

MOTOR VEHICLE RENEWAL APPLICATION FORM

POLICY ID:		
NAME OF ASSURED:	GSIS O.R. NUMBER:	DATE PAID:
ADDRESS:	Required Coverage:	
		prehensive Only Both TPL & COMPREHENSIVE
Description Of Insured Vehicle	,	
MAKE & TYPE OF BODY:	LTO MV FILE NO.:	MOTOR/ENGINE NO.:
PLATE NUMBER:	COLOR:	CHASSIS/SERIAL NO.:
USAGE OF VEHICLE (PLEASE CHECK) a. Ambulance/Fire Trucks/Emergency Velocks/ Dearth of the control of the contr	and Lorries/Dump Trucks cles g J highly flammable/explosive and or biolog	ically dangerous materials
Date Received:	Date Due:	Date Accomplished:
Remarks:		
	Designation:	(Signature over printed name) / Date
Attachments	Contact No/s.: _	

- 1. Photocopy of latest LTO OR/CR
- 2. Photocopy of GSIS OR (for the expiring policy)
- 3. Photocopy of GSIS expiring policy