occupation/Designation:</td></tr>
<tr><td colspan="4">Business/Employer Address:</td></tr>
<tr><td colspan="4">Name of Beneficiary/Relationship, if applicable:</td></tr>
<tr><td colspan="2">If unemployed, please state source of funds:</td><td colspan="2">Net Annual Income:</td></tr>
<tr><td colspan="4">Please check your preferred mailing address: ☐ Residence Address ☐ Business Address</td></tr>
</table>

UNDERWRITING DETAILS

Amount of Insurance Requested: Php_____

Coverage:

Basic Coverage – Accidental Death & Permanent Disablement

Additional Extensions Requested:

☐ Murder & Assault ☐ Medical Expense Reimbursement ☐ Burial Expense

☐ Motorcycling Coverage ☐ Non-Scheduled Flight ☐ Daily Cash Assistance (due to Accident only)

Other Information:

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

Do you intend to travel by air? ☐Yes ☐ No
If yes, please state how frequently in a year?_____

To the best of your knowledge and belief, have you ever been treated or been told you have heart disease, epilepsy, sexually transmitted disease, diabetes, renal disease, injury to or disease of the spine or sacro-iliac joint, or mental or nervous disorder? ? ☐Yes ☐ No
If yes, please provide details?_____

To the best of your knowledge and belief, have you ever been disabled or suffered from any disease or received any medical or surgical treatment or advice during the past five years? ☐Yes ☐ No
If yes, please provide details?_____

Do you have any deformity, impairment of hearing or vision, or loss of hand, foot or vision? ☐Yes ☐ No
If yes, please provide details?_____

Have you ever held or currently holding an elective public office? ☐Yes ☐ No
If yes, please provide details?_____

Loss History:

Have you had any losses, claims or incidents during the last 5 years? ☐Yes ☐ No
If yes, please provide details?_____

Have you ever had any life, accident or sickness insurance declined, canceled or renewal refused? ☐Yes ☐ No
If yes, please provide details?_____

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 Personal Accident Insurance Policy. Any material fact disclosed 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.

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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: