Please fill and fax back this form to (021) 520 8944, and we will prepare your policy.

WINFLY PLUS Application Form

Selected Benefit Plan And Currency

☐ VIP ☐ Executive
☐ USD ☐ IDR

Period Of Insurance

Day (s) : Commencement Date : Termination Date :
( ) . . / . . / . . . . . / . . . . . / . . . .

Insured Person (S)

Mr/Mrs/Ms	Date of Birth	Relationship
1.	. . / . . /	Policyholder
2.	. . / . . /	.....
3.	. . / . . /	.....
4.	. . / . . /	.....
5.	. . / . . /	.....

No. Passport/KTP/KITT* : .....
Address : .....
..... Zip Code : .....
Phone : ..... Fax : .....
E-Mail : .....

Flight Details

Flight No : Return Flight No :
....

Departure from : Transit : Destination :
....

Ticket No. : .....

Agent Signature Insured Person Signature

☐ Travel Agent : .....

You can copy this form to get more policy