



APPLICATION FORM

Name: _____
Last Name First Name Middle Name

Address (Mailing Address): _____
Number Street Name

Subdivision/Village Barangay Municipal/City Province Zip Code

Contact Number/s: Home: _____ Office: _____

Email Address: _____

Would you like to receive company notifications via email? ☐ Yes ☐ No

Age: _____ Citizenship: _____

Date of Birth (mm) ____ / (dd) ____ / (yyyy) ____

Source of Funds: ☐ Salary ☐ Business ☐ Donation ☐ Inheritance ☐ Others _____

Type of Employment:

☐ Employed ☐ Private ☐ Government & Govt Related ☐ OFW

☐ Professional ☐ Business (Self-Employed) ☐ Others _____

Tax Identification Number (TIN): _____

Industry: _____

Name of Employer (if any): _____

Group Affiliation of Employer (if any): _____

Location of Property to be Insured (if different from mailing address): _____

Desired Effectivity Date: _____

Are you the: ☐ Property/Building Owner ☐ Tenant/Renter

Sum Insured: Building: Php _____

Contents: Php _____

Total Sum Insured: Php _____

Description of the Home: ☐ Single Detached ☐ Townhouse

☐ Apartment ☐ Condominium Unit

Roof: ☐ Concrete ☐ Plastic Material

☐ Timber ☐ Ceramic Materials/Tiles

☐ G.I. Sheet ☐ Others (pls. specify): _____

Description of Locks: ☐ Standard ☐ With Double Locks

☐ Others (pls. specify): _____

Security Arrangements (security guards, alarm systems, etc.): _____

Loss Experience (if applicable): _____

Boundaries (facing street): Front: _____ Left: _____

Rear: _____ Right: _____

DO YOU WANT TO INCLUDE VALUABLE ITEMS INSURANCE IN YOUR PROPERTY

INSURANCE? if yes, please furnish Malayan with the Certificate of Authenticity for each declared item

☐ Yes _____ ☐ No _____

PERSONAL ACCIDENT INSURANCE:

Please indicate personal details of each family member.

(Please use additional sheets if necessary)

Name	Relationship	Date of Birth
1		
2		
3		
4		
5		

HOSPITALIZATION INSURANCE

Please indicate personal details of each family member.

(Please use additional sheets if necessary)

Name	Relationship	Date of Birth
1		
2		
3		
4		
5		

HOUSEHOLD EMPLOYEE INSURANCE

Please indicate personal details of each household employee.

Name	Position	Date of Birth
1		
2		

DATA PRIVACY I acknowledge that Malayan Insurance Company, Inc. (Malayan) may collect, use, process and share his/her personal data to its employees, duly authorized representatives, other insurers, reinsurers, adjusters, intermediaries, industry associations, investigators, regulators, and other third party providers for purposes such as underwriting, administration, claims adjudication and management, reinsurance, 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, market and offer him/her any of its products and services that may be useful to me. In furtherance of these purposes, I am fully aware that my personal data, 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 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 purposes as indicated herein.

If purchasing, transacting and/or acting on 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.

☐ By ticking the box, I consent for Malayan and the other members of the Yuchengco Group of Companies (YGC), their affiliates, subsidiaries, contractors, partners, agents and representatives, and intermediaries to access and use my personal data, for purposes of marketing, sales or promotional information campaigns, cross selling activity, and provision of any products, services or offers through mail/email/SMS/telephone, social media, e-commerce and telemarketing platforms or any type of electronic facility or relevant messaging system as may be deemed appropriate for the purpose.

Signature: _____

(Client's signature over Printed Name) (Date Signed)

Signature: _____

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

Agent Code: _____

This portion is to be filled out by Malayan Personnel

MANAGEMENT REFERRED? ☐ Yes ☐ No If YES, Referrer's Name: _____

Verified by: _____

(Printed Name & Signature of Malayan Personnel) (Date Received)

Note: Please submit accomplished Form together with a copy of any government issued ID (For ex. TIN/SSS/GSIS/Philhealth, Driver's License, Passport, etc.)



Scan Me



To learn more about other Malayan products,
call (02) 8242-8888 or visit your nearest
Malayan Insurance branch.



Yuchengco Tower I, 500 Quintin Paredes St., Binondo, Manila 1006

Tel. No. : (02) 8242-8888 | Fax No.: (02) 8242-2222

E-mail: malayan@malayan.com

Facebook & Instagram: MalayanInsurancePH

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 by the Company.

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

F-A003-1223-2

www.malayan.com



YOUR HOME IS OUR PRIORITY



Insure to be Sure.

RELAX, MALAYAN'S GOT YOUR BACK. HOME INSURANCE MADE SIMPLE BY MALAYAN'S HOME PROTECT

Worry less about unexpected events and enjoy more precious moments in the comfort of your home.

