



BPI/MS Insurance Corporation

A joint venture of the Bank of the Philippine Islands & Mitsui Sumitomo Insurance

Travel Care Insurance Reply Form PROTECT YOURSELF WITH BP/MS TRAVEL CARE INSURANCE!

ABOUT MYSELF (Please print clearly)

Name Mr. DE AYALA Ms. MIGUEL Mrs. LOPEZ
(Family Name) First Name MI

Civil Status: SINGLE Date of Birth: SEP 11, 1988
(mm/dd/yy)

Age: 29 Sex: M Weight: 80kg Height: 5'7"

Residential Address: #88 ST. MARTIN ST. MAGALLANES VILLAGE MAKATI CITY 1224

(No. Street Subd./Barangay Village/City/Town Zipcode)

Office Address: SUN LIFE CENTRE, 5TH AVE BGC, TAGUIG CITY 1445
and Name of Employer: SUN LIFE OF CANADA - PH - INC.

(No. Street Subd./Barangay Village/City/Town Zipcode)

Nature of Business / Occupation / Designation: INSURANCE AGENT

Net Annual Income: 2-5 MILLION PESOS

Name of Beneficiary / Relationship: MARGARITA LOPEZ DE AYALA / MOTHER

Period of Insurance: From APRIL 1 2018 To APRIL 30 2018
Months 30 Days

Journey: From MANILA To FRANCE, GERMANY, BELGIUM

Via Air Travel Airlines / Flight: PAL FLIGHT 26

Sea Travel Vessel: _____

Land Travel Mode of Transportation: _____

Purpose of Travel: TOURIST

- Type of Plan**
- | | | | |
|---|---|--|---|
| Domestic | <input type="checkbox"/> 500,000 | <input type="checkbox"/> 1,000,000 | <input type="checkbox"/> 2,000,000 |
| Non - Schengen
<small>(Asia, America & Other Non European Union Countries)</small> | <input type="checkbox"/> 1,000,000
<small>(Gold)</small> | <input type="checkbox"/> 2,000,000
<small>(Diamond)</small> | <input type="checkbox"/> 3,000,000
<small>(Platinum)</small> |
| Schengen
<small>(European Union Member Countries)</small> | <input type="checkbox"/> 1,000,000
<small>(Gold)</small> | <input checked="" type="checkbox"/> 2,000,000
<small>(Diamond)
(20K Euro)</small> | <input type="checkbox"/> 3,000,000
<small>(Platinum)</small> |

Email address: ndeayala@gmail.com

BIR TIN: 271642345

Cell Phone #: 09179691933

Mailing Address (for LBC): #88 St martin st magallanes, village, makati city

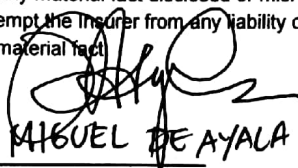
OTHER INFORMATION (Please print clearly)

	YES	NO
Do you have any other life, accident or medical insurance at present? If yes, please provide details _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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/disease of the spine or sacro-iliac joint, or mental/nervous disorder? If yes, please provide details _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
To the best of your knowledge and belief, have you ever been disabled, have suffered from any disease or received any medical/surgical treatment or advice during the past five years? If yes, please provide details _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have any deformity, impairment of hearing or vision, or loss of hand, foot or vision? If yes, please provide details _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.

March 28, 2018

Date


MIGUEL DE AYALA

Signature of Applicant
(Over Printed Name)

Signature of Agent/Sales Office
(Over Printed Name)

Additional Questions:

Are you an existing BPI client? (With savings account/credit card/loan) Yes or NO