



Flower Base

COMPENSATION APPLICATION FORM

Bima Services, Car Insurances, Motorbikes, Bicycles

APPLICANT DETAILS

AREA:..... DATE:.....

TITLE: ☐ Mr. ☐ Mrs. ☐ Miss ☐ Other

FIRST NAME:..... MIDDLE NAME:.....

SURNAME:.....

DATE OF BIRTH:..... GENDER: ☐ Male ☐ Female ☐ Other

MARITAL STATUS: ☐ Single ☐ Married ☐ Other

NATIONALITY:..... PASSPORT NUMBER:.....

EMAIL ADDRESS:.....

PHONE NUMBER:..... ALTERNATE:.....

ADDRESS:..... POSTAL CODE:.....

APPLICANT DETAILS

DATE:.....

NAME:.....

PHONE NUMBER:..... ALTERNATE:.....

POLICY TOPIC:.....

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POLICY NUMBER:.....

COMPANY NAME:.....

CONTRACT DETAILS

STARTED ON: DATE:..... TIME:.....

ENDING ON: DATE:..... TIME:.....

JOB INSURED:.....

AMOUNT INSURED:.....

THIRD PARTY TOPIC:.....

WHERE TO GET COMPENSATION:.....

