STRONGHOLD
INSURANCE COMPANY, INCORPORATED
17th Floor, Security Bank Centre 6776 Ayala Avenue, Makati City
Tel. Nos. 891-1329 to 37 Fax. Nos. 891-1640; 891-1326; 891-1383
TIN-000-602-270-VAT

POLICY SCHEDULE

PRIVATE CAR

Policy No : PC-6419692

DATE ISSUED : JANUARY 31, 2026

Insured : COMABRAS, REINA JOY SAMSON AND OR COMABRAS, ZOREN MERCADO

Address : 6G BUNYI ST BUTING PASIG CITY METRO MANILA 1600

Premium	***23,853.00***
Doc. Stamps	*2,981.63*
V.A.T.	*2,862.36*
L.G.T.	*47.71*
Others	*0.00*
Total Php.	***29,744.69***

Agent Code : GP SDC258 - Mitsubishi Manila Bay Renewing/Replacing : NEW BUSINESS

Period of Insurance : JANUARY 30, 2026 (12:00 noon) To : JANUARY 30, 2027 (12:00 noon)

SCHEDULED VEHICLE

Model	: 2026	MV File No. :	000000000000000	Plate No.	: MS406B		
Body	: XPANDER CROSS 1.5G 2WD AT			Authentication No	:		
Make	: MITSUBISHI	Serial No. :	MK2XRNC1WTN008401	Color	: QUARTZ	WHITE	
Motor No.	: 4A91KDM9608				PEARL	WITH	
					BLACK ROOF		

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

SECTION III Insured's Estimate of Value of Scheduled Vehicle

Php. ***1,393,000.00*** 15,323.00 - Own Damage/ Theft Included

Limit on Accessories :

Aircon - STANDARD BUILT-IN (0.00)
MagsWheel - STANDARD BUILT-IN (0.00)
Stereo - STANDARD BUILT-IN (0.00)
Speakers - STANDARD BUILT-IN (0.00)

Deductible: Php. 6,965.00 Towing: Php. 100.00 Authorized Repair Limit : Php. 7,065.00

SECTION IVA, IVB, PA, AOG & OTHERS

Bodily Injury	Php.	**100,000.00**	270.00
Property Damage	Php.	**100,000.00**	1,095.00
Personal Accident	Php.	**100,000.00**	200.00
1 DRIVER AND 4 OCCUPANTS OR PASSENGERS AT Php. 20,000.00 EACH			
Acts of Nature	Php.	**1,393,000.00**	6,965.00
Others	Php.	**0.00**	0.00

MORTGAGEE CLAUSE: NA

FORMS AND ENDORSEMENTS MADE PART OF THIS POLICY AT TIME OF ISSUE:

Medical Reimbursement of 10% based on the amount of UPPA Coverage per passenger.

ACTS OF NATURE INCLUSION CLAUSE : THAT THIS POLICY EXTENDS TO COVER ACTS OF NATURE (EARTHQUAKE, TYPHOON/FLOOD, VOLCANIC ERUPTION, HURRICANE) IN THE AMOUNT OF 1,393,000.00

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.

HOTLINE: RA #:

IN WITNESS WHEREOF, a duly authorized officer of the company has set his hand hereunto in PASAY CITY Philippines this January 31, 2026.

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

STRONGHOLD INSURANCE COMP[illegible].

PERRY A. BUCAY
VICE PRESIDENT

GP / / Angela Mikaela Nañadiego / 11:19am / 01/31/26

Policy No.: PC-6419692

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 travelling 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 thiry (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 one occurrence and the total liability 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 infulence 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/passnger for a greater proportion of the indemnity otherwise pay

SUBJECT OTHERWISE TO THE TERMS OF THE POLICY.

MORTGAGEE CLAUSE

NA

AON CLAUSE

THAT THIS POLICY EXTENDS TO COVER ACTS OF NATURE (EARTHQUAKE, TYPHOON/FLOOD, VOLCANIC ERUPTION, HURRICANE) IN THE AMOUNT OF 1,393,000.00

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INSURANCE COMPANY, INCORPORATED
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TIN-000-602-270-VAT

BDO-QC-800436473

January 31, 2026

CERTIFICATION

This is to certify that the policy with details below is in full force and effect with Stronghold Insurance Company, Inc. in spite of non-presentation of the company's Official Receipt. We hereby bind ourselves to make good and honor any claims related to the covered unit insofar as the interest of the bank is concerned, subject to the policy terms, conditions, warranties and clauses.

Insured	COMABRAS, REINA JOY SAMSON AND OR COMABRAS, ZOREN MERCADO
Policy No.	PC-6419692
Period of Insurance	01/30/2026 01/30/2027
Mortgagee	NA
Model/Make	2026 MITSUBISHI
Insured Unit	XPANDER CROSS 1.5G 2WD AT
Color	QUARTZ WHITE PEARL WITH BLACK ROOF
Plate No.	MS406B
Serial No.	MK2XRNC1WTN008401
Motor No.	4A91KDM9608

Coverage And Amount Of Insurance

	Coverage	Premium
Own Damage	1,393,000.00	0.00
Theft	INCLUDED	0.00
Acts of Nature	1,393,000.00	0.00
Excess - Bodily Injury	100,000.00	0.00
Third Party Property Damage	100,000.00	0.00
Personal Accident	100,000.00	0.00

BDO-QC-MMB

PERRY A. BUCAY
VICE PRESIDENT