

## CLAIMS SUBMISSION SLIP

Please send all claims and inquiries to: PT. International Services Pacific Cross,  
Chase Plaza Tower 19th Floor, Jl. Jend. Sudirman Kav. 21, Jakarta 1290, Indonesia  
t. (+62.21) 25989878 f. (+62.21) 25989879 www.pacificcross.co.id

Please complete the following information and attach this slip with  
your claims. One slip is required for each insured person (patient).

Enclosed is / are ..... bill(s) / statement(s) / receipt(s) for claims  
purposes.

Name of Policyholder: .....

Policy Number: .....

Name of Insured Person (Patient): .....

Member Number: .....