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:……

……

POLICY NUMBER:……

HOSPITAL NAME:……

ADMISSION TYPE:……

ADMISSION DETAILS

ADMITTED ON: DATE:…… TIME:……

DISCHARGED: DATE:…… TIME:……

AMOUNT INSURED:……

THIRD PARTY TOPIC:……

WHERE TO GET COMPENSATION:……