

## APPLICATION FORM

### Details of the Pet Owner

- 1 Full Name: \_\_\_\_\_
- 2 Date of Birth (MM-DD-YYYY): \_\_\_\_\_
- 3 Complete Address: \_\_\_\_\_

### Insurance Coverage

Choose your preferred Plan

☐ Classic ☐ Basic

Section 1 - Medical Reimbursement	Php 50,000.00	Php 25,000.00	Per Occurrence
	Php 100,000.00	Php 50,000.00	In Aggregate
Cruciate Ligament Injury *	Php 10,000.00	Php 10,000.00	* Per Leg
Burial Assistance	Php 10,000.00	Php 10,000.00	Due To Euthanasia
Section 2 - Owner's Liability	Php 100,000.00	Php 50,000.00	Per Occurrence And In Aggregate
Section 3 - Personal Accident			
Accidental Death	Php 50,000.00	Php 25,000.00	
Total Permanent Disability	Php 50,000.00	Php 25,000.00	
Disablement or Dismemberment **	Php 50,000.00	Php 25,000.00	Maximum Limit
Annual Premium (inclusive of taxes)	Php 2,995.00	Php 1,995.00	

### Details of the Pet to be Insured

- 1 Name/Nickname: \_\_\_\_\_
- 2 Type of Pet: ☐ Dog ☐ Cat
- 3 Breed and Color: \_\_\_\_\_
- 4 Gender: ☐ Male ☐ Female
- 5 Date of Birth (MM-DD-YYYY): \_\_\_\_\_  
 (If Date of Birth is not known, please indicate at least the estimated age of the Pet in months.)
- 6 Pedigree Certificate No. (if any): \_\_\_\_\_
- 7 RFID No.(if any) : \_\_\_\_\_

8 Is the Pet to be Insured (please check all that apply):

- ☐ Home Pet
 ☐ Raised and used for Fighting  
☐ Used for Military, Police or Security Services
 ☐ Raised and used for sports  
☐ A Stunt Pet
 ☐ Others (please specify): \_\_\_\_\_

9 Has the Pet to be Insured been given the following vaccines:

Vaccines and Immunization	YES	NO
Distemper, Parvovirus, Hepatitis, Leptospirosis, Parainfluenza (5-in-1) (For dogs only)		
Rabies		
Deworming		
Bordetella		
Heartworm Preventive		
FVRCP Vaccine (For Cats Only)		
Feline Leukemia Virus (FeLV) Vaccine (For Cats Only)		

**Declaration of Health Condition of the Pet**

I, \_\_\_\_\_, owner of the pet specified above, do hereby attest that my Pet:

	YES	NO
a. Is in good and healthy condition		
b. Is free from sickness, illness or injury at the time of application		
c. Has no history of any operations, sickness or injury		
d. Has no congenital diseases/conditions		
e. Undergoes regular Physical Examination and receives necessary check-ups and treatments recommended by a veterinarian to prevent illness/injury		

If you answered **NO** to any of the Items in the Declaration of the Health Condition of the Pet, please provide further details of any past operation, illness or injury:

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Kindly attach the following documents for the Underwriter's further review:

- Photo of the Pet
- Pet Baby Book/ Veterinarian Records
- Veterinarian's Certification on the Insured Pet's Health
- Pedigree Certificate

**Important Note:** Requirements b to d are optional but shall be required for submission in case of a Claim.

**Declaration of No Commercial Breeding Practices**

- Number of Pet dogs/cats in the Insured's Household \_\_\_\_\_
- Number of Pet Insured with Malayan Insurance \_\_\_\_\_
- Does the Insured engage in any commercial breeding practices or business? ☐ Yes ☐ No
- Are any of these pet dogs/cats used for commercial breeding purposes? ☐ Yes ☐ No

**DATA PRIVACY**

I acknowledge that Malayan Insurance Company, Inc. (Malayan) may collect, use, process and share my personal information to its employees, duly authorized representatives, other insurers, reinsurers, adjusters, investigators, and other third party providers for purposes such as underwriting, administration, claims adjudication and management, investment, data analytics, statistical analysis, risk analysis/ assessment/management, financial and tax monitoring/review/reporting, protection against fraud, errors, or misrepresentations, profiling, research, due diligence, company evaluation, studies/customer satisfaction surveys, and compliance with legal, regulatory or contractual requirements. Further, I agree that Malayan may notify and offer me any of its products and services that may be useful to me. In furtherance of these purposes, my personal information, unless prohibited, may be processed outside the Philippines and be subject to different data protection standards.

**AUTHORITY TO DISCLOSE**

I hereby authorize Malayan to grant the members of the Yuchengco Group of Companies (YGC), their and Malayan's affiliates, subsidiaries, contractors, partners, agents and representatives, intermediaries, industry associations, and other third parties access to my personal information, including this form, for purposes of marketing, sales or promotional information campaigns, and provision of any products, services, or offers through mail/email/SMS/telephone, or any type of electronic facility.

**AUTHORITY TO VERIFY INFORMATION**

I also authorize Malayan to verify and investigate the information given by me, including submitted documents from whatever source it may consider appropriate.

**RIGHTS OF THE DATA SUBJECT**

I acknowledge that I have the right to access the given information and I undertake to correct, rectify or supplement the same should any information be found to be inaccurate or incomplete. I shall notify Malayan in writing of any changes in the information given above.

**UNDERTAKING**

I hereby warrant that all personal information given by me are true, correct, updated to the best of my knowledge, and freely and voluntarily given to Malayan. I agree and consent that the above information is being collected, used, processed and recorded for purposes of securing insurance protection or any other business transaction(s) with Malayan and for other purposes as indicated herein.

If purchasing, transacting and/or acting on behalf of another person(s), I hereby warrant that I have been duly authorized to perform such acts and permitted to give their information to Malayan. I hereby bind myself to advise all other persons in whose behalf I have acted, transacted with and/or purchased any product or services from Malayan of all the terms and conditions herein. I will hold Malayan, directors, officers, employees, agents, successors and assigns free and harmless from any liability that may arise as a result of the authorization given above.

By signing this form, I hereby certify that I have read and understood the foregoing and this consent remains valid and binding unless I submit a written notice to Malayan revoking or altering the same.

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DATE

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SIGNATURE OF THE PET OWNER  
OVER PRINTED NAME