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:……

TYPE: ☐ **Car.** ☐ **Motorbike.** ☐ **Bicycle**

PICK UP CONTACTS

NAME:……..

PHONE NUMBER:…… ALTERNATE:……..

PICK UP TIME IN:…… PICK UP TIME OUT:……

WHERE BROUGHT:……...

WHERE INSURED:……

INSURED AMOUNT:……

THIRD PARTY TOPIC:……..

WHERE TO GET COMPENSATION:……..