

# Travel Guard Application Form(FOR TA USE ONLY)



Client ID # \_\_\_\_\_

Policy No. \_\_\_\_\_

47/F PBCOM Tower  
6795 Ayala Avenue corner  
V.A. Rufino Street, 1226 Makati City  
Tel. No. 878 – 5400 / Fax No. 878 – 5555

## APPLICATION FORM for OVERSEAS TRAVEL INSURANCE

This application provides details of your Travel Guard Plan underwritten by CHARTIS PHILIPPINES INSURANCE, INC. It forms part of your certificate of insurance and is subject to the exclusions, terms and conditions of the actual Policy. You are required to disclose in this application form, fully and faithfully, all the facts which you know or ought to know. Please print legibly. You are also required to submit a copy of an identification card with a photo and signature. Otherwise, the policy issued may be void.

<b>NAME OF APPLICANT</b> <u>Macaraeg</u>		<u>Cynthia</u>		<u>T</u>
<i>Last Name</i>		<i>First Name</i>		<i>Middle Initial</i>
RESIDENCE ADDRESS		PERMANENT ADDRESS (please complete only if other than RESIDENCE)		
Street <u>B7L7 Mannga St, Mon</u>		Street <u>B7L7 Mangga St, Mon-El Subd,</u>		
Province / City <u>Paranague</u> Zip Code <u>1700</u>		Province / City _____ Zip Code <u>1700</u>		
RESIDENCE PHONE NO. <u>8203358</u>		DAYTIME PHONE NO. <u>8203358</u>		
DATE OF BIRTH (MM/DD/YYYY) <u>06/01/1969</u>		PLACE OF BIRTH _____		
TIN / SSS / GSIS No. _____		NATIONALITY _____		
NATURE OF WORK / SELF-EMPLOYMENT <u>Suoervising Software Consultant</u>		SOURCE OF FUNDS _____		
If Employed, Name of Employer <u>ACSS</u>		If Self-employed, Nature of Business _____		
<b>FOR FAMILY COVERAGE</b>				
NAME OF SPOUSE <u>NA</u>				
<i>Last Name</i>		<i>First Name</i>		<i>Middle Initial</i>
DATE OF BIRTH (MM/DD/YYYY) _____		OCCUPATON _____		
NAME(S) OF ACCOMPANYING DEPENDENT CHILD(REN) (Last Name, First Name, Middle Initial)		DATE(S) OF BIRTH (MM/DD/YYYY)		
<u>Juana Macaraeg</u>		<u>01/25/1945</u>		
BENEFICIARY (IES)		RELATIONSHIP		
<u>Juana Macaraeg</u>		<u>Mother</u>		
PERSON TO CONTACT IN CASE OF EMERGENCY				
RELATIONSHIP _____		TELEPHONE NO. _____		
<b>TRIP INFORMATION</b>				
DEPARTURE DATE _____		RETURN DATE _____		NO. OF DAYS _____
DESTINATION _____		PURPOSE OF TRIP _____		TOTAL PREMIUM DUE _____

Excluded Territories: Afghanistan, Cuba, Democratic Republic Of Congo, Iran, Iraq, Liberia, Sudan and Syria.

## BENEFITS

Coverages (Check <input checked="" type="checkbox"/> one)	Enhanced	Standard	Economy
Medical Expense:	Up to 2,500,000 (deductible 500)	Up to 1,000,000 (deductible 500)	Up to 500,000 (deductible 500)
Evacuation & Repatriation	Unlimited	Unlimited	Unlimited
Personal Accident	1,000,000	1,000,000	750,000
Child Guard	Travel Costs plus up to 5,000/day	Travel Costs plus up to 5,000 / day	Travel Costs plus up to 5,000 / day
Compassionate Visit	Travel Costs plus up to 5,000/day	Travel Costs plus up to 5,000 / day	Travel Costs plus up to 5,000 / day
Emergency Trip Cancellation	up to 150,000 (deductible 500)	up to 150,000 (deductible 500)	up to 25,000 (deductible 500)
Emergency Trip Termination	up to 150,000 (deductible 500)	up to 150,000 (deductible 500)	up to 25,000 (deductible 500)
Baggage Delay	up to 5,000 per 12 hours (eight payments maximum)	up to 5,000 per 12 hours (eight payments maximum)	up to 5,000 per 12 hours (eight payments maximum)
Baggage and Personal Effects	up to 50,000 subject to limit of 7,000 for any one item (deductible 500)	up to 50,000 subject to limit of 7,000 for any one item (deductible 500)	up to 15,000 subject to limit of 7,000 for any one item (deductible 500)
Flight Delay	2,000 per 12 hours (eight payment max)	2,000 per 12 hours (eight payment max)	2,000 per 12 hours (eight payment max)
Loss of Travel Documents	up to 50,000	up to 50,000	up to 20,000
Hospital Income (10 Days)	-	-	1,000 per day
Strikes / Hijacking	-	-	1,000 per day
Funeral & Burial Expenses	-	-	15,000
Personal Liability	up to 2,000,000	Up to 2,000,000	up to 500,000

Disclaimer: This application form contains only a general description of the coverage and is not a statement of contract. All coverages are subject to the exclusions and conditions of the actual policy.

## DECLARATIONS

### APPLICANT

I am/We are in good health, free from physical impairment or deformity and I am/we are not traveling to receive medical treatment. I/We understand that the maximum period of coverage for any trip is 180 days.

I/We understand fully that the maximum age is 70 years old and that if I am/we are below the age of 18 years, I am/we are entitled only to 50% of the total Personal Accident Benefit. All other benefits remain the same.

### Agent

I hereby certify that I have validated the identification document(s) provided by the applicant for the purpose of his application for insurance.

SIGNATURE

DATE

SIGNATURE OVER PRINTED NAME

DATE

NOTE: Under Republic Act 9160 (Anti-Money Laundering Act) as amended by Republic Act 9194 and pertinent regulations, all insurance companies are required to satisfactorily establish the identities of all its customers. Hence, CHARTIS PHILIPPINES INSURANCE, INC. reserves the right to not accept and process any application for insurance if the customer fails to provide sufficient evidence to establish his identity.