BPI / MS Insurance Corporation

F-S&U-51
Revision No. 01
November 11, 2016

TRAVEL 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>Citizenship:</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">Telephone/Mobile/Fax No.:</td></tr>
<tr><td colspan="2">Email 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">Name of Business/Employer:</td><td colspan="2">Occupation/Designation:</td></tr>
<tr><td colspan="2" rowspan="2">Business/Employer Address:</td><td colspan="2">Contact No.:</td></tr>
<tr><td colspan="2">Fax No.:</td></tr>
<tr><td colspan="4">Nature of Business (If self-employed):</td></tr>
<tr><td colspan="4">If unemployed, please state source of funds:</td></tr>
<tr><td colspan="4">Name of Beneficiary/Relationship, if applicable:</td></tr>
<tr><td colspan="4">Address of Beneficiary:</td></tr>
<tr><td colspan="4">Please check your preferred mailing address: ☐ Residence Address ☐ Business Address</td></tr>
</table>

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UNDERWRITING DETAILS

Type of Plan			
☐ **DOMESTIC** ☐ Php200,000 ☐ Php500,000 ☐ Php1,000,000 ☐ Php1,500,000 ☐ Php2,000,000 ☐ Php3,000,000 ☐ Php4,000,000 ☐ Php5,000,000	☐ **NON-SCHENGEN** (Asia, America & Other Non-European Countries) ☐ Gold - Php1,000,000 ☐ Diamond - Php2,000,000 ☐ Platinum - Php3,000,000	☐ **SCHENGEN** (European Union Member Countries) ☐ Gold - Php1,000,000 ☐ Diamond - Php2,000,000 ☐ Platinum - Php3,000,000	☐ **INDIVIDUAL ANNUAL TRAVEL CARE** (maximum of 90 days per trip) ☐ Gold - Php1,000,000 ☐ Diamond - Php2,000,000 ☐ Platinum - Php3,000,000
Travel Period Departure Date:_____ Return Date: _____			
Place of Travel From:_____ To: _____			
Purpose of Travel			

OTHER INFORMATION

Do you have any other life, accident or medical insurance at present?	☐Yes	☐No
If yes, please provide details (Insurer/Amount)		
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		

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 Travel Personal Accident Insurance 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.

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"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: