



TRAVEL PERSONAL ACCIDENT APPLICATION FORM – CORPORATE 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.*

Business/Company Name:		
Business/Company Address:	Contact No.:	
	E-mail Address:	
Nature of Business:	TIN:	
Date of Incorporation:	Place of Registration:	
List of Directors/Partners:	List of Principal Stockholders Owning at least 2% of capital stock (or attach the latest General Information Sheet):	
Beneficial Owners, if any:		
Name of Authorized Representative:	Position:	Contact No.:
Form completed by:	Position:	Date:
<i>Please attach Articles of Incorporation/Partnership and By-Laws</i>		



UNDERWRITING DETAILS

Type of Plan <input type="checkbox"/> DOMESTIC <input type="checkbox"/> Php200,000 <input type="checkbox"/> Php500,000 <input type="checkbox"/> Php1,000,000 <input type="checkbox"/> Php1,500,000 <input type="checkbox"/> Php2,000,000 <input type="checkbox"/> Php3,000,000 <input type="checkbox"/> Php4,000,000 <input type="checkbox"/> Php5,000,000	<input type="checkbox"/> NON-SCHENGEN <small>(Asia, America & Other Non-European Countries)</small> <input type="checkbox"/> Gold - Php1,000,000 <input type="checkbox"/> Diamond - Php2,000,000 <input type="checkbox"/> Platinum - Php3,000,000	<input type="checkbox"/> SCHENGEN <small>(European Union Member Countries)</small> <input type="checkbox"/> Gold - Php1,000,000 <input type="checkbox"/> Diamond - Php2,000,000 <input type="checkbox"/> Platinum - Php3,000,000	<input type="checkbox"/> INDIVIDUAL ANNUAL TRAVEL CARE <small>(maximum of 90 days per trip)</small> <input type="checkbox"/> Gold - Php1,000,000 <input type="checkbox"/> Diamond - Php2,000,000 <input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details		
Do you have any deformity, impairment of hearing or vision, or loss of hand, foot or vision?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.



"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: