



Policy Number

Grid for Policy Number

New

Renewal

Application Number: _____

Application for General Insurance

Accomplish the details and put "N/A" if not applicable. Print legibly using **BLACK INK**. Any erasure should be countersigned by the Proposed Owner. This form must be filled out by the Proposed Owner or by a person acting under the Owner's direction and authority.

Important Notes:

1. An Insurance is a contract of utmost good faith and the Proposed Owner is required to disclose ALL material facts to the insurer. All answers to the questions stipulated in this questionnaire are the basis of and are an inseparable part of the insurance policy. In case of doubt as to whether a fact is material or not, the fact should be disclosed.
2. **Please do not sign on a blank form.**
3. **Please shade the circle to indicate your choice(s).**

FOR OFFICIAL USE ONLY

Date Received: _____

Time Received: _____

Receiving

Dept./Office: _____

1. CLIENT'S INFORMATION *(Individual, Corporation, Partnership)*

GIVEN NAME (Individual/Authorized Signatory)

LAST NAME

Grid for Last Name

FIRST NAME

Grid for First Name

MIDDLE NAME

Grid for Middle Name

REGISTERED NAME (Corporation, Partnership)

Grid for Registered Name

Grid for Registered Name

FOR INDIVIDUALS/AUTHORIZED SIGNATORY

DATE OF BIRTH (YYYY/MM/DD)

Grid for Date of Birth

SEX

Male

Female

PLACE OF BIRTH

Text box for Place of Birth

NATIONALITY

Text box for Nationality

IDENTITY NO. (TIN/SSS/GSIS)

Grid for Identity No.

Nature of Business/Work (Please indicate source of fund; if employed, please include name of employer and position)

Text box for Nature of Business/Work

Permanent Address/Principal Place of Business:

(Please include Unit/Floor Number, Building Name, Street, Barangay, City, Province)

Text box for Permanent Address

ZIP CODE

Text box for ZIP Code

Residence/Present Address (if different from permanent address):

(Please include Unit/Floor Number, Building Name, Street, Barangay, City, Province, ZIP Code)

Text box for Residence/Present Address

ZIP CODE

Text box for ZIP Code

CONTACT NUMBERS (Pls. provide at least two)

PHONE NUMBER

Grid for Phone Number

MOBILE NUMBER (Mandatory)

Grid for Mobile Number

E-MAIL ADDRESS (Mandatory)

Text box for E-mail Address

Notes:

2. BENEFICIAL OWNERS INFORMATION

(Fill up in case of ownership of 25% or more of the common equity of the client).

GIVEN NAME

LAST NAME

FIRST NAME

MIDDLE NAME

DATE OF BIRTH (YYYY/MM/DD)

SEX

Male

Female

PLACE OF BIRTH

NATIONALITY

IDENTITY NO. (TIN/SSS/GSIS)

Nature of Business/Work (Please indicate source of fund; if employed, please include name of employer and position)

Permanent Address/Principal Place of Business:

(Please include Unit/Floor Number, Building Name, Street, Barangay, City, Province)

ZIP CODE

Residence/Present Address (if different from permanent address);

(Please include Unit/Floor Number, Building Name, Street, Barangay, City, Province, ZIP Code)

ZIP CODE

CONTACT NUMBERS (Pls. provide at least two)

PHONE NUMBER

MOBILE NUMBER (Mandatory)

E-MAIL ADDRESS (Mandatory)

Notes:

3. TYPE OF INSURANCE APPLICATION (Check the appropriate boxes)

PURPOSE OF THE INSURANCE APPLIED FOR:

- PRIVATE/DOMESTIC/LEISURE
- COMMERCIAL/BUSINESS
- OTHERS: _____

AREAS OF OPERATION:

DOES OTHER PARTY POSSESS INTEREST OVER THE SUBJECT MATTER? (EX. MORTGAGEE) NO YES

If Yes, please indicate name of part and interest: _____

NUMBER OF UNITS: _____

| YEAR/MODEL/SERIES | TRANSMISSION | | COLOR | MOTOR NO. | CHASSIS/SERIAL NUMBER | PLATE NUMBER | ENGINE DISPLACEMENT (in cc) |
|-------------------|--------------|-----|-------|-----------|-----------------------|--------------|-----------------------------|
| | A/T | M/T | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

For fleet, attach a separate sheet if necessary.

