

## **Statement of Account**

## SOA NO. CPR2504-032

| Assured Name:                                 |           |       | Issuance Date:        |                    | Transaction Type: |
|---|-----------|-------|-----------------------|--------------------|-------------------|
| ALYANNA MARIE TOLENTINO MALIT                 |           |       | 22-Apr-25             |                    | Renewal-2         |
| Address                                       |           |       | Clients Name:         |                    | Code:             |
| B10 L24 EPHRAIM ST. NORTH OLYMPUS QUEZON CITY |           |       | Alyanna Marie T Malit |                    | LA-B              |
|   |           |       | Contact No.:          |                    | Agent Code:       |
|   |           |       | 09123050039           |                    | LA23057           |
| Insurance Provider:                           |           |       | Policy Pe             |                    | Period            |
| Milestones Guaranty Assurance Corp            |           |       |                       | From: (12:00 noon) | To: (12:00 noon)  |
| micstones duaranty Assurance corp             |           |       |                       | 20-Apr-25          | 20-Apr-26         |
| olicy No.                                     |           | Line  |                       | Product            | Reference No.     |
| PC-MKT2-0001074                               |           | Motor |                       | Private Car        | JB2404-034MV      |
| MV Information                                |           |       |                       |                    |                   |
| Make / Model                                  |           |       |                       | Invoice No.        | Plate No.         |
| 2021 NISSAN ALMERA 1.5L BASE A/T              |           |       |                       |                    | NGL9689           |
| Schedule of Insurance Coverage                |           |       | Limit of Liability    |                    | Premium           |
| Compulsory Third Party Liability (CTPL)       |           |       |                       | -                  | -                 |
| Loss And/Or Damage                            |           |       | 541,000.00            |                    | 6,708.40          |
| Acts of Nature                                |           |       | 541,000.00            |                    | 2,164.00          |
| Excess Third Party Bodily Injury              |           |       | 250,000.00            |                    | 510.00            |
| Excess Third Party Liability Property Damage  |           |       | 250,000.00            |                    | 1,320.00          |
| Auto Personal Accident                        |           |       | 250,000.00            |                    | 250.00            |
|   |           |       | Sub Total             |                    | 10,952.40         |
| Payment Terms : 1                             | Cash      |       | Documentary Stamps    |                    | 1,369.05          |
| Per payment :                                 | 13,847.79 |       | Value Added Tax       |                    | 1,314.29          |
| Initial Payment on or before :                | PAID      |       | Local Government Tax  |                    | 12.05             |
| Please settle payment on or before every N/A  |           |       | Other Charges         |                    | 200.00            |
| of the succeeding 5                           | month(s)  |       |                       |                    |                   |
| Please note that under the Insurance Code     |           |       |                       | Total              | 13,847.79         |

<sup>&</sup>quot;NO" Policy or Contract of Insurance is valid and Binding unless and until the premiums thereof have been Paid

## **Payment Instruction and Guidelines**

1 Available Payment Channels

Bank Over the Counter : BDO

Account Name : Wisemen Insurance Agency Inc

Account No. : 0016-3801-7935

**2** All check payments should be made in favor of **Wisemen Insurance Agency Inc.** It is agreed that any official receipt issued for any check payment that is dishonored by the bank isdeemed automatically void or cancelled.

**3** For Installment terms

Maximum 30 days no payment from due date; we will notify you that we will be obliged to cancel your policy.

Jordan Blanco

Insurance Account Officer

Prepared By: