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MEMBER OF THE ZUELLIG GROUP

1. Please fill out the necessary information below to complete your application. Fields marked with asterisk (\*) are mandatory
2. You may send duly accomplished application form through fax or email.

CLIENT INFO			ATTENTION: FPAC EMPLOYEE BENEFIT UNIT				
Name of Registered Owner:	Date of birth:	Age:					
Email:	Civil Status:	Sex:					
Mailing Address:							
Telephone:	Home Fax:	Mobile No.:					
Occupation:	Business/Employer's Name:						
Business/Office Phone:	Office Fax:						
Business/Office Address:							
CAR DETAILS							
Car Make/Model:	Serial/Chassis No.:		Color:				
Plate/CSticker No.	Motor/Engine No.		MV File No.				
Seating Capacity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
1 – 5 seater incl driver	6 – 10 seater incl driver	11 – 12 seater incl driver					
Period of Insurance:							
From (MM-DD-YYYY)		To (MM-DD-YYYY)					
CHOOSE YOUR PLAN Please check the appropriate box							
BENEFITS	PLAN A	PLAN B	PLAN C	PLAN D	PLAN E	PLAN F	OTHERS (please indicate desired amount below)
Accidental Death & Disablement	50,000	100,000	150,000	200,000	300,000	500,000	
Medical Reimbursement	5,000	10,000	15,000	20,000	30,000	50,000	
Surgical Benefit	5,000	10,000	15,000	20,000	30,000	50,000	
Burial Benefit	5,000	5,000	10,000	10,000	15,000	15,000	
Double Indemnity	100,000	200,000	400,000	400,000	600,000	1,000,000	
<b>I understand that:</b> 1. Federal Phoenix reserves the right to quote the Sum Insured based on the company's underwriting guidelines at the time of insurance 2. My cover will commence when Federal Phoenix approves my completed Application form							
..... Signature of Applicant over printed name			..... Date				
<b>DISCLAIMER</b> This application contains only a brief description of the ACCI SHIELD insurance program and is not a statement of contract. Coverage is subject to the exclusions, provisions, terms and conditions of the actual policy. A copy of which will be provided to you upon acceptance of your application form.							