



APPLICATION FOR INSURANCE CLAIMS

Please check purpose

- Earthquake Flood Other Allied Perils
 Fire Typhoon

Date Filed: _____ File No. _____

BORROWER'S DATA

Last Name First Name Name Ext. Middle Name

Maiden Name (For married women)	Sex	HL Account No.
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Change in Marital Status	Date of Birth
<input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Legally Separated <input type="checkbox"/> Annulled	

Company/Employer/Business Name

Company/Employer/Business Address Tel. No.

Property Location (No., Street, Subdivision, Barangay, City, Municipality, Province)

Contact Nos. (Home/Mobile Number/Fax No.) Date of Occurrence

Borrower's Signature

FOR BILLING AND COLLECTION DEPARTMENT/LCMRD

HL Account No.	Co-Borrower(s)	Age Upon Take-out	Loan Value
	1.		
	2.		
	3.		
	4.		

Developer/Originating Bank Take-out Date

Program

- | | | |
|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> FOLIO 1 | <input type="checkbox"/> CTS | <input type="checkbox"/> EHLP |
| <input type="checkbox"/> PI | <input type="checkbox"/> Express Lane (W1) | <input type="checkbox"/> UHLP/7B |
| <input type="checkbox"/> OH | <input type="checkbox"/> Elite (W1) | <input type="checkbox"/> RL 9507 |
| <input type="checkbox"/> Overhang | <input type="checkbox"/> Regular (W2) | <input type="checkbox"/> RL 8501 |
| <input type="checkbox"/> Cir. 100 | <input type="checkbox"/> 50M | <input type="checkbox"/> Others _____ |

Interest Rate Annual Premium Term Last Renewal Date

Verified by Date Certified by Date

Remarks Remarks

REQUIREMENTS: (3 copies each)

- Cost of damages/bill of materials; in case of total loss of property, it must be duly signed by a licensed architect or civil engineer
 - Photos of the damaged property
 - Formal Claim
 - Non-Waiver Agreement
- * Additional requirements may be required for submission by the Insurance Pool.



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