MALAYAN INSURANCE
A YGC Member

# TRAVEL INSURANCE APPLICATION FORM

**Name**: Mr./Ms. _____
(First Name) (M.I.) (Last Name)

**Birthday**: _____ Female ☐ Male ☐ **E-mail address**: _____
(mm/dd/yyyy)

**Address**: _____
Unit/House No. Bldg. Street

_____
Brgy. Municipality/City Province Zip Code

**Beneficiary Name**: _____ **Relationship**: _____
(First Name, MI, Last Name)

**Contact No.**: _____ _____
(Phone Number) (Cell Phone Number)

**Travel Date**: _____ _____
(Departure Date) (Arrival Date)

**Itinerary / Destination**: _____
*(ex. Manila – Hong Kong – Japan – Manila)*

**Plan:** _____

Additional Person to be Insured:

| | **FULL NAME** *(FN, MI, LN)* | **AGE** | **BIRTHDAY** *(mm/dd/yyyy)* | **BENEFICIARY** *(FN, MI, LN)* | **RELATIONSHIP** *(FN, MI, LN)* |
|---|---|---|---|---|---|
| 1 . | | | | | |
| 2 . | | | | | |
| 3 . | | | | | |

**Signature**: _____ **Date Signed**: _____

I hereby warrant that all personal and sensitive information given by me are true and correct to the best of my knowledge, freely and voluntarily given to Malayan Insurance, Co., Inc ("MICO"). I agree and consent that above information are being collected and recorded for purposes which are relevant and necessary in securing an insurance contract or transacting a business or any activity with MICO. I hereby authorize MICO to keep, store, enter in the processing system, update, use, access, process the information given to it, and to share, transfer or disclose data to YGC companies, their affiliates, subsidiaries, contractors, partners, agents and representatives, intermediaries, industry associations and third parties such as but not limited to outsourced service providers, external auditors, and local and foreign regulatory authorities for purposes of marketing, provision of any products, services, or offers through mail/email/fax/SMS/telephone, profiling, research, customer satisfaction surveys, statistical and risk analysis, tax monitoring, review, and reporting, compliance with court and other lawful order and requirements, with Anti-Money Laundering Act, Credit Information System Act, and all other regulatory laws, and all other activities consistent with the provisions of the Data Privacy Act and subject to appropriate security safeguards. If purchasing, transacting and/or acting in behalf of other person(s), I hereby warrant that I am duly authorized to perform such acts and that I am duly allowed to give their information to MICO. I hereby bind myself to advise all other persons in whose behalf I have acted, transacted with and/or purchased any product from MICO of all the terms and conditions herein.

I have the right to access the given information, and I undertake to correct, rectify or supplement information should any data be found to be inaccurate or incomplete.

I will hold MICO free and harmless from any liability that may arise as a result of the authorization given above.

**MALAYAN INSURANCE CO.**
Travel Channel Unit
Yuchengco Tower 1, 500 Quintin Paredes Street.
Binondo, Manila 1006
8242 8888 loc 8692

MALAYAN'S TRAVEL MASTER Comprehensive Travel Insurance with assist america
MALAYAN'S TraveLite BUDGET TRAVEL INSURANCE