

Profiling Form



Basic Information

Name of Applicant (For Individual): _____

Name of Applicant (For Corporate Agency): _____

No. of Nominees: _____ ROC/NRIC No.: _____

Name of Life Company: _____

Mobile No.: _____ Email Address: _____

1. Applicant's Business Portfolio/Database

Description		Existing Portfolio/Database
i)	No. of Clients	
	Individual	%
	Corporate	%
ii)	Own Contacts	%
	Referrals	%
	Cold Calling	%
	Internet Marketing	%
iii)	Total GWP for Principal 1	S\$
	Total GWP for Principal 2	S\$

Portfolio Breakdown

Portfolio	%	Portfolio	%
A&H Corporate		Home	
Masterpiece/Personal Accident		Travel	
Financial Lines		Marine	
Property		Casualty	
Others			

2. Applicant's Industry of Focus & Contacts

- Education Engineering Environment/Cleaning Financial
 Logistic Manufacturing Marine Cargo/Shipping Retail/F&B

Others: _____

3. Recommendations

IDP Key Account Manager Recommendation: Yes No Segmentation: _____

Name & Signature of Interviewer

Date of Interview (DD/MM/YYYY)

Administration Remarks:

IDP Key Account Manager Assigned: _____

Approved by Head of Department (HOD): Yes No

If **No**, kindly state the reasons for declination:

Name & Signature of HOD

Date (DD/MM/YYYY)

Name & Signature of Approver
Country President/Division Head

Date (DD/MM/YYYY)

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