

# Profiling Form



## Referral Details (For R<sup>2</sup> Campaign)

Referrer Name: \_\_\_\_\_ Contact No. \_\_\_\_\_

Email Address: \_\_\_\_\_

## Basic Information

Name of Applicant (For Individual): \_\_\_\_\_

Name of Applicant (For Corporate Agency): \_\_\_\_\_

No. of Nominees: \_\_\_\_\_ ROC/NRIC No.: \_\_\_\_\_

Name of Life Company: \_\_\_\_\_

## 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

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

## 3. Recommendations

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IDP Key Account Manager Recommendation:  Yes  No                      Segmentation: \_\_\_\_\_

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\_\_\_\_\_  
Name & Signature of Interviewer

\_\_\_\_\_  
Date of Interview (DD/MM/YYYY)

Administration Remarks:

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IDP Key Account Manager Assigned: \_\_\_\_\_

Approved by Head of Department (HOD):  Yes  No

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

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\_\_\_\_\_  
Name & Signature of HOD

\_\_\_\_\_  
Date (DD/MM/YYYY)

\_\_\_\_\_  
Name & Signature of Approver  
Country President/Division Head

\_\_\_\_\_  
Date (DD/MM/YYYY)

**Chubb. Insured.**<sup>TM</sup>