## Mercantile Insurance

Mercantile Insurance Building, General Luna St. corner Beaterio St. Intramuros, Manila, Philippines ● (632) 8527-7701 to 20 gen\_info@mic.com.ph ● <u>www.mercantile.ph</u> ● TIN 000-825-516-000

## **APPLICATION FORM**

## **Bike Insurance**

Instruction: Please PRINT all entries legibly and check appropriate boxes.

## A. PERSONAL INFORMATION (CLIENT)

Name (Last Name, First Name, Middle Name) **Present Address** Age / Date of Birth (mm/dd/yy) Tax Identification No. (TIN): Gender 
Male Female Landline: **Cellphone: Email Address: B. BIKE INFORMATION** For Leisure **For Bike Race/Competition (with additional surcharge)** Total Sum Insured : Chassis No/ Serial No : \*Complete Build Up (CBU), proof of purchase/official receipt will suffice. Frame: Saddle Area: Front Set: Handlebar grip \_\_\_\_\_ Top tube Saddle Down tube \_\_\_\_\_ Seat post Head tube Seat tube \_\_\_\_\_ Shock absorber Seat stay \_\_\_\_ Front brakes Chain stay \_\_\_\_\_ Fork Wheel: Other parts: Other accessories not in the list: Rear brakes Spokes Hub Cogset Rim Rear derailleur\_\_\_\_\_ Tire Front derailleur Valve Chain Chain rings Pedal Crank arm Saddle area Front set saddle handlebar grip head tube shock absorber front brakes seat post Frame top tube down tube seat tube fork seat stay chain stay Wheel spokes hub rear brakes coaset rim r derailleur front derailleur pedal crank arm chain chain rings

I certify that the information submitted in this application is true and correct to the best of my knowledge. I further understand that any false statements may disqualify me from availing the benefits afforded by this insurance policy.

Signature of Applicant / Date