

## OTHER INFORMATION

- Do you have a pre-existing medical condition?  YES  NO
- Are you travelling against medical advice, or have you been given a terminal diagnosis?  YES  NO
- Are you awaiting surgery, treatment, investigation, or procedures for any current or yet to be diagnosed health conditions?  YES  NO
- Are you travelling to seek and/or receive medical advice, treatment, or review, including cosmetic surgery or fertility treatment?  YES  NO

Please provide details if answered "yes" on any of the above:

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## LOSS HISTORY

- Have you had any losses, claims, or incidents during the last 5 years?  YES  NO
- If yes, please provide details: \_\_\_\_\_
- Have you ever had any life, accident, or sickness insurance declined, canceled, or renewal refused?  YES  NO
- If yes, please provide details: \_\_\_\_\_

## DISCLAIMER

- Travel Insurance you will purchase may contain a pre-existing condition exclusion, benefit limitations, and other restrictions and exclusions.
- Before purchasing a policy, you are responsible for reviewing the policy documents, coverage description, eligibility requirements, policy exclusions, and terms and conditions as outlined in any particular policy.
- Travel Insurance policy suggestions made on this form, if any, are generic and are based on the limited information you have provided to the Company at the time of purchase.
- It is your personal decision to purchase a policy based on the recommendations provided. All benefits are subject to the policy terms and the claims process as set forth in the policy.
- You will be required to follow the claims process as set by the Company and insurance policy.

## 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.

## DATA PRIVACY CONSENT

I hereby acknowledge that ABIC may collect, use, process, and share my personal information with its stakeholders, authorized representatives, business partners, and third parties for purposes such as but not limited to claims, underwriting, compliance, and any other legitimate business purpose. I allow ABIC to check and review the given information, keeping it during our business association, and for five (5) years after termination. I hereby provide my consent by affixing my signature in this form.

ABIC ensures that data protection laws are strictly followed and adhered to. For more information regarding the company's privacy policy, kindly visit [www.alliedbankers.com.ph](http://www.alliedbankers.com.ph).

Client Conforme: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature over Printed Name*

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

# OUR BRANCHES

## LUZON BRANCHES

**Santiago Branch**  
2/F Wilmel Bldg., City Road, Centro East  
Santiago City, Isabela 3311  
Mobile: 0917 858 4758  
Email: [abic.santiago@alliedbankers.com.ph](mailto:abic.santiago@alliedbankers.com.ph)

**La Union Branch**  
G/F NISCE Business Center, Quezon Ave.  
Catbangen, San Fernando City, La Union 2500  
Tel.: (072) 619 9452  
Email: [abic.launion@alliedbankers.com.ph](mailto:abic.launion@alliedbankers.com.ph)

**Dagupan Branch**  
G/F RTA Bldg., Gomez St., Brgy. IV  
Dagupan City, Pangasinan 2400  
Mobile: 0917 899 2077  
0917 599 8620  
Tel.: (075) 551 3914  
Email: [abic.dagupan@alliedbankers.com.ph](mailto:abic.dagupan@alliedbankers.com.ph)

**Cabanatuan Branch**  
Unit 102, Tiburcia Bldg., Maharlika Highway  
Cabanatuan City, Nueva Ecija 3100  
Tel.: 044 803 1343  
Email: [abic.cabanatuan@alliedbankers.com.ph](mailto:abic.cabanatuan@alliedbankers.com.ph)

**Pampanga Branch**  
Unit 205-207, 2/F Peninsula Plaza Bldg.  
MacArthur Highway, Brgy. Dolores  
City of San Fernando, Pampanga  
Mobile: 0917 621 8362  
Tel.: (045) 497 3234  
(045) 497 3470  
Email: [abic.sanfernando@alliedbankers.com.ph](mailto:abic.sanfernando@alliedbankers.com.ph)

**Calamba Branch**  
No. 730 Unit S-7, Daniel Commercial Complex 1  
National Highway, Brgy. Parian  
Calamba City, Laguna 4027  
Mobile: 0917 858 5018  
Tel.: (049) 508 2615  
Email: [abic.calamba@alliedbankers.com.ph](mailto:abic.calamba@alliedbankers.com.ph)

**Lipa Branch**  
Unit 3 & 4, Bldg. 1, K Pointe Commercial  
Center, Pilaan, Sabang, Lipa City  
Mobile: 0917 829 5175  
0929 975 2165  
Tel.: (043) 740 6199  
Email: [abic.lipa@alliedbankers.com.ph](mailto:abic.lipa@alliedbankers.com.ph)

**Naga Branch**  
G/F Madrid Building, Peñafrancia Avenue  
San Francisco, Naga City 4400  
Mobile: 0917 848 3792  
Tel.: (054) 631 5135  
Email: [abic.naga@alliedbankers.com.ph](mailto:abic.naga@alliedbankers.com.ph)

