OUR BRANCHES

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General Santos Branch

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Provides benefits in case of losses to the person or the physical well-being of an individual arises out of an accident.

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Accidental Death and Disablement Unprovoked Murder and Assault Accidental Medical Reimbursement Accident Burial Expense



Motorcycling Coverage



Financial products of Alliedbankers Insurance Corporation are not insured by the Philippine Deposit Insurance Corporation and are not guaranteed by the Philippine National Bank.



We cover, you recover. 17th Floor, Federal Tower Building

Dasmariñas Street cor. Muelle de Binondo Binondo, Manila, Philippines 1006 Tel. No. (02) 8245 2886 Email: info@alliedbankers.com.ph





ALLIEDBANKERS PERSONAL ACCIDENT **INSURANCE**



Alliedbankers Personal Accident Insurance provides cover in the event of injury as a result of an accident at work or home; when you encounter traffic accidents; or accidents caused by natural phenomena such as typhoons, floods, and earthquakes. You are protected 24 hours a day, 365 days a year, anywhere in the world, even when you are traveling on business or pleasure by land, sea, or air.

Having purchased Alliedbankers Personal Accident Insurance, you are guaranteed the following:

- 1. Affordable premium cost.
- 2. Fast and efficient claims service.
- 3. Steel clad protection by one of the most financially sound insurance companies in the country.



Application Form

Please print clearly

INDIVIDUAL PERSONAL ACCIDENT

Assured's Name:			
Assured's Address:			
Birthdate:	Age:	Occupation:	
	-	Mobile No.:	
E-mail Address:		TIN:	
Requested Sum Insured: P_Only for Sum Insured not more than	₱10M		
Coverage/Plan			
Basic Coverage - Accide	ental Death a	nd Disablement	
Requested Extensions:	☐ Unprovoked Murder and Assault		
	Accidental Medical Reimbursement		
	☐ Accident Burial Expense☐ Motorcycling Coverage		
GROUP PERSONAL ACCIL			
Company Address:			
Nature of Business:		No. of Employees:	
Contact No.:	E-mail	Address:	
Requested Sum Insured: ₱_			
Loss History for the Past 5	Years:		
Coverage/Plan Basic Coverage - Accide	ental Death a	nd Disablement	
Requested Extensions:	☐ Unprovol	ked Murder and Assault	
•		al Medical Reimbursement	
	_	Burial Expense	
	□ Motorcyc	cling Coverage	

- Name of Employee
- Designation/Occupation
- Date of Birth

- · Contact No.
- · Name of Beneficiary
- · Relationship

Underwriters may require additional requirements/information

For higher Sum Insured, please fill up the Microsoft Word file application form

DECLARATION

I declare to the best of my knowledge and belief that the statements made by me or on my behalf are true and complete and I have not withheld any information material to this application. I agree that this application shall be incorporated in the contract and I agree to be bound by the terms and conditions of the policy.

lient Conforme:		Date:	
	Signature over Printed Name		

NOTE: This application form will be valid and binding upon approval of Alliedbankers Insurance Corporation Underwriter and upon acceptance of premium payment.