

PERSONAL ACCIDENT INSURANCE APPLICATION FORM
 New Renewal Existing Policy Number:

APPLICANT'S INFORMATION

Name:			
Last Name	First Name	Middle Name	Suffix
Mailing Address:			
Block/Lot/Phase No./Floor No./Unit No.	Street	Village/Subdivision/Condo Building	Barangay
City/Municipality	Province/State	ZIP Code	
Mobile No.:	E-mail Address:	TIN/SSS/GSIS No.:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Date of Birth: DD/MMM/YYYY	
Place of Birth:	Citizenship/Nationality:	Source of Funds: <input type="checkbox"/> Self-Employed <input type="checkbox"/> Salary	
Name of Employer/Business:		Occupation:	
Nature of Employment/Business:			
Employer/Business Address:			

CHOICE OF PLAN

	Class I	Class II	Class III
Principal Insured Only			
Principal Insured & Spouse / Parent			
Principal Insured & Family			

FAMILY PARTICULARS

	LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	GENDER	DATE OF BIRTH DD/MMM/YYYY	OCCUPATION/LEVEL OF EDUCATION
Spouse or Parent(s)							
Child or Sibling							
Child or Sibling							
Child or Sibling							
Child or Sibling							

AGREEMENT

I HEREBY DECLARE and warrant the answers given above in every respect true and correct; and have not withheld any information likely to effect acceptance of this proposal; I further agree that this proposal declaration shall be the basis of the contract between FPG Insurance and me.

During the effectivity of the contract/policy, the customer/client agrees to the following:

(1) In case the Company is unable to comply with relevant customer due diligence (CDD) measures, as required under the Anti-Money Laundering Act, as amended and relevant issuances, due to the fault of the client, the company may apply the following:

- a. Measures to restrict the services available or prohibit any further transactions on the contract/policy until full and proper CDD Measures have been successfully conducted; and
- b. In case the foregoing is unsuccessful, terminate business relationship. The exercise of the company of this measure shall only entitle the client/customer to receive the unused portions of premium or withdrawal value, if any, whichever is applicable.

(2) Be bound by obligations set out in relevant United Nations Security Council Resolution relating to the prevention and suppression of proliferation financing of weapons of mass destruction, including freezing and unfreezing actions as well as prohibition from conducting transaction with designated persons and entities.

Applicant's Signature

DD/MMM/YYYY
Date

DATA PRIVACY CONSENT FORM

I acknowledge that FPG Insurance Co., Inc. (FPG) may collect, use, process and share my personal information to its stakeholders, duly authorized representatives, business partners, adjusters and other third parties for purposes such as but is not limited to underwriting, claims, business analysis, compliance with regulatory requirements and any other legitimate business purpose. I authorize FPG to disclose my personal data to FPG group of companies, their service providers, other insurance and distribution parties and to any other third parties and authorities to whom FPG must make disclosures under applicable laws and regulations.

I also authorize FPG to verify and investigate the information I have given, including documents submitted. FPG may retain my personal information as long as my business transaction with FPG is still in force and in case of termination, for a period of five (5) years from the date of termination. I acknowledge and agree to the data privacy provisions as stated above. I hereby provide my consent by affixing my signature in this form.