PhilFirst NON-LIFE
A Member of PFI Group

MOTOR CAR INSURANCE APPLICATION FORM

☐ New ☐ Renewal

APPLICANT'S PERSONAL INFORMATION

Name:

Last Name	First Name	Middle Name	Suffix

Birthdate (mm/dd/yyyy)	Civil Status	TIN Number	Mobile Number

Home Address:

Block/Lot/Phase No./Floor No./Unit No	Street	Village/Subdivision

Barangay	City/Municipality	Province	Zip Code

Office Address:

Block/Lot/Phase No./Floor No./Unit No	Street	Village/Subdivision

Barangay	City/Municipality	Province	Zip Code

Email Address:	Tel. No.

VEHICLE INFORMATION

Year	Make	Model	Color	Plate No.

Chassis No.	Engine No.	MV File No.	Transmission ☐ A/T ☐ M/T	Usage ☐ Private ☐ Commercial

Mortgagee	Term of Cover	Accessories	Total Sum Insured

Schedule of Attachments

☐ Vehicle OR/CR ☐ Existing Policy ☐ Deed of Sale ☐ Others (Specify)

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

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