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FORMULIR APLIKASI M-PROTECT

M-Protect Application Form

Nama Pemegang Polis/Pemohon Belakang RANGGA Depan DEWA Tengah _____
Name of Policyholder/Applicant Last First Middle

Alamat JL. MONCOKERTO NO.7 RT.011/03 Phone Home -
Address Office _____
UTAN KAYU - JAKARTA TIMUR Mobile 0812 8759.9458

Email DEWARANGGA182@GMAIL.COM Fax _____

| DATA DIRI TERTANGGUNG (INSURED PERSON'S DETAIL) | TERTANGGUNG #1 Insured Person #1 | TERTANGGUNG #2 Insured Person #2 | TERTANGGUNG #3 Insured Person #3 | TERTANGGUNG #4 Insured Person #4 |
|--|--|--|---|---|
| Nama Keluarga (Family Name) | AULIA KUSUMA | | | |
| Nama Depan dan Tengah (First dan Middle Name) | AULIA KUSUMA | PUTRI CANTIKA | | |
| Tanggal Lahir (Date of Birth) | 19/12/88 (MM/DD/YY) | 10/9/14 (MM/DD/YY) | ___/___/___ (MM/DD/YY) | ___/___/___ (MM/DD/YY) |
| Jenis Kelamin (Sex) | M/L <input type="checkbox"/> F/P <input checked="" type="checkbox"/> | M/L <input type="checkbox"/> F/P <input checked="" type="checkbox"/> | M/L <input type="checkbox"/> F/P <input type="checkbox"/> | M/L <input type="checkbox"/> F/P <input type="checkbox"/> |
| Hubungan dengan Pemegang Polis (Relationship to Policyholder) | ISTRI | ANAK | | |
| Pekerjaan (Occupation and Duties) | IRT | PELADAR | | |
| Merokok (Smoking) | <input type="checkbox"/> Ya / Yes <input checked="" type="checkbox"/> Tidak / No | <input type="checkbox"/> Ya / Yes <input checked="" type="checkbox"/> Tidak / No | <input type="checkbox"/> Ya / Yes <input type="checkbox"/> Tidak / No | <input type="checkbox"/> Ya / Yes <input type="checkbox"/> Tidak / No |
| Tinggi (Height) | 168 Cm/ ___ Ft ___ In | 120 Cm/ ___ Ft ___ In | ___ Cm/ ___ Ft ___ In | ___ Cm/ ___ Ft ___ In |
| Berat (Weight) | 55 Kg/ ___ Lb | 25 Kg/ ___ Lb | ___ Kg/ ___ Lb | ___ Kg/ ___ Lb |
| No. KTP atau Paspor (Government ID or Passport No.) | 3145 00085061237 | - | | |
| Kewarganegaraan (Country of Citizenship) | INDONESIA | INDONESIA | | |
| Negara Tempat Tinggal (Country of Residence) | INDONESIA | INDONESIA | | |
| Plan yang dipilih (Plan selection) | PLAN A | PLAN A | | |
| Nama Penerima Manfaat (Beneficiary Designation) | | | | |
| Hubungan Dengan Tertanggung (Relationship to Insured Person) | | | | |



PERTANYAAN UMUM

General Questions

- Apakah Anda pernah memiliki aplikasi polis Asuransi Kesehatan, polis Asuransi Jiwa, Polis Asuransi Kecelakaan yang ditolak, dilakukan kenaikan, dibatasi, dibatalkan atau ditarik kembali? **TIDAK**
 - Dalam 5 tahun terakhir, apakah Anda pernah menderita atau dirawat karena penyakit Kanker, Jantung, Paru-paru, Ginjal, Hati, Otak, kondisi Ortopedi atau Kejiwaan? **TIDAK**
 - Dalam 6 bulan terakhir, apakah Anda pernah menerima Perawatan medis di Rumah Sakit? **TIDAK**
 - Apakah Anda sedang menjalani perawatan medis atau merencanakan perawatan medis **TIDAK**
- Have you ever had any medical, disability or life application/ policy that had been declined, rated, restricted, cancelled or withdrawn?
 - Within the past 5 years, have you been diagnosed with, or received any treatment of cancer, heart, lung, kidney, liver, brain, orthopedic or psychiatric conditions?
 - Have you received any inpatient treatment within the last 6 months in a hospital/ health provider?
 - Have you ever had or in the midst of a medical treatment or planning to have a medical treatment?

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