



# CLIMBS LIFE AND GENERAL INSURANCE COOPERATIVE

CLIMBS Bldg., Zone 5, National Highway, Bulua, 9000 Cagayan de Oro City, Philippines  
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## PERSONAL ACCIDENT INSURANCE APPLICATION FORM

Application No. \_\_\_\_\_

**PRODUCT Name:** \_\_\_\_\_ Option / Basic Coverage Amount \_\_\_\_\_ Premium Amount \_\_\_\_\_

Name of Coop / Organization \_\_\_\_\_

Group Type \_\_\_\_\_  
(Cooperative or other Self Help Group)

<b>Last Name:</b>		<b>First Name:</b>			<b>Middle Name:</b>		
<b>Date of Birth (mm/dd/yyyy):</b>		<b>Age:</b>	<b>Place of Birth</b>		<b>Gender</b> [ ] Male [ ] Female		<b>Civil Status</b> [ ] Single [ ] Married [ ] Widow [ ] Separated
<b>Employment Type:</b> [ ] Private [ ] Government [ ] Retirement [ ] Self-employed [ ] Others _____						<b>Occupation: (Present Job)</b>	
<b>Employer Name:</b>				<b>Type of Services/Business:</b>			
<b>Employer Business Address:</b>				<b>Nature of Work/Employment/Source of Income:</b>			
<b>Nationality</b>		<b>Religion:</b>	<b>Height:</b>	<b>Weight:</b>	<b>Blood Type:</b>	<b>SSS/GSIS No.</b>	<b>TIN:</b>
<b>Present Address:</b>						<b>Contact No(s):</b>	
<b>Permanent Address:</b>							
<b>Name of Spouse:</b>			<b>Date of Birth (mm/dd/yyyy)</b>	<b>Place of Birth</b>	<b>Age</b>	<b>SSS/GSIS</b>	
<b>Designated Beneficiary:</b>		Date of Birth/Age/Relationship		Contact No.		Irrevocable / Revocable	
(Primary)	1.	_____	_____	_____	_____	_____	
(Secondary)	2.	_____	_____	_____	_____	_____	

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 Authorized Officer

\_\_\_\_\_  
Name & Signature/Thumb mark of Applicant Member

Note: The insurance coverage of this plan will take effect upon receipt of payment & approval by CLIMBS and through the endorsement of the e.COC.