



**GOVERNMENT SERVICE INSURANCE SYSTEM
HOUSING AND INSURANCE GROUP**

**UNDERWRITING DEPARTMENT
MOTOR INSURANCE RENEWAL REQUEST FORM**
(Accomplish in duplicate copies)

Policy ID:		B.O:	
Name of Assured		GSIS OR Number	Date Paid
Address		Required Coverage (please check) ___ TPL only ___ Comprehensive only ___ Both TPL & Comprehensive	
DESCRIPTION OF INSURED VEHICLE			
Make & Type of Body		LTO MV File No.	
		Motor/Engine No.	
Plate Number	Color	Chassis/Serial No.	
Date Accomplished : _____ Contact No.: _____			
IMPORTANT: Please submit the ffg. 1. Photocopy of expiring policy 2. Photocopy of latest LTO OR/CR 3. Photocopy of GSIS OR (for the expiring policy)			
Submitted/Requested by : _____ Signature over printed name			
Designation : _____			
DATE RECEIVED:	DUE DATE:	REMARKS:	



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(7)

Assured's Name:	Date of Transaction:	
Address:	Due Date of Release:	Booth Officer

Policy ID	Insured Vehicle		LTO MV File No.	Engine Number		Required Cover	GSIS OR No.	
	Plate Number			Chassis Number			Date Paid	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Date Accomplished: _____ Requested by: _____ Signature over printed name _____ Contact No. _____

- Attachments:**
1. Photocopy of expiring policy
 2. Photocopy of latest LTO OR/CR
 3. Photocopy of GSIS OR for the expiring policy

Official Designation