## VISAYAS BRANCHES

**Tacloban Branch**  
G/F RSG Bldg., Avenida Veteranos St.  
Brgy. 23, Tacloban City, Leyte 6500  
Mobile: 0917 526 8693  
Tel.: (053) 300 6898  
Email: [abic.tacloban@alliedbankers.com.ph](mailto:abic.tacloban@alliedbankers.com.ph)

**Iloilo Branch**  
Unit 4, 2/F Two Lorton Bldg., Quezon St.  
Brgy. Kauswagan, Iloilo City 5000  
Mobile: 0917 599 8623  
Tel.: (033) 332 7191  
Email: [abic.iloiilo@alliedbankers.com.ph](mailto:abic.iloiilo@alliedbankers.com.ph)

**Bacolod Branch**  
Rm. 110, G/F VSB Bldg.  
6th & 7th Lacson Sts., Brgy. 7  
Bacolod City, Negros Occidental 6100  
Mobile: 0917 599 8617  
Tel.: (034) 469 8544  
Email: [abic.bacolod@alliedbankers.com.ph](mailto:abic.bacolod@alliedbankers.com.ph)

**Cebu Branch**  
Room 202,204,206 2/F, JESA-IT Center  
General Maxilom Avenue, Cebu City  
Cebu 6000  
Mobile: 0917 858 4973  
Tel.: (032) 266 7509  
Fax: (032) 266 7510  
Email: [abic.cebu@alliedbankers.com.ph](mailto:abic.cebu@alliedbankers.com.ph)

## MINDANAO BRANCHES

**Gagayan De Oro Branch**  
2/F Door 8, South Bank Plaza  
Velez-Yacapin St.  
Gagayan de Oro City 9000  
Mobile: 0917 599 8625  
Tel.: (088) 850 4529  
Email: [abic.cdo@alliedbankers.com.ph](mailto:abic.cdo@alliedbankers.com.ph)

**Davao Branch**  
Unit A3, G/F DGGGY10 Building cor. CM  
Recto St. and E. Jacinto St., Brgy. 32-D  
Poblacion, Davao City  
Mobile: 0917 848 3842  
0917 848 7148  
Tel.: (082) 294 9386  
Email: [abic.davao@alliedbankers.com.ph](mailto:abic.davao@alliedbankers.com.ph)

**General Santos Branch**  
Unit 1B, ASM Bldg., 33 Camia St.  
Dadiangas East, General Santos City  
Mobile: 0917 840 4790  
0922 926 9696  
Email: [abic.gensan@alliedbankers.com.ph](mailto:abic.gensan@alliedbankers.com.ph)

**Zamboanga Branch**  
2/F PNB JS Alano Branch  
JS Alano St, Zamboanga City  
Mobile: 0917 858 4784  
0935 812 6601



Head Office: 17th Floor, Federal Tower Building  
Dasmariñas Street, Barangay 282 San Nicolas  
National Capital Region, City of Manila 1010 Philippines

Pasay Office: 6th Floor, PNB Financial Center  
Pres. Diosdado Macapagal Blvd., Pasay City 1300 Philippines

Tel. No.: (02) 8245 2886  
Email: [info@alliedbankers.com.ph](mailto:info@alliedbankers.com.ph)

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**Travel SMART**

Travel Insurance with COVID-19 Cover  
SCHENGEN ACCREDITED

**Your Partner  
for a Safe and  
Worry-Free Travel During  
These Challenging Times**

To apply for Travel Smart travel insurance, visit  
<https://www.alliedbankers.com.ph/travelsmart>

**AVAIL NOW!**

and get your e-policy in minutes!



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

# SCHEDULE OF BENEFITS - TRAVEL INSURANCE

BENEFITS	DOMESTIC	ASIA	WORLDWIDE / SCHENGEN
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## SECTION I

1. Personal Accident	₱500,000	\$20,000	\$50,000
2. Accidental Burial Benefit	₱50,000	\$2,000	\$5,000

## SECTION II

1. Medical Necessary Expenses (cashless) - Dental expense sublimit	₱500,000 ₱50,000	\$20,000 \$2,000	\$50,000 \$5,000
2. Emergency Medical Evacuation	₱50,000	\$2,000	\$5,000
3. Repatriation of Remains	₱50,000	\$2,000	\$5,000
4. Emergency Communication Expense	₱2,500	\$200	\$400
5. Hospital Confinement Daily Cash Benefit (up to 10 days)	₱1,000/day max of ₱10,000	\$100/day max of \$1,000	\$200/day max of \$2,000
6. Compassionate Visit	Travel Cost + up to ₱1,000/day max of ₱30,000	Travel Cost + up to \$100/day max of \$3,000	Travel Cost + up to \$150/day max of \$5,000
7. Return of Minor Children	Travel Cost + up to ₱1,000/day max of ₱30,000	Travel Cost + up to \$100/day max of \$3,000	Travel Cost + up to \$150/day max of \$5,000

