



# CLIMBS LIFE AND GENERAL INSURANCE COOPERATIVE

CLIMBS Bldg., Zone 5, National Highway, Bulua, 9000 Cagayan de Oro City, Philippines  
Telephone/Fax Nos.: (08822) 738738; (088) 8561355 Email: head\_office@climbs.coop



## APPLICATION FOR FAMILY ACCIDENT INSURANCE " FAMS PLAN "

Name: \_\_\_\_\_ Occupation \_\_\_\_\_  
Family Name First Name Middle Name

Residence Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Civil Status: \_\_\_\_\_

SSS/GSIS No. \_\_\_\_\_ TIN \_\_\_\_\_ Contact Nos. \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Date of Birth (spouse): \_\_\_\_\_ Age (Spouse): \_\_\_\_\_

No. of Children \_\_\_\_\_

Names and Ages of Children to join the Plan: Must be 1 to 21 years only

Name of Children	Age	Date of Birth
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

OPTION ( ) 1 ( ) 2 Premium Amount ₱ \_\_\_\_\_

I DECLARE, that the above answers are true and correct, and I agree that these shall be the basis of the issuance of Insurance for me under the Personal Accident Insurance Policy and that CLIMBS shall not be liable for any claims on account of illness, injury or death, the cause of which was known prior to approval of my request for insurance and withheld or concealed in the above statements. I hereby authorize any physician, doctors, hospital, clinic, that has any knowledge of my medical records to disclose when requested to do so by CLIMBS. I UNDERSTAND that disqualification from coverage will entitle me only to refund of premium.

### DATA PRIVACY DISCLAIMER

By signing herein, you, the policy owner/ insurance applicant/ proposed insured, expressly consent for the lawful collection, processing, use, sharing, storage, retention or destruction and for other lawful or legal purposes, of all personal data pertaining to you in line with your application for life insurance policy and the servicing requirements thereof, in accordance with Republic Act No.10173 or the Data Privacy Act of 2012 and its Implementing Rules and Regulations.

CLIMBS Life and General Insurance Cooperative shall use this information with full regard to the provisions of the said law and its implementing rules and regulations, in connection with the necessary processes pertinent to the said insurance policy or application, or servicing thereof, and for other legitimate purpose or in compliance with government regulations, court orders, industry association, and in case authorized by law.

You shall hold the company free and harmless from any liability or expense that may arise from any transfer, disclosure, processing, collection, use, storage or destruction of the said information for activities done by CLIMBS Life and General Insurance Cooperative in regards your insurance application and servicing thereof in accordance with Republic Act No. 10173 or the Data Privacy Act of 2012 and its Implementing Rules and Regulations.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Name & Signature of Applicant Member