

Insured's Pet name _____

Color of Pet _____

Gender of Pet _____

Date of Pet's Birth mm____/dd____/yy_____
(If Date of Birth is unavailable, please indicate at least the estimated age of the Pet)

Breed of Pet _____

Coverage Benefits ☐ Plan A ☐ Plan B ☐ Plan C

Owner's Personal Accident Cover (optional) ☐ Option A ☐ Option B

Pedigree Certificate No. (if any) _____

RFID No.(if any) _____

Name of the Owner _____
Last Name First Name Middle Name

Address _____
Number Street Subdivision/Village Barangay

Municipality/City Province Zip Code

Occupation _____

Date of Owner's Birth mm____/dd____/yy_____
Is the Pet to be Insured (please check all that applies)
☐ A Stunt Pet ☐ Raised and used for Fighting
☐ Home Pet ☐ Raised and used for Sports
☐ Used for Military or Security Services ☐ Others (Please specify): _____

Beneficiary of the Insured _____
(If Owner's Personal Accident Cover is availed only)

Relationship _____

Is the Pet to be insured undergoing yearly Physical Examination and receiving necessary check-ups and treatments recommended by a veterinarian to prevent illness/ injury? ☐ YES ☐ NO

Does the Pet to be Insured have history or underwent any operation or suffered from any sickness/ illness? ☐ YES ☐ NO

If YES, please provide the details of such operation or sickness/ illness _____

Has the Pet to be Insured been taking any pet vitamins? ☐ YES ☐ NO

If YES, please provide the details of such vitamins, as follows:
Brand name of the vitamins _____

Frequency ☐ Daily ☐ Weekly ☐ Others, please specify: _____

Has the Pet to be Insured undergone any vaccination/s? ☐ YES ☐ NO

If YES, please provide the details of such vaccination/s, as follows:
Type of vaccine _____

Purpose of vaccination _____

Frequency: ☐ Weekly ☐ Monthly ☐ Quarterly
☐ Yearly ☐ Others, please specify: _____

The liability of the company does not commence until this proposal has been accepted, the policy is issued and the premium is paid.

Kindly attach the following documents for the Underwriter's further review:

- Pet Baby Book/ Veterinarian Records
- Veterinarian's Certification on the Insured Pet's Health, authenticity of the Pet Baby Book and Vaccination Records
- Pedigree Certificate

DATA PRIVACY I acknowledge that Malayan Insurance Company, Inc. (Malayan) may collect, use, process and share my personal information to its employees, duly authorized representatives, other insurers, reinsurers, adjusters, investigators, and other third party providers for purposes such as underwriting, administration, claims adjudication and management, investment, data analytics, statistical analysis, risk analysis/ assessment/management, financial and tax monitoring/review/ reporting, protection against fraud, errors, or misrepresentations, profiling, research, due diligence, company evaluation, studies/customer satisfaction surveys, and compliance with legal, regulatory or contractual requirements. Further, I agree that Malayan may notify and offer me any of its products and services that may be useful to me. In furtherance of these purposes, my personal information, unless prohibited, may be processed outside the Philippines and be subject to different data protection standards.

AUTHORITY TO VERIFY INFORMATION I also authorize Malayan to verify and investigate the information given by me, including submitted documents from whatever source it may consider appropriate.

RIGHTS OF THE DATA SUBJECT I acknowledge that I have the right to access the given information and I undertake to correct, rectify or supplement the same should any information be found to be inaccurate or incomplete. I shall notify Malayan in writing of any changes in the information given above.

UNDERTAKING I hereby warrant that all personal information given by me are true, correct, updated to the best of my knowledge, and freely and voluntarily given to Malayan. I agree and consent that the above information are being collected, used, processed and recorded for purposes of securing insurance protection or any other business transaction(s) with Malayan and for other purpose as indicated herein.

If purchasing, transacting and/or acting in behalf of other person(s), I hereby warrant that I have been duly authorized to perform such acts and permitted to give their information to Malayan. I hereby bind myself to advise all other persons in whose behalf I have acted, transacted with and/or purchased any product or services from Malayan of all the terms and conditions herein. I will hold Malayan, directors, officers, employees, agents, successors and assigns free and harmless from any liability that may arise as a result of the authorization given above.