## SECTION III

1. Trip Cancellation w/ deductible; \$10 (international), ₱500 (local)	₱25,000	\$2,000	\$4,000
2. Trip Curtailment w/ deductible; \$10 (international), ₱500 (local)	₱25,000	\$2,000	\$4,000
3. Flight Delay (for each 12-hour delay)	up to ₱1,000; max of ₱10,000	up to \$50; max of \$500	up to \$100; max \$1,000
4. Aircraft Hijack	₱1,000/day max of ₱10,000	\$50/day max of \$500	\$100/day max \$1,000
5. Missed Connecting Flight (for each 12-hour delay)	NIL	up to \$50; max \$500	up to \$100; max \$1,000
6. Flight Diversion Benefit (for each 12-hour delay)	NIL	up to \$50; max \$500	up to \$100; max \$1,000
7. Loss/Damage of Baggage & Personal Effects w/ deductible; \$10 (international), ₱500 (local) - Any One / Set / Pair of Articles (sublimit) - Loss of Firearm (sublimit) - Loss of Sports Equipment (sublimit)	max of ₱25,000 ₱3,500 ₱3,500 ₱3,500	max of \$2,000 \$200 \$200 \$200	max of \$2,500 \$250 \$250 \$250
8. Loss of Personal Money on Overseas	NIL	\$500	\$1,000
9. Loss of Travel Documents	₱10,000	\$1,000	\$2,500
10. Emergency Cash - Due to Loss of Travel Documents	NIL	\$150/day; max \$500	\$350/day; max of \$1,400
11. Baggage Delay (for each 12-hour delay)	up to ₱2,500; max of ₱25,000	up to \$200; max \$2,000	up to \$250; max \$2,500

## SECTION IV

1. Personal Liability including Legal Expenses	₱500,000	\$20,000	\$50,000
2. Rental Vehicle Protection	NIL	\$2,000	\$7,500
3. Others - Frequent Flyer Members Only	NIL	\$100	\$200
4. Extension of Period of Trip	Included	Included	Included

## SECTION V - COVID - 19 RIDER BENEFITS

Medical Hospitalization Expenses due to Covid-19	₱500,000	\$20,000	\$50,000
Repatriation of Remains Due to COVID-19	₱50,000	\$2,000	\$5,000
Hospital Confinement Due to COVID-19 (up to 10 days)	₱1,000/day; max of ₱10,000	\$100/day; max of \$1,000	\$200/day; max of \$2,000
Quarantine Allowance Due to COVID-19 (up to 10 days)	₱1,000/day; max of ₱10,000	\$100/day; max of \$1,000	\$200/day; max of \$2,000
Trip Cancellation due to COVID-19	₱25,000	\$2,000	\$4,000
Trip Curtailment due to COVID-19	₱25,000	\$2,000	\$4,000
24-Hour Worldwide Travel Assistance	Included	Included	Included

## PERMITTED AGE - 2 weeks old to 80 years old

### EXCLUDED COUNTRIES

Afghanistan	Democratic Republic of Congo	Sudan
Iran	North Korea	South Sudan
Iraq	Lebanon	Ukraine
Syria	Liberia	Zimbabwe
Belarus	Russia	Any other countries subject to sanctions by U.S. or E.U.
Cuba	Somalia	

## Travel Smart Application Form

Please print clearly

### BASIC COVERAGE

DOMESTIC  ASIA  WORLDWIDE / SCHENGEN

### TRAVEL DETAILS

Plan Type :  One - way  Roundtrip  
 Travel Period (mm/dd/yyyy): From \_\_\_\_\_ To \_\_\_\_\_  
 Itinerary : From \_\_\_\_\_ To \_\_\_\_\_  
 Purpose of Travel : \_\_\_\_\_  
 Airline : \_\_\_\_\_  
 Airline Booking Ref. : \_\_\_\_\_

### NOTE

For One-Way Coverage, you are only covered upon arrival or policy expiry, whichever comes first.

For Roundtrip Coverage, please make sure that your arrival date is adjusted 1 day as the policy coverage will start and end at 12:01 AM.

### PASSENGER DETAILS

Name: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Nationality: \_\_\_\_\_ Passport ID No.: \_\_\_\_\_  
 Email: \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Civil Status:  Single  Married  Separated  Widow  
 ID Presented: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ TIN: \_\_\_\_\_  
 Nature of Business/Employer: \_\_\_\_\_  
 Occupation/Designation: \_\_\_\_\_  
 Business/Employer Address: \_\_\_\_\_  
 Beneficiary Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Contact No.: \_\_\_\_\_ Relationship: \_\_\_\_\_

For Schengen Compliant verification, you may refer to this link  
[https://www.eeas.europa.eu/philippines/travel-study\\_en](https://www.eeas.europa.eu/philippines/travel-study_en)

**IN CASE OF EMERGENCY**  
 Call us on our HOTLINE No. : +63 2 8396 9884  
 Message us on WhatsApp : +1 252 518 4888  
 Email us at : [abctravel@emaglobal.com.ph](mailto:abctravel@emaglobal.com.ph)

**Travel Smart Customer Service**  
 Email: [travelsmart@alliedbankers.com.ph](mailto:travelsmart@alliedbankers.com.ph)  
 Trunkline: +63 2 8245 2886 local 100 or 702  
 Mobile: +63 917 850 6446

