



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 : SOTERNO EDWIN 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

This certificate forms part of Group Master Policy Contract No. 2022-07-144 issued to

GOLDEN GATE SECURITY AND INVESTIGATION SERVICES 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 V. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : SUAREZ MELVIN 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

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: SULTAN JAMAL 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 : SUMADIA NOEL

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 : SUMILHIG MAIDA

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 : SUNGCAYA JR BERNARDO 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

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : SUSAYA FELIX HARVEY 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

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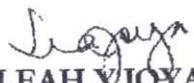
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : SUYU RAMIL

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 : TABAG JOY 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

: TABIANAN JENELYN 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 : TABINAS MARK LAWRENCE H

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 : TABON FHADZA

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 : TACBOBO JOEL

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 : TACDA SAMUEL B

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

: TACULAO FRANIE

AMOUNT OF INSURANCE

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

NAME OF INSURED : TAGALOGON PASTOR 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 +
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : SORIANO JEFREL 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

This certificate forms part of Group Master Policy Contract No. 2022-07-144 issued to

GOLDEN GATE SECURITY AND INVESTIGATION SERVICES INC.,
214 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.

The insurance of the Individual Security Guard shall automatically terminate at the earliest of the following dates: The date of the expiration of the period for which the last required premium on his insurance is paid; or Upon termination of his appointment as Security Guard from the Insured Security Agency; or The date the Insured Security Guard attains his 60th birthday; or Upon payment of the Face Amount or accrued benefits equivalent to the Face Amount given as disability benefit.

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
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: TAGUINOD MICHAEL 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

02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID

: P 372.50

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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 V. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : TAGUPA JOMAR

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



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : TAJON DONEL

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

: TALAVERA CRISANTO JAY

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 : TAMAO HIROAKI

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

LEAH JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : TAMBOON DARIO 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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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : TANCIO VIRGILIO 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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LEAH JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : TAPALIA VENGIE

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

CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : TAPANG JAY ART 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)

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : TAPANG 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

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 : TAPANG RICARDO

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 : TARO 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

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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : TASONG VICENTE 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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(Annual)

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LEAH Y JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : TATAD MARK DHEN

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

: TAYAMAN REGIE 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

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(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 : TEQUIL JADE

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

This certificate forms part of Group Master Policy Contract No. 2022-07-144 issued to

GOLDEN GATE SECURITY AND INVESTIGATION SERVICES 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
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Web: www.afpmbai.com.ph | Facebook: AFPMBAIOfficial

CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : TERNIDA JEROLD 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
(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

: TERRIBLE ALVARO 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
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : TESORO GASPAR

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 : TESORO TEDDY Z

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 V JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : TIANO REGGIE 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 : TIBIGAR ALDRIAN

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 : TILAD GILL 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

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : TIMOTEO JOSEPH 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

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LEAH V. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: TINAMISAN JOEHAN

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 JOYA
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : TOLEDO RODELITO

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 : TOLENTINO DANILO

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 : TOLENTINO RODENYL

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 : TOMAS MARY JEAN 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

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : TOPACIO VIRGILIO 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 JOYA
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : TORIO ALFREDO 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 : TORRES VERLEN

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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The insurance of the Individual Security Guard shall automatically terminate at the earliest of the following dates: The date of the expiration of the period for which the last required premium on his insurance is paid; or Upon termination of his appointment as Security Guard from the Insured Security Agency; or The date the Insured Security Guard attains his 60th birthday; or Upon payment of the Face Amount or accrued benefits equivalent to the Face Amount given as disability benefit.

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


LEAH V 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 : TRENIA JAIRUS 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
(Annual)

PREMIUM PAID : P 372.50

This certificate forms part of Group Master Policy Contract No. 2022-07-144 issued to

GOLDEN GATE SECURITY AND INVESTIGATION SERVICES 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.

The insurance of the Individual Security Guard shall automatically terminate at the earliest of the following dates: The date of the expiration of the period for which the last required premium on his insurance is paid; or Upon termination of his appointment as Security Guard from the Insured Security Agency; or The date the Insured Security Guard attains his 60th birthday; or Upon payment of the Face Amount or accrued benefits equivalent to the Face Amount given as disability benefit.

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LEAH JOYA
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