



Armed Forces and Police Mutual Benefit Association, Inc.

Col Bonny Serrano Road cor. EDSA, Camp Aguinaldo, Quezon City, 1110
Landline: +632 8822-MBAI (6224) | Email: mail@afpmbai.com.ph
Web: www.afpmbai.com.ph | Facebook: AFPMBAIOfficial

CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MIJARES WINSTON

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

This certificate forms part of Group Master Policy Contract No. 2022-07-143 issued to

GALLANTRY SECURITY AND INVESTIGATION AGENCY, INC.
21A West Riverside St., San Francisco Del Monte, Quezon City,

The ARMED FORCES AND POLICE MUTUAL BENEFIT ASSOCIATION, INC., during the term of this policy and while it is in force, will pay the beneficiaries of the insured upon receipt of due proof of the insured's death or disability in the amount specified in the Group Master Policy, provided the premium therefore has been paid, and subject to the provision on Termination of Individual Insurance.

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Given at Quezon City this 22nd day of August 2023.

LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MAALA MARVIN C

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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PREMIUM PAID : P 372.50

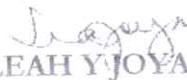
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MABANSAG CLEMENTE S

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MABASA BRYAN S

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: MABATAN RAYNALDO C

AMOUNT OF INSURANCE

- : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
- 2. Accidental Death Benefit: P 50,000.00 +
- Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MACANLALAY RODELIO M

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MACAPAS ROGELIO C

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: MACARAIG ROBERTO P

AMOUNT OF INSURANCE

- : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
- 2. Accidental Death Benefit: P 50,000.00 +
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MACARANDANG MELSON C

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MACAULING MENARD G

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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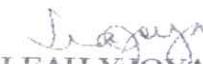
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MACAWILE ABEL.

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
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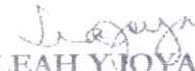
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MADARCOS CHRISTOPHER S

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MAGADA JOHNREY.

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MAGAN DANDY

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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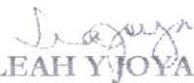
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MAGBUO PAULO

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MAGDALAGA DANILO

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
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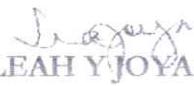
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214 West Riverside St., San Francisco Del Monte, Quezon City,

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Given at Quezon City this 22nd day of August 2023.


LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



Armed Forces and Police Mutual Benefit Association, Inc.

Col Bonny Serrano Road cor. EDSA, Camp Aguinaldo, Quezon City, 1110
Landline: +632 8822-MBAI (6224) | Email: mail@afpmbai.com.ph
Web: www.afpmbai.com.ph | Facebook: AFPMBAIOfficial

CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MAGNO VICENTE

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MAJUCA TOMAS

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

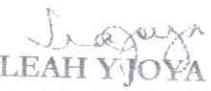
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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MAKILAN RODERICK

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE : 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MALANA JOMEL T

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE : 02 August 2023 to 01 August 2024
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PREMIUM PAID : P 372.50

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MALEZA GILBERT

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MALICAY JOEBERT

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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(Annual)

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Given at Quezon City this 22nd day of August 2023.

LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MALICDEM ANGIELO D

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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PREMIUM PAID : P 372.50

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MALINAO JOENIFER

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE : 02 August 2023 to 01 August 2024
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J. Joya
LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MALLARI MC DONALD M

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MALPAL JOCKAR F

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MANALASTAS ARIES

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

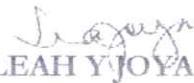
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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: MANATAD JAMESVAN S

AMOUNT OF INSURANCE

: 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE

02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MANATAD JUDY

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: MANINGO JHAN-ZINE

AMOUNT OF INSURANCE

- : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE

02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID

: P 372.50

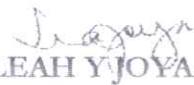
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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MANINGO MELVIN R

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



Armed Forces and Police Mutual Benefit Association, Inc.