PRODUCT FEATURES AND BENEFITS



Property Insurance

Provides coverage for your home against loss or damage resulting from Fire and Lightning, Typhoon, Flood, Earthquake Fire & Earthquake Shock, Riot, Strikes, and Malicious Damage, Bursting or Overflowing of Water Tanks, Pipes and Fittings (BOWTAP), Sprinkler Leakage, Volcanic Eruption, Extended Coverage, Smoke Damage, Explosion, Vehicular Impact & Falling Aircraft)

Property-Related Extensions

- Burglary & Housebreaking
- Personal Liability
- Accidental Breakage of Fixed Glass
- Alteration & Repairs
- Alternative Accommodation
- Architect & Surveyor's Fee
- Debris Removal
- Expediting Expense
- Fire Fighting Expense
- Professional Fees
- Replacement of Lock & Keys



Personal Accident

Covers you, your spouse, and your dependents for financial losses in the event of unforeseen events.

- Accidental Death, Disablement and/or Dismemberment
- Medical Reimbursement
- Burial Expense Benefit



Family Hospitalization Insurance

Provides financial assistance in case you or any of your insured family member's hospital confinement due to accidents.

- Daily Cash Benefit
- ICU Benefit
- Surgical Benefit



Household Employee Insurance

Provides hospitalization, personal accident and personal belongings protection to the insured's household employees.

- Personal Belongings
- Personal Accident



Valuable Items Protection

Provides protection for your personal possessions or declared valuable items such as works of art, antiques, in the event they are damaged by a covered peril (such as fire).



COVERS THE FOLLOWING



Single Detached Houses



Townhouses



Contents within Rented Properties

PLEASE DECLARE THE FOLLOWING UPON APPLICATION, WHICHEVER APPLIES TO YOU.

- **Building** - refers to the main structures of your home, like the walls, roof, and floors
- **Leasehold Improvements** - these are the changes or upgrades you've made to a rented space to make it better, like adding shelves or renovating
- **Contents** - your personal belongings inside your home, such as clothing, appliances, and other items, excluding electronics, cash, and jewelries
- **Furniture, Fixtures, and Fittings** - the movable items in your home, such as chairs, tables, lights, and curtains

COVERAGE AND LIMITS		
PROPERTY INSURANCE		
1	Property Insurance Fire and Lightning, Earthquake Fire & Earthquake Shock, Typhoon & Flood, Smoke Damage, Explosion, Vehicular Impact, Falling Aircraft, Riots, Strikes and Malicious Damage, Sprinkler Leakage, and Bursting or Overflowing of Water Tanks, Apparatus, and/or Pipes (BOWTAP)	Property's declared Sum Insured • Building • Leasehold Improvements • Contents • Furniture • Fixtures and Fittings
PROPERTY-RELATED EXTENSIONS		
2	Alternative Accommodation (maximum of 6 months; maximum of Php 25,000.00 per month)	5% of Sum Insured
	Personal Liability (Bodily Injury & Property Damage)	Php 250,000.00
	Burglary and Housebreaking	100% of Sum Insured for Contents
	Replacement of Locks & Keys	Php 20,000.00
	Per Occurrence Limit	Php 5,000.00
	Accidental Breakage of Fixed Glass	Php 20,000.00
PREMIUM RATES FOR BASIC COVERAGE ARE SUBJECT TO QUOTATION BY MALAYAN INSURANCE		
OPTIONAL COVERAGE		
Additional rates on top of the Property Insurance premium as stated		
BENEFITS	LIMITS	ADDITIONAL PREMIUM
PERSONAL ACCIDENT INSURANCE		
3	Covers the Principal Insured and Spouse from 18 to 64 years old and Dependents from 1 to 21 years old	
	Accidental Death Dismemberment, and/or Disablement	Php 100,000.00
	Medical Reimbursement	Php 10,000.00
	Burial Expenses	Php 10,000.00
HOSPITALIZATION INSURANCE		
4	Covers the Principal Insured and Spouse from 18 to 64 years old and Dependents from 1 to 21 years old	
	Daily Cash Benefit for Hospital Confinement due to Accident	Php 1,000.00 per day
	ICU Benefit (maximum of 10 days)	Php 2,000.00 per day
	Surgical Benefit (Aggregate Limit)	Php 10,000.00
HOUSEHOLD EMPLOYEE INSURANCE		
5	Covers Household Employees up to 64 years old	
	Personal Belongings (max of Php 10,000.00 aggregate)	Php 5,000.00 per item
	Accidental Death Dismemberment, and/or Disablement	Php 10,000.00
	Medical Reimbursement	Php 1,000.00
	Daily Cash Benefit for Hospital Confinement due to Accident (maximum of 10 days)	Php 250.00 per day
VALUABLE ITEMS PROTECTION		
6	Per declaration and subject to underwriting evaluation and acceptance upon submission of Certificate of Authenticity with valuation. (Limited to paintings, antiques, and other works of art, excluding jewelry)	