

PERSONAL ACCIDENT INSURANCE FORM



YOUR EMPLOYEES ARE THE LIFE-BLOOD OF YOUR COMPANY.

A progressive and successful company faces multiple road-blocks with uncertainty. Protect your people for as low 45PHP with coverage of up to 20,000PHP with Metropolitan Insurance Company Inc.'s Personal Accident insurance.

INFORMATION

Name of Company

Date Applied

Address

Number of Employees

Nature of Business

Occupation

Gross Income

Effectivity date of Policy or Registration
(Inception Date)

Expiry Date of Policy
(should be 12 months from date of effectivity)

Contact person :

Contact number :

Email address :

What Life, Accidental Death, Disability or Hospital Insurance/s do you have at present?

Company	Amount	Date Issued

Have you ever had any life, accident or sickness insurance declined, modified, rated up, canceled, or renewal refused? _____

Have you to the best of your knowledge and belief ever had abnormal blood pressure, ulcers, tuberculosis, hernia, diabetes, cancer, syphilis, paralysis, arthritis, rheumatism and disorder or disease of the mental, nervous, genito-urinary or digestive systems, back, spine or heart ?
If so, give nature, date/period of disability, name of doctor and result. _____

Have you ever been under observation or had medical or surgical advice or treatment, or been confined in the hospital during the past 5 years?
If so, give date, ailment, duration and result. _____

To the best of your knowledge and belief, are you now in good health and free from physical impairment or deformity?

Do you intend to travel by air or by sea? If so, how often? _____

Do you engage in any hazardous sports or undertakings? _____

Insurance Coverage/s requested	Amount	Premium
Accidental Death & Disablement		
Medical Reimbursement		
Unprovoked Murder & Assault		
Burial Expense		
Total Net Premium		

Changes of product line such as terms and conditions may occur with or without prior notice.

Application Forms are subject for approval, kindly wait for confirmation from MICI.

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For the full terms and conditions and general exclusions, email us at inquiry@miciph.com

Why Insure with us?

With dedicated service since 1933, MICI shall protect you and your family from financial losses with coverage that fits your needs.

Pay for 45PHP only and be covered up to 20,000PHP today!



METRO MANILA

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BACOLOD

Door#115 Northpoint Atrium Drive,
Bacolod City, (034) 434 8350

DAVAO

Door 006 Mezzanine Jatan Building
C.M. Recto Avenue cor. Bonifacio st.,
Davao City, (082) 227 5731

CEBU

Unit 301, Keppel Center, Cardinal
Rosales Avenue cor. Samar Loop,
Cebu Business Park, Cebu City,
(032) 233 7911

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