STRONGHOLD
INSURANCE COMPANY, INCORPORATED

17F SECURITY BANK CENTRE, 6776 AYALA AVENUE, MAKATI CITY, METRO MANILA
Tel. Nos. 8891-1329 to 37 ; Fax Nos. 8891-1326 &1383
Email: mail@strongholdinsurance.com.ph
VAT Reg. TIN- 000-602-270-00000

POLICY SCHEDULE

PRIVATE CAR

Policy No : **PC-RO02A28-7064928**

DATE ISSUED: August 5, 2026

Insured : **CYRUS LENNARD SEGUIRO OFILAS**

Address : #46 CASES BOULEVARD, SANTA BARBARA, AGOO, LA UNION

Premium	***27,293.76***
Doc. Stamps	*3,411.72*
V.A.T.	*3,275.25*
L.G.T.	*136.47*
Others	*0.00*
Total Php.	***34,117.20***

Agent Code:RO02-DLR Renewing/Replacing:

Period of Insurance : August 4, 2026 (12:00 noon) To August 4, 2027 (12:00 noon)

SCHEDULED VEHICLE

Model : 2027 MV File No. : Plate No. : WI 641B
Body : - Authenticaton No :
Make : BYD SEAL 5 PREMIUM
Motor No. : BYD472QA C25572762 Serial No. : LC0C76C46V0027873 Color : HARBOUR GREY

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

SECTION III Insured's Estimate of Value of Scheduled Vehicle
Php. ***1,198,000.00*** 18,888.76 - Own Damage */ Theft Included*

Limit on Accessories:

Deductible: Php. 5,990.00 Towing: Php. 500.00 Authorized Repair Limit: Php. 6,490.00

SECTION IVA, IVB, PA, AOG & OTHERS

Bodily Injury	Php.	**500,000.00**	780.00
Property Damage	Php.	**500,000.00**	1,635.00
Personal Accident	Php.	**250,000.00**	0.00
1 DRIVER AND 4 OCCUPANTS OR PASSENGERS AT Php. 50,000.00 EACH			
Acts of Nature	Php.	**1,198,000.00**	5,990.00

MORTGAGEE CLAUSE: Loss and/or damage/if any under this policy shall be payable to METROBANK as their interest may appear, subject to the terms and conditions of this policy. It is expressly understood that this policy or any renewal thereof shall not be cancelled without prior written notification and conformity of METROBANK.

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.|MEDICAL REIMBURSEMENT CLAUSE|MORTGAGEE CLAUSE|WARRANTED NO KNOWN LOSS AS TO DATE OF ISSUANCE

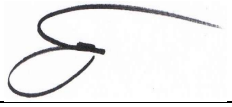
PLEASE BE ADVISED THAT THE STANDARD MOTOR CAR POLICY COVERAGE IS SUSPENDED WHILST THE SUBJECT MOTOR CAR IS ON BOARD SEA-FARING VESSELS SAILING INTER-ISLAND WITHIN THE PHILS. IT IS THEREFORE RECOMMENDED THAT YOU SECURE A MARINE CARGO POLICY TO COVER YOUR MOTOR CAR AGAINST LOSS OR DAMAGE OCCURING DURING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

W/ 24 HRS. ROADSIDE ASSISTANCE (FREE TOWING). HOTLINE: 8459-4756. RA #:STRI-24-01940

NOTWITHSTANDING ANYTHING CONTAINED HEREIN TO THE CONTRARY, IT IS HEREBY UNDERSTOOD & AGREED THAT THIS POLICY SHALL NOT BE LIABLE FOR ANY LOSS, DAMAGE OR LIABILITY WHICH OCCURED PRIOR TO AUGUST 5, 2026.

IN WITNESS WHEREOF, a duly authorized officer of the company has set his hand hereunto in DASMARINAS CITY Philippines this August 5, 2026.

STRONGHOLD INSURANCE COMPANY INC.



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

PILARCITA ROA PEARSON
SENIOR VICE PRESIDENT
AUTHORIZED SIGNATURE

RO02-DLR / DLR-073 / 349AM6 / 11:41 am / 08/05/26

Acknowledgement Certificate No:
Date:
Series Range:

"THIS DOCUMENT IS NOT VALID FOR CLAIM OF INPUT TAX"

Policy No: **PC-RO02A28-7064928**

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.