PhilFirst NON-LIFE
A Member of PFI Group

PERSONAL ACCIDENT INSURANCE APPLICATION FORM

☐ New ☐ Renewal

APPLICANT'S PERSONAL INFORMATION

Name: _____ (Last Name) _____ (First Name) _____ (Middle Name) _____ (Suffix)

_____ (Civil Status) _____ (Birthdate (mm/dd/yyyy)) _____ (TIN Number) _____ (Gender)

_____ (Nationality) _____ (Religion) _____ (Email Address) _____ (Mobile Number)

Home Address: _____ (Block/Lot/Phase No./Floor No./Unit No) _____ (Street) _____ (Village/Subdivision)

_____ (Barangay) _____ (City/Municipality) _____ (Province) _____ (Zip Code)

Employer/Business: | Occupation:

Nature of Business: | Annual Income:

Employer/Business Address

BENEFICIARY

Name: _____ (Last Name) _____ (First Name) _____ (Middle Name) _____ (Suffix)

Relationship to the Insured:

CONSENT

"My signature indicates that I have reviewed and certified the correctness of all information stated in this form.

I hereby consent, without need of prior notification, to the manual or automated processing, storage and disclosure by PhilFirst Insurance Co., Inc., and its authorized employees and representatives within or outside the Philippines in accordance with the Data Privacy Act and its implementing rules and regulations, of all such personal and/or sensitive information in this form, and all included attachments, solely for all purposes relevant to the enforcement and maintenance of my insurance policy contract, and all purposes deemed fit by PhilFirst Insurance Co., Inc., which shall include issuance, implementation and handling insurance policies, direct marketing, profiling, risk management, underwriting and administration of insurance coverage and claims, data analytics and data sharing with PhilFirst Insurance Co., Inc.

I also agree that my contact details may be utilized by PhilFirst Insurance Co., Inc., to provide relevant updates of my policy, as well as company and product developments. Said consent also extends likewise from those persons whose information I have provided, whose consent I have secured.

Lastly, I agree that PhilFirst Insurance Co., Inc., may store the same for the duration of the contract and for a period of ten (10) years thereafter, except if the information constitutes evidence in a legal action."

I HEREBY CERTIFY THAT I HAVE FULLY READ AND UNDERSTOOD THE BENEFITS AND FEATURES OF THIS POLICY AND AGREE TO BE BOUND BY THE PROVISIONS OF THE POLICY CONTRACT.

Signed this ____ day of _____, 20 ___.

_____
Applicant's Signature

Philippines First Insurance Co., Inc.
7/F STI Holdings Center Bldg.
6764 Ayala Avenue, Makati City

+632 8892-8888
salesmktg@philfirst.com.ph

FOLLOW OUR SOCIALS!
/philfirstnonlife /philfirst1906
/philfirstnonlife /philfirst_nonlife