Col Bonny Serrano Road cor. EDSA, Camp Aguinaldo, Quezon City, 1110
Landline: +632 8822-MBAI (6224) | Email: mail@afpmbai.com.ph
Web: www.afpmbai.com.ph | Facebook: AFPMBAIOfficial

CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: MANIO ALFREDO JOVEN

AMOUNT OF INSURANCE

: 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE

02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID

: P 372.50

This certificate forms part of Group Master Policy Contract No. 2022-07-143 issued to

GALLANTRY SECURITY AND INVESTIGATION AGENCY, INC.
21A West Riverside St, San Francisco Del Monte, Quezon City,

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Given at Quezon City this 22nd day of August 2023.


LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MANIQUIZ ARIES

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MANITO GABRIEL

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MANLAPAZ RENE M

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVRAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: MANLISIC MARK JOSEPH

AMOUNT OF INSURANCE

- : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
- 2. Accidental Death Benefit: P 50,000.00 +
- Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE

02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MANLISIC RAMON II J

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE : 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

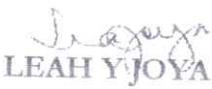
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: MANONGAS ARDEN D

AMOUNT OF INSURANCE

1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE

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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MANRIQUE RYAN A

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MANTILLA ARIEL

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE : 02 August 2023 to 01 August 2024
(Annual)

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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MANUEL EDGAR G

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE : 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

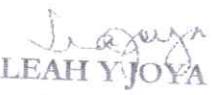
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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: MANUEL MARK CLIFFORD

AMOUNT OF INSURANCE

: 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE

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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MAÑUGO JOVEN P

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE : 02 August 2023 to 01 August 2024
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LEAH Y JOYA
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: MANZANO RITCHIE C

AMOUNT OF INSURANCE

: 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MACAPALAG VERGEL C

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MANALO SOTERO JR

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MENDOZA RAMIL D

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

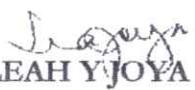
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Given at Quezon City this 22nd day of August 2023.


LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



Armed Forces and Police Mutual Benefit Association, Inc.

Col Bonny Serrano Road cor. EDSA, Camp Aguinaldo, Quezon City, 1110
Landline: +632 8822-MBAI (6224) | Email: mail@afpmbai.com.ph
Web: www.afpmbai.com.ph | Facebook: AFPMBAIOfficial

CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MERON JERRY C

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MIRANDA JAY S

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MITRA KING GERALD G

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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(Annual)

PREMIUM PAID : P 372.50

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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MOJADO ELMER

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

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LEAH Y JOYA
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MARAASIN PETE C

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: MARANAN GLICERIO N

AMOUNT OF INSURANCE

: 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE

02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID

: P 372.50

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LEAH Y JOYA

Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MARANETA ROEL G

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVFRAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: MARCELINO DEVIEEN

AMOUNT OF INSURANCE

- : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
- 2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE

02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: MARCELO JOHN ALLEN B

AMOUNT OF INSURANCE

: 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MARCO RODRIGO R

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

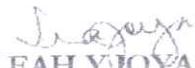
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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MARCOS MADEL

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE : 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

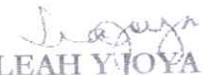
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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MARGALLO BENJAMIN R

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MARIANO RONALDO T

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MARIMAT JOVEL L

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
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PREMIUM PAID : P 372.50

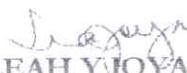
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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MARINAY VICENTE

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE : 02 August 2023 to 01 August 2024
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PREMIUM PAID : P 372.50

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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MARINO ROGELIO G

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

This certificate forms part of Group Master Policy Contract No. 2022-07-143 issued to

GALLANTRY SECURITY AND INVESTIGATION AGENCY, INC.
21A West Riverside St., San Francisco Del Monte, Quezon City,

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Given at Quezon City this 22nd day of August 2023.

LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



Armed Forces and Police Mutual Benefit Association, Inc.

