



APPLICATION FOR INSURANCE CLAIMS

Please check purpose

- Earthquake Flood Other Allied Perils
 Fire Typhoon

Date Filed: _____		File No. _____	
BORROWER'S DATA			
Last Name	First Name	Name Ext.	Middle Name
Maiden Name (For married women)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	HL Account No.
Status <input type="checkbox"/> Single <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		Date of Birth	
Company/Employer/Business Name			
Company/Employer/Business Address			Tel. No.
Property Location (No., Street, Subdivision, Barangay, City, Municipality, Province)			
Contact Nos. (Home/Mobile Number/Fax No.)			Date of Occurrence
Borrower's Signature			
FOR BILLING AND COLLECTION DEPARTMENT/LCMRD			
HL Account No.	Co-Borrower(s)	Age Upon Take-out	Loan Value
	1.		
	2.		
	3.		
	4.		
Developer/Oriinating Bank			Take-out Date
Program <input type="checkbox"/> FOLIO 1 <input type="checkbox"/> CTS <input type="checkbox"/> EHELP <input type="checkbox"/> PI <input type="checkbox"/> Express Lane (W1) <input type="checkbox"/> UHLP/7B <input type="checkbox"/> OH <input type="checkbox"/> Elite (W1) <input type="checkbox"/> RL 9507 <input type="checkbox"/> Overhang <input type="checkbox"/> Regular (W2) <input type="checkbox"/> RL 8501 <input type="checkbox"/> Cir. 100 <input type="checkbox"/> 50M <input type="checkbox"/> Others _____			
Interest Rate	Annual Premium	Term	Last Renewal Date
Verified by	Date	Certified by	Date
Remarks		Remarks	

REQUIREMENTS: (3 copies each)

- Sworn Statement of Formal Claim
 - Certification from the Barangay Captain
 - Bill of Materials (Cost of Damage) (Duly signed by Engineer or Carpenter)
 - Pictures of the mortgaged/assigned property damaged by the typhoon
 - Non-waiver Agreement
- * **Additional requirements may be required for submission by the Insurance Pool.**

(Revised/September 2009)



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