STRONGHOLD
INSURANCE COMPANY INCORPORATED

17F Security Bank Centre 6776 Ayala Avenue, Brgy. San Lorenzo, City of Makati,NCR,
Fourth District, Philippines 1223 • VAT Reg TIN: 000-602-270-00000
Tel. No.: 8891-1329 to 37 * Fax Nos.: 8891-1326 / 8815-2233

OFFICIAL RECEIPT

January 03 24

No 00000-1439087

Date: ,20

RECEIVED from MARY LOUISE LIGUNAS

Address 305A SKYLINE PREMIERE ONE BALETE N. DOMINGO SGT., COR. 1 BALETE DRIVE, KAUNLARAN, QUEZON CITY, METRO MANILA

TIN: Bus. Style

the sum of Pesos TWELVE THOUSAND SEVEN HUNDRED TWENTY-EIGHT AND 75 CENTAVOS only (P)

in full/payment of		12,728.75
Policy / Bond		
Endorsement No	PC-HO-3059603	
Renewal No		
Amount of Coverage		
From	01-06 20 24	
Insurance in Force		Cred. Tax 0.00
To	01-06 20 25	P 10,207.50
Premium		
Documentary Stamps		1,275.93
Fire Service Tax		20.42
Others		0.00
VAT Amount		0.00
Total Sales		1,224.90
		P
TOTAL AMOUNT PAYABLE		12,728.75

Paid by: Cash

Cash Check No

PM/TW No

Note: Replacing ~~Temporary~~ OR 1439088 VAT

Receipt No 01/03/2024

Dated 08:51

STRONGHOLD INSURANCE COMPANY, INC

By:

Authorized Signature

Above Payment(s) are received subject to all conditions stipulated at the back of hereof.

500 Bklts. (50x4) 00000 -1429001-00000-1454000
BIR ATP No.: 125AU20230000006230
Date of ATP: 09-26-2023
D' TROY PRINTERS
505 Yakal St., Comembo, Makati City
VAT Reg. TIN: 105-361-014-00000 • Tel. No.: 7369-9711
Accr'tn No.: 050MP20180000000013 • Date of Accreditation: 11/09/18

STRONGHOLD INSURANCE COMPANY, INCORPORATED

STATEMENT OF ACCOUNT

Class : **Motor Car**

Issue Date : **December 22, 2023**

SA No. : **2098710**

Assured : **MARY LOUISE LIGUNAS**
Address : 305A SKYLINE PREMIERE ONE BALETE N. DOMINGO SGT., COR. 1 BALETE DRIVE, KAUNLARAN, QUEZON CITY, METRO MANILA
TIN # :
Agent Code : **OA-370**

Particulars

Policy Number : **PC-HO-3059603**
Period Of Insurance: **January 6, 2024 To January 6, 2025**
Sum Insured : **535,000.00**

Model : 2021
Make : HONDA BRIO
Body : V 1.2L GAS A/T HATCHBACK
Color : MODERN STEEL METALLIC
Plate No. : NEQ4845
Capacity :

Serial No: MHRDD1860M000715
Motor No. L12B34454860
Assignee
COC No:
MV File No.:
Authentication No.

Currency : **PHILIPPINE PESO**

Premium (VATable)	10,207.50
Premium (VAT Exempt)	0.00
Doc Stamps	1,275.00
Value Added Tax	1,224.90
Municipal Tax	20.42
Miscellaneous	0.00
Total Amount Due	12,728.75

	SUM INSURED	PREMIUM
CTPL :	0.00	0.00
PL :	0.00	0.00
OD :	535,000.00	6,687.50
THEFT :	included	0.00
PA :	250,000.00	250.00
BI :	200,000.00	420.00
PD :	200,000.00	1,245.00
AOG :	535,000.00	1,605.00
OTHERS :	0.00	0.00

NOTE: THIS IS NOT A RECEIPT

Payment Should Be Made In Favour of
STRONGHOLD INSURANCE COMPANY INC.

If payment is made to our collector or representative demand for a Provisional Receipt, and if our Official Receipt is not received by you within (5) days, please notify us immediately. Please make your check payable to the STRONGHOLD INSURANCE COMPANY INC.

NPJ
Certified Correct

NOTE: Should the policy be cancelled or endorsed to a lower value, the insured is still liable to pay the full amount of the documentary stamps as stipulated in the policy prior to cancellation/endorsement.

npj|12/22/2023|14:21:43

STRONGHOLD INSURANCE COMPANY, INCORPORATED

POLICY SCHEDULE
PRIVATE CAR

Policy No : PC-HO-3059603

DATE ISSUED: December 22, 2023

Insured : **MARY LOUISE LIGUNAS**

Address : 305A SKYLINE PREMIERE ONE BALETE N. DOMINGO SGT., COR. 1 BALETE DRIVE, KAUNLARAN, QUEZON CITY, METRO MANILA

Premium	10,207.50
Doc. Stamps	1,275.93
V.A.T.	1,224.90
L.G.T.	20.42
Others	0.00
Total Php.	12,728.75

Agent Code:OA-370 Renewing/Replacing:

Period of Insurance : January 6, 2024 (12:00 noon) To January 6, 2025 (12:00 noon)

SCHEDULED VEHICLE

Model : 2021 MV File No. : - Plate No. : NEQ4845
Body : V 1.2L GAS A/T HATCHBACK - Authenticaton No :
Make : HONDA BRIO
Motor No. : L12B34454860 Serial No. : MHRDD1860M000715 Color : MODERN STEEL METALLIC