By signing this form, I hereby certify that I have read and understood the foregoing and this consent remains valid and binding unless I submit a written notice to Malayan revoking or altering the same.

☐ **AUTHORITY TO DISCLOSE** By ticking the box, I hereby authorize Malayan to grant the members of the Yuchengco Group of Companies (YGC), their and Malayan's affiliates, subsidiaries, contractors, partners, agents and representatives, intermediaries, industry associations, and other third parties access to my personal information, including this form, for purposes of marketing, sales or promotional information campaigns, and provision of any products, services, or offers through mail/email/SMS/telephone, or any type of electronic facility.

Signature: _____
(Client's signature over Printed Name) (Date Signed)

Signature: _____
(Broker, Agent or other Authorized Representative of Client) (Date Signed)

DISCLAIMER: This brochure is intended to be a general summary. Malayan Insurance Co., Inc. reserves the right to modify terms, coverage and limits or decline coverage as it deems appropriate. Submission of the filled-out application form does not constitute a commitment to cover and is not a guarantee of acceptance by the Company.



MALAYAN INSURANCE



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AVIATION • ENGINEERING • FIRE • MARINE • MISC. CASUALTY • MOTORCAR • PERSONAL ACCIDENT • SURETY

CAS-A014-0521-0



MALAYAN'S PET CARE INSURANCE

*Having a pet is a source of joy
but it's not free from risks.*

Pets are family. We love them, we play with them and we care for them. Protecting our pets and ourselves against unforeseen events and/or liability caused by the actions of our pets is the best decision we could ever make as most pet owners would feel that owning a pet is not risk-free.

With this in mind, Malayan Insurance came up with the rebirth of **Pet Care Insurance** with improved coverage to provide protection for you and your precious pets.

PRODUCT FEATURES AND BENEFITS

MEDICAL REIMBURSEMENT

The Pet owner will be reimbursed for medical expenses necessarily incurred to treat or diagnose the insured pet as a result of a covered accident or illness.

Cruciate Ligament Injuries (maximum reimbursement limit per leg)

BURIAL ASSISTANCE BENEFIT (Lump Sum Benefit) Due to Euthanasia only

OWNER'S LIABILITY

We shall pay for actual or compensatory damages and costs in case the pet owner becomes legally liable for third party property damage and/or bodily injury due to the actions of the insured pet.

OWNER'S PERSONAL ACCIDENT COVER

This will protect the pet owner in the event of accidental death, disablement and dismemberment sustained within the period of coverage

TABLE OF BENEFITS

	PLAN A	PLAN B	PLAN C
Medical Reimbursement	Php 25,000.00 <i>per occurrence</i>	Php 50,000.00 <i>per occurrence</i>	Php 100,000.00 <i>per occurrence</i>
	Php 100,000.00 <i>in aggregate</i>	Php 200,000.00 <i>in aggregate</i>	Php 300,000.00 <i>in aggregate</i>
Cruciate Ligament Injuries*	Php 10,000.00 <i>max. reimbursement limit per leg</i>	Php 10,000.00 <i>max. reimbursement limit per leg</i>	Php 10,000.00 <i>max. reimbursement limit per leg</i>
Burial Assistance Benefit (due to Euthanasia only)	Php 10,000.00	Php 10,000.00	Php 10,000.00
Owner's Liability	Php 100,000.00 <i>per occurrence and in aggregate</i>	Php 200,000.00 <i>per occurrence and in aggregate</i>	Php 300,000.00 <i>per occurrence and in aggregate</i>
Annual Premium (Inclusive of taxes)	Php 2,800.00	Php 4,200.00	Php 5,400.00

* Limit forms part of and not in addition to the Medical Reimbursement limit.

	OPTION A	OPTION B
Accidental Death	Php 25,000.00	Php 50,000.00
Total Permanent Disability	Php 25,000.00	Php 50,000.00
Disablement or Dismemberment	Php 25,000.00	Php 50,000.00
Annual Premium (Inclusive of taxes)	Php 15.00	Php 25.00

Standard deductible for Pet Care:

Medical Reimbursement: Php 2,500.00 annual aggregate

Owner's Liability: 5% loss amount minimum of Php 2,500.00 each and every loss (Third Party Property Damage only)

