BIBC
Bonifacio Insurance Broker Corporation
Securing your peace of mind

An affiliate of United Laboratories, Inc.

MOTOR INSURANCE QUOTATION

REQUEST FOR QUOTATION FORM

QUOTATION REFERENCE: **for internal purposes only*

Account Officer		**Reference No.**	
Date Issued		**Validity Date**	

DISCLAIMER: *The information submitted through this inquiry form will be used by BIBC solely for the purpose of responding to your request and providing general information about our insurance brokerage services. Submission of this form does not establish a client relationship, create any obligation, or guarantee coverage. Any insurance terms, conditions, or quotes will be provided separately and are subject to applicable underwriting guidelines and approval. We aim to respond to inquiries within two to three* ***(2–3) business days****; however, response times may vary depending on the nature of your request.*

TYPE OF REQUEST: ☐ **NEW BUSINESS** ☐ **RENEWAL (***with existing policy with BIBC***)**

A. CLIENT INFORMATION

Insured Name			
Account Classification Type	☐ **CORPORATE**	☐ **INDIVIDUAL**	
Business Nature			
Office / Residential Address			
Contact Person		**Contact Number**	
E-mail Address			

B. VEHICLE INFORMATION

Make/Manufacturer *(e.g. Honda, Toyota, etc.)*		**Model / Variant**	
Year Model		**Vehicle Type**	
Plate/CS Number*		**MV File Number**	
Engine Number		**Chassis Number**	
Declared Usage		**Garaging / Est. Value**	

New Business: *Please provide a copy of the ORCR for reference*
**Mandatory field (renewal with existing policy with BIBC)*

C COVERAGE SUMMARY & EXTENSIONS

COVERAGE TYPE

☐ **COMPREHENSIVE**	☐ **CTPL (Compulsory Third Party Liability)**
Market Value (PHP)	

SELECTED EXTENSIONS & RIDERS

☐ **AON (Acts of Nature)**	

POLICY DEDUCTIBLE

Fixed Deductible of PHP 2,000.00 for each and every loss. HEV and EV units are subject to the updated Underwriting guidelines.

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ACCOUNT OFFICER ATTESTATION

_____ _____
Signature over printed name **Date Signed (MM/DD/YY)**

CLIENT CONFORME

By signing below, I certify that the information provided herein is true and correct to the best of my knowledge.

_____ _____
Authorized Signature **Date Signed (MM/DD/YY)**

DATA PRIVACY NOTICE: *Pursuant to the Data Privacy Act of 2012 (RA 10173), Bonifacio Insurance Broker Corporation (BIBC) collects only the personal data necessary to process your motor insurance quotation. Your information will be used solely for the evaluation, preparation, and processing of your quotation and may be shared with insurance companies, underwriters, and service providers assisting in the processing of this request, strictly for this purpose. Sensitive personal information, when required, will be processed only with your consent and protected through appropriate organizational, technical, and physical safeguards. Personal data will be retained only for as long as necessary for quotation processing. You may exercise your rights under the Data Privacy Act, including the right to access, correct, or request deletion of your personal data, subject to applicable legal limitations.*

Once the form has been completed, please send the accomplished Motor Quotation Form (soft copy) to the following email addresses:

Marlyn Lucero – mglucero@bonifacioinsurance.com.ph
Diana Albat – daalbat@bonifacioinsurance.com.ph