# PERSONAL ACCIDENT INSURANCE FORM



## PROTECTING YOUR FAMILY FROM FINANCIAL STRESS HAS NEVER BEEN CHEAPER!

Insure for as low as 45PHP and be covered as high as 20,000PHP with Metropilitan Insurance Company Inc.'s affordable and comprehensive Personal Accident Insurance.

	INFORM	IATION —		_
Name of the Insured	Birth date	Address		
Beneficiary	Relationship of Ins	ured	Birth date of Beneficiary	
Occupation	Estimated Gross In	come	Address of Beneficiary	
Civil Status				
Effectivity date of Policy or Registrat (Inception Date)	ion	Expiry Date of Police ( should be 12 month	s from date of effectivity )	
Contact person :	Contact number:		Email address :	_
				_
What Life A	ccidental Death, Disability or	Hospital Insurance	/s do vou have at present?	
What Life, A			, as <b>,</b> as many as <b>,</b> as a second	
Company	Amou	<u> </u>	Date Issued	
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Company	Amou	nt	Date Issued	
Company  Have you ever had any life, accident or sicknew you to the best of your knowledge and baralysis, arthritis, rheumatism and disorder	ess insurance declined, modified belief ever had abnormal blood or disease of the mental, nervo	nt ed, rated up, canceled,	Date Issued  Or renewal refused?	
Company  Have you ever had any life, accident or sicknew you to the best of your knowledge and paralysis, arthritis, rheumatism and disorder f so, give nature, date/period of disability, not have you ever been under observation or have	ess insurance declined, modified belief ever had abnormal blood or disease of the mental, nervoame of doctor and result.	ed, rated up, canceled, d pressure, ulcers, tube us, genito-urinary or di	Date Issued  Or renewal refused?	
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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

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