



Metropolitan Insurance Company, Inc.

3rd Flr., Athenaeum Building, 160 L.P. Leviste St., Salcedo Village, Makati City 1227
Tel: 8867-2888 (Connecting all Departments) Fax No. : (632) 816-2294 e-mail: metgenco@metins.net

Motor Car Insurance

OWNER OF THE VEHICLE :
First M.I. Last

EMAIL ADDRESS : MOBILE/TELNO :

RESIDENCE/OFFICE ADDRESS :

MAILING ADDRESS :

UNIT/MODEL TO BE INSURED :

BRAND/MAKE :

MODEL YEAR : PLATE NO :

COLOR : ENGINE NO :

BODY TYPE : SEATING CAPACITY :

NAME OF MORTGAGEE (IF ANY) :

For us to determine the Estimated Fair Market Value, please provide a copy of the following:

- Official Receipt of your car
- OR/CR from LTO

SELECT YOUR DESIRED COVERAGE :

CTPL ONLY COMPREHENSIVE INSURANCE | ACTS OF NATURE : YES NO

VTPL LIMIT FOR BODILY INJURY: (UP TO MAX OF 1,000,000.00 ONLY)

100,000.00 200,000.00 500,000.00 PLS. SPECIFY _____

VTPL LIMIT FOR PROPERTY DAMAGE : (UP TO MAX OF 1,000,000.00 ONLY)

100,000.00 200,000.00 500,000.00 PLS. SPECIFY _____

SIGNED ON : _____ 20____
Date

APPLICANT
(Please print name & sign)