

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:** _____

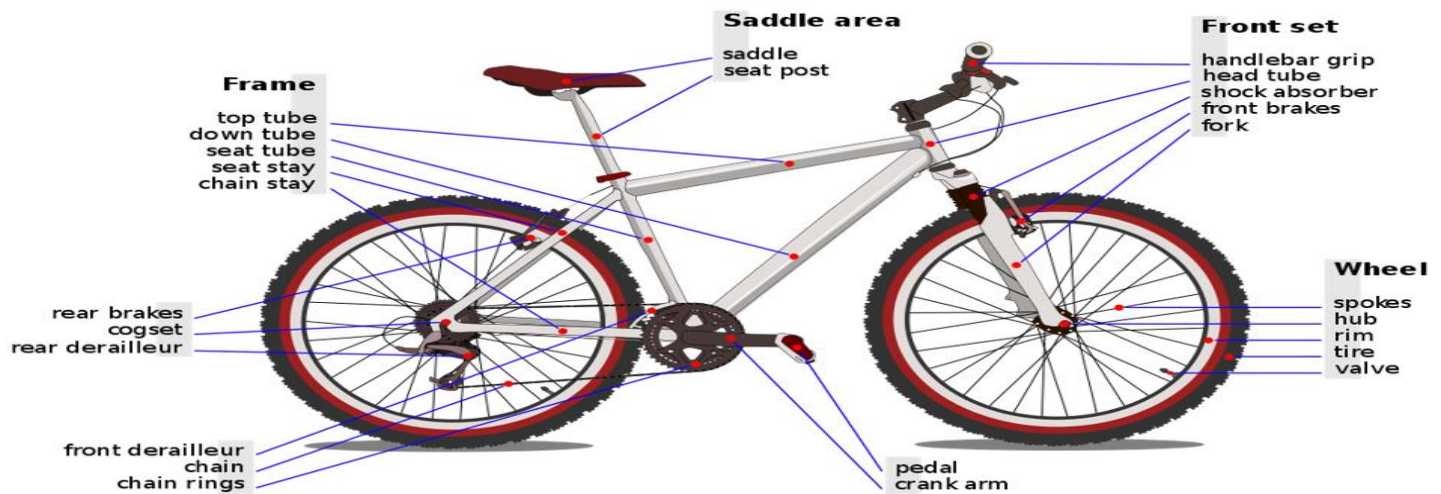
B. BIKE INFORMATION

For Leisure For Bike Race/Competition (with additional surcharge)

Chassis No/ Serial No : _____ **Total Sum Insured :** _____

**Complete Build Up (CBU), proof of purchase/official receipt will suffice.*

Frame: Top tube _____ Down tube _____ Seat tube _____ Seat stay _____ Chain stay _____	Saddle Area: Saddle _____ Seat post _____ Shock absorber _____ Front brakes _____ Fork _____	Front Set: Handlebar grip _____ Head tube _____
Wheel: Spokes _____ Hub _____ Rim _____ Tire _____ Valve _____	Other parts: Rear brakes _____ Cogset _____ Rear derailleur _____ Front derailleur _____ Chain _____ Chain rings _____ Pedal _____ Crank arm _____	Other accessories not in the list: _____ _____ _____ _____ _____



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