SECTION I / II - THIRD PARTY LIABILITY (Subject to the Schedule of Indemnities) **PREMIUMS**

SECTION III Insured's Estimate of Value of Scheduled Vehicle
Php. 535,000.00 6,687.50 - Own Damage / *Theft Included*

Limit on Accessories:
Standard Built In Accessories (0.00)

Deductible: Php. 2,675.00 Towing: Php. 100.00 Authorized Repair Limit: Php. 2,775.00

SECTION IVA, IVB, PA, AOG & OTHERS

Bodily Injury	Php.	200,000.00	420.00
Property Damage	Php.	200,000.00	1,245.00
Personal Accident	Php.	250,000.00	250.00
1 DRIVER AND 4 OCCUPANTS OR PASSENGERS AT Php. 50,000.00 EACH			
Acts of Nature	Php.	535,000.00	1,605.00

MORTGAGEE:
MORTGAGEE CLAUSE:

FORMS AND ENDORSEMENTS MADE PART OF THIS POLICY AT TIME OF ISSUE:
AUTO PERSONAL ACCIDENT ENDORSEMENT
ACTS OF NATURE INCLUSION CLAUSE: THIS POLICY EXTENDS TO COVER EARTHQUAKE, TYPHOON, FLOOD, HURRICANE, VOLCANIC ERUPTION AND OTHER CONVULSION OF NATURE.

PLEASE BE ADVISED THAT THE STANDARD MOTOR CAR POLICY COVERAGE IS SUSPENDED WHILST THE SUBJECT MOTOR CAR IS ON BOARD SEA-FARING VESSELS SAILING INTER-ISLAND WITHIN THE PHILS. IT IS THEREFORE RECOMMENDED THAT YOU SECURE A MARINE CARGO POLICY TO COVER YOUR MOTOR CAR AGAINST LOSS OR DAMAGE OCCURING DURING THE ABOVE MENTIONED TRANSIT.

W/ 24 HRS. ROADSIDE ASSISTANCE (FREE TOWING). HOTLINE: 8459-4756. RA #:STRI-23-2189

17th Floor, Security Bank Centre, 6776 Ayala Avenue, Makati City, Philippines • Tel. Nos.: 8891-1329 to 37 • Fax Nos.: 8891-1326; 8815-2233; 8891-1181

STRONGHOLD
INSURANCE COMPANY, INCORPORATED

Policy No: PC-HO-3059603

IN WITNESS WHEREOF, a duly authorized officer of the company has set his hand hereunto in MAKATI CITY Philippines this December 22, 2023.

STRONGHOLD INSURANCE COMPANY INC.

Documentary Stamps to the value shown herein have been properly affixed and cancelled on the duplicate copy of the Policy

ELMER VICTOR B. FELIPE
ASSISTANT VICE PRESIDENT
AUTHORIZED SIGNATURE

OA-370 / / npj / 2:18 pm / 12/22/23

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Policy No: **PC-HO-3059603**

AUTO PERSONAL ACCIDENT ENDORSEMENT

In consideration of the payment of an additional premium IT IS HEREBY UNDERSTOOD AND AGREED THAT THE COMPANY UNDERTAKES TO PAY COMPENSATION on the scale provided below for bodily injury as hereinafter defined sustained by the insured driver/occupants or passengers in the Motor Vehicle herein insured while driving, mounting into, dismounting from or traveling in the Motor Vehicle, and caused by violent accidental external and visible means which in

	Scale of Compensation
(1) Death	100% of Sum Insured
(2) Total and irrecoverable loss of all sights in both eyes	100% of Sum Insured
(3) Total loss by severance at or above the wrist or ankle of one hand or one foot together with the total irrevocable loss of all sight in one eye	100% of Sum Insured
(4) Total loss by physical severance at or above the wrist or ankle of both hands and both feet or of one hand together with one foot	100% of Sum Insured
(5) Total and irrecoverable loss of sight in one eye	25% of Sum Insured
(6) Total loss by physical severance at or above the wrist or ankle of one hand or one foot	25% of Sum Insured
(7) Accidental Medical Reimbursement (By reason of injury and commencing within thirty (30) days after the date of accident)	10% of Sum Insured

Provided always that:

(a) Compensation shall be payable under one only of items (1) to (7) above in respect of any such person arising out of any such person arising out of any one occurrence and the total liability of the Company shall not in the aggregate exceed the sum insured during any one period of insurance in respect of any such person.

(b) No compensation shall be payable in respect of death or injury directly or indirectly wholly or in part arising or resulting from or traceable to (1) intentional self-injury suicide (whether felonious or not) or attempted suicide physical defect or infirmity or (2) an accident happening whilst such driver is under the influence of intoxicating liquor of drugs.

(c) Such compensation shall be payable only with the approval of the Insured and directly to the injured person or his legal personal Representatives whose receipt shall be a full discharge in respect of the injury to such person.

(d) The number of insured occupants or passengers is limited to the number of persons stated in the policy. If at the time of accident the number of occupants/passengers exceeds the number of insured occupants/passengers stated in the policy, then the Company shall not be liable as respect each occupant/passenger for a greater proportion of the indemnity otherwise pay

SUBJECT OTHERWISE TO THE TERMS OF THE POLICY.

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