

PHILIPPINE CROP INSURANCE CORPORATION
NON-CROP AGRICULTURAL ASSET INSURANCE PROGRAM

PCIC Regional Office No. _____

Address: _____

Tel No.: _____

COMMERCIAL CAR INSURANCE APPLICATION FORM

NAME OF APPLICANT : _____
Last Name First Name MiddleName

ADDRESS : _____

CONTACT NO. : _____

SEX : ☐ MALE ☐ FEMALE CIVIL STATUS : ☐ SINGLE ☐ MARRIED ☐ WIDOW/ER ☐ SEPARATED

DESCRIPTION AND USAGE OF
VEHICLE TO BE INSURED : _____

MAKE/TYPE : _____

MODEL : _____

MOTOR NO. : _____

CHASSIS NO. : _____

PLATE NO. : _____

SERIAL NO. : _____

USAGE : _____

LOCATION OF VEHICLE : _____

DESIRED SUM INSURED : P _____

PERIOD OF COVER From: _____ To: _____

MORTGAGE TO :
BRANCH : _____
ADDRESS : _____

If available, please attach a copy of DELIVERY RECEIPT and/or OFFICIAL RECEIPT of purchase
of the above vehicle, or a copy of bank's Appraisal Report.

(SIGNATURE OVER PRINTED
NAME OF THE APPLICANT)

REVIEWED BY:

ACCOUNT OFFICER

DATE : _____