If with CTPL coverage, MV file number: _____

If with add-on accessory/ies, please list down including purchase amount: _____

4. LOSS EXPERIENCE IN THE PAST FIVE (5) YEARS

| YEAR | DATE OF LOSS | NATURE OF LOSS | AMOUNT OF LOSS | STATUS OF CLAIM (Paid or Unpaid) |
|------|--------------|----------------|----------------|----------------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

5. LIMITS OF COVERAGE

| COVERAGE | INDICATE AMOUNT BELOW |
|---|-----------------------|
| LOSS AND DAMAGE | |
| ACTS OF NATURE | |
| VOLUNTARY THIRD PARTY LIABILITY - BODILY INJURY | |
| VOLUNTARY THIRD PARTY LIABILITY - PROPERTY DAMAGE | |
| UNNAMED PASSENGER PERSONAL ACCIDENT | |
| COMPULSORY THIRD PARTY LIABILITY | |

6. DECLARATIONS AND AGREEMENT:

- A. I/We declare that all foregoing statements are true and I/we have not withheld any material information regarding this application.
- B. Any of my/our personal information collected or held by Charter Ping An Insurance Corporation (CPAIC) (whether contained in the application/s or otherwise), may be used in connection with matching for whatever purpose with such other personal information and/or may be used, stored, disclosed, transferred (whether within or outside the Philippines) to such persons or entities as CPAIC may consider necessary, including but not limited to any of its affiliated, parent or related companies, or any individuals/organizations/corporations/entities associated with CPAIC to:
 - a. Process and deal with my application/policy and provide all services related to my application/policy;
 - b. Promote other products/services by CPAIC and its affiliated or related companies/entities, and to process my information for product development and for marketing purposes;
 - c. Communicate with me for any purpose and/or to comply with the laws of any applicable jurisdiction.
- C. I/We understand that CPAIC shall use my/our personal information to evaluate and assess my/our application and need for insurance, as well as to service any of my/our policies and needs including the evaluation of any future claims. I/We also authorize CPAIC to disclose to affiliated entity(ies) or to persons or entities providing services on CPAIC's behalf consistent with the purpose for which the information was obtained.
- D. I/We understand that company notices related to my/our policy will be sent to me/us through email or SMS in the address/number I/we provided above, otherwise, sent to me/us to my/our preferred mailing address.
- E. I/We understand that my policy coverage will take effect upon successful payment of my/our initial premium, and delivery of the policy.
- F. I/We declare that I/we have informed CPAIC of all my citizenships, residencies and tax residencies, and provided CPAIC with my/our identification number(s). I/We agree to promptly update CPAIC of any changes to said information.
- G. I/We authorize CPAIC to disclose my/our personal information to any government or tax authority (within or outside the Philippines) for the purposes of ensuring CPAIC's compliance with applicable laws and regulations.
- H. I/We understand that we have the right to access our personal information at any time; correct or rectify any information collected or held by CPAIC which are inaccurate, false, or incomplete; object in case of any unauthorized collection; erase or block information which is incomplete, outdated and false; and such other rights as may be available under the Data Privacy Act.
- I. I/We agree that CPAIC shall have the right to: (a) require the owner(s), claimant(s) and/or payee(s) of the Policy to provide CPAIC with their above-mentioned personal information and/or submit or sign such documents as CPAIC may reasonably require; (b) and disclose said personal information to any government or tax authority (whether within or outside of the Philippines) for the purposes of CPAIC's compliance with applicable laws and regulations. If I/we fail to do any of the above-mentioned acts, I/we agree that CPAIC may provide my/our personal information to such government or taxation authority(ies) to comply with the applicable laws and regulations.

****PLEASE DO NOT SIGN ON A BLANK FORM**

| | |
|---|---|
| Date of Signing: | Place of Signing: |
| | |
| Signature of Client / Authorized Signatory over printed name | Signature of Client / Authorized Signatory over printed name |

7. AGENT/BROKER DECLARATION

IF ACCOMPLISHED IN THE PRESENCE OF THE AGENT OR BROKER

I/We hereby declare that I/we have checked that the customer is fully aware of the benefits of the Policy and the payment terms and conditions; and that the personal information provided by the Proposed Owner/s are accurate and up to date.

| | |
|--|--|
| Date of Signing: | Place of Signing: |
| | |
| Signature of Agent/Broker over printed name | Signature of Agent/Broker over printed name |

IMPORTANT NOTICE

The Insurance Commission, with offices in Manila, Cebu and Davao, is the government office in charge of the enforcement of all laws related to insurance and has supervision over insurance providers and intermediaries. It is ready at all times to assist the general public in matters pertaining to insurance. For any inquiries or complaints please contact the Public Assistance and Mediation Division (PAMeD) of the Insurance Commission at 1071 United Nations Avenue, Manila with telephone numbers +632-5238461 to 70 and email address publicassistance@insurance.gov.ph The official website of the Insurance Commission is www.insurance.gov.ph