



# HOME PROTECT PLUS

## APPLICATION FORM

Code: \_\_\_\_\_ c/o Malayan Branch: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(Unit No. / Bldg. No.)

(Street/Barangay)

(City/Province/Zip Code)

Contact No/s.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Location of Property to be Insured: \_\_\_\_\_

(Unit No. / Bldg. No.)

(Street/Barangay)

(City/Province/Zip Code)

Desired Effectivity Date: \_\_\_\_\_

Are you the:

Property/Building Owner

Tenant/Renter

Sum Insured:

Building Structure: PhP \_\_\_\_\_ Contents: PhP \_\_\_\_\_

TOTAL: PhP \_\_\_\_\_ Others: \_\_\_\_\_

Description of the Home: \_\_\_\_\_

No. of Storeys: \_\_\_\_\_

Exterior Walls:

Concrete

Part Concrete/Timber

Timber

Others (pls. specify): \_\_\_\_\_

Roof:

Concrete

Plastic Material

Timber

Ceramic Material/Tiles

G.I. Sheets

Others (pls. specify): \_\_\_\_\_

Boundaries (facing streets):

Front: \_\_\_\_\_

Rear: \_\_\_\_\_

Left: \_\_\_\_\_

Right: \_\_\_\_\_



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## APPLICATION FORM

Family Members Applied for Personal Accident Insurance (optional cover/subject to additional premium):

	Names	Date of Birth	Desired Limit
1			
2			
3			
4			
5			

Family Members Applied for Hospitalization Insurance (optional cover/subject to additional premium):

	Names	Date of Birth	Desired Limit
1			
2			
3			
4			
5			

Household Helper Applied for Personal Accident Insurance and Hospitalization Insurance (optional cover/subject to additional premium):

	Names	Date of Birth	Desired Limit
1			
2			
3			

Do you want to include Valuable Items Insurance in your Property Insurance? (If yes, please furnish Malayan evidence of value)

	Items to be Insured	Value		Items to be Insured	Value
1			6		
2			7		
3			8		
4			9		
5			10		

*I hereby apply for Malayan's Home Protect Plus and warrant that the above statements and answers submitted for consideration by the company are full, complete and true. I agree that this application form shall be the basis of any Policy to be issued by the company and that any material misrepresentation made herein shall bar my right to recover.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This cover only attached upon issuance of the policy. For more information, please contact the Malayan Insurance Co. Inc. at (02) 242-8888 or call your nearest Malayan branch.

Kindly fax this application form to (02) 241-12-05 / (02) 242-2222 or e-mail to malayan@malayan.com