Col Bonny Serrano Road cor. EDSA, Camp Aguinaldo, Quezon City, 1110
Landline: +632 8822-MBAI (6224) | Email: mail@afpmbai.com.ph
Web: www.afpmbai.com.ph | Facebook: AFPMBAIOfficial

CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MARPA RONILO G

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MARTINEZ NOEL F

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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(Annual)

PREMIUM PAID : P 372.50

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: MASAGULA BARAGUIR

AMOUNT OF INSURANCE

: 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE

02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID

: P 372.50

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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MASANGKAY EFREN JR M

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE : 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

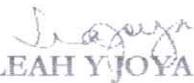
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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MASELA RENE

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MASILUNGAN CARLO GIU

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

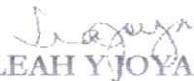
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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MATITU CHRISTOPHER A

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MATUGAS LAURO E

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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(Annual)

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: MAURICIO BAYANI JR A

AMOUNT OF INSURANCE

- : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
- 2. Accidental Death Benefit: P 50,000.00 +
- Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE

02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID

: P 372.50

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MAXIMO ROGER JR E

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
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Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MAYOR RONALDO

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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(Annual)

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED	: MAYORMITA PETER
AMOUNT OF INSURANCE	: 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit 2. Accidental Death Benefit: P 50,000.00 + Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
PERIOD OF COVERAGE	02 August 2023 to 01 August 2024 (Annual)
PREMIUM PAID	: P 372.50

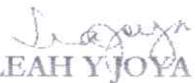
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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MEDILO MARVIN

AMOUNT OF INSURANCE :
1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE : 02 August 2023 to 01 August 2024
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PREMIUM PAID : P 372.50

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MELCHOR JECKER

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED	: MELENDREZ JENSON
AMOUNT OF INSURANCE	: 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit 2. Accidental Death Benefit: P 50,000.00 + Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
PERIOD OF COVERAGE	02 August 2023 to 01 August 2024 (Annual)
PREMIUM PAID	: P 372.50

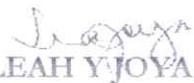
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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



Armed Forces and Police Mutual Benefit Association, Inc.

Col Bonny Serrano Road cor. EDSA, Camp Aguinaldo, Quezon City, 1110
Landline: +632 8822-MBAI (6224) | Email: mail@afpmbai.com.ph
Web: www.afpmbai.com.ph | Facebook: AFPMBAIOfficial

CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MENDOZA ROMEO JR D

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE : 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

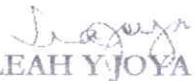
This certificate forms part of Group Master Policy Contract No. 2022-07-143 issued to

GALLANTRY SECURITY AND INVESTIGATION AGENCY, INC.
214 West Riverside St., San Francisco Del Monte, Quezon City,

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Given at Quezon City this 22nd day of August 2023.


LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MENDOZA ALEX R

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE : 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MENDOZA EDWIN

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MENOR IENCE M

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MENTE JUDE

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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LEAH Y. JOYA
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MERCADAL KHMER R

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

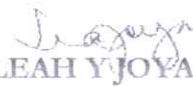
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Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MERCEDES KIM

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MESIA JONATHAN A

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MESINAS ARIEL A.

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

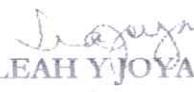
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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MIGUEL JOEMAR E

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MINA ROSENDO M

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MINGUITO JOVANIE

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: MIRALLES EDMARK R

AMOUNT OF INSURANCE

: 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE

02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID

: P 372.50

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MIRAVALLES JHUNAR M

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MOLINO RICHARD A

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MONCADA JESSIE C

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
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Given at Quezon City this 22nd day of August 2023.

LEAH Y JOYA
Deputy Head, NCRSSC, ISD



Armed Forces and Police Mutual Benefit Association, Inc.

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Web: www.afpmbai.com.ph | Facebook: AFPMBAIOfficial

CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: MONTEFALCON REY

AMOUNT OF INSURANCE

: 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE

02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID

: P 372.50

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MONTERO ELMER

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MONTIAGODO JEROME

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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LEAH Y JOYA
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MORALES MICHAEL

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MOSEROS REYNALDO

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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LEAH Y. JOYA
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: MOSQUERA DONATO

AMOUNT OF INSURANCE

: 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MUHAMMADNUR SAHI

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: MUNAR JOHN PAUL

AMOUNT OF INSURANCE

: 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : MARASIGAN NAZELLE LOUISE

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: MUYOT EDBERT

AMOUNT OF INSURANCE

- : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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