

**FORMULIR PENGAJUAN KLAIM MENINGGAL ASURANSI KUMPULAN
GROUP INSURANCE APPLICATION FORM FOR DEATH CLAIM**

Jika pertanggunganaan asuransi baru berlaku dalam dua tahun pertama, jawablah pertanyaan pada halaman 2.
(Jika meninggal disebabkan kecelakaan dan mempunyai asuransi kecelakaan, gunakan Formulir Klaim Meninggal Karena Kecelakaan.)
If the death occurs within the first two years of insurance cover, please answer the additional questions on page 2.
(If the death was caused by accident and there is an accidental coverage, please use the Claim Form for Accidental Death)

**HARAP DIISI DENGAN HURUF CETAK!
PLEASE FILL IN WITH BLOCK LETTERS!**

Data Pemegang Polis Policyholder Data	Nomor Polis Policy Number	[] [] - [] [] - [] [] [] [] [] [] [] []
	Perusahaan Company Name	_____
	Alamat Address	_____
	Kota City	_____
	Kode Pos Post Code	[] [] [] [] [] [] Telepon Phone [] [] [] [] [] [] - [] [] [] [] [] [] [] [] [] []

Data Tertanggung Insured Data	Dengan ini kami mengajukan permohonan pembayaran MASLAHAT klaim meninggal dunia atas tertanggung: Hereby we request the benefit payment for the death of insured	
	1. Nama Name	_____
	2. Identitas diri Identity	KTP No. _____
	3. Jenis kelamin Sex	<input type="checkbox"/> Laki-laki <input type="checkbox"/> Perempuan Male Female
	4. Alamat Rumah Home Address	_____
		Kode Pos [] [] [] [] [] [] Telepon Post Code Phone [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
	5. Status Pegawai Employee Status	<input type="checkbox"/> 1 tetap <input type="checkbox"/> 2 paruh waktu <input type="checkbox"/> 3 kontrak full time part time contract
	6. Jabatan Position	_____
	7. Tanggal meninggal Date of death	[] [] - [] [] - [] [] [] [] [] [] [] []
8. Tempat meninggal Place of death	_____	
9. Sebab meninggal Cause of death	_____	

Maslahat Asuransi Insurance Benefit	Nomor Kepesertaan Membership number	[] [] [] [] [] [] - [] [] [] []
	Asuransi pokok Main insurance	_____
	Asuransi tambahan Riders	a. _____ b. _____ c. _____
	Uang pertanggunganaan asuransi Sum insured	Rp. / USD [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Tertanggung mempunyai polis asuransi jiwa di perusahaan lain :
The Insured had life insurance policies at the other insurance companies :

No	Nama Perusahaan Company Name	Program Asuransi Insurance Program	Nomor Polis Policy Number	Jumlah Uang Pertanggunganaan Sum Insured
1.				
2.				
3.				
4.				

Pertanyaan tambahan jika klaim meninggal terjadi dalam dua tahun pertama pertanggungan asuransi :
 Additional questions if the death occurred within the first two years of insurance cover :

1. Apakah tertanggung meninggal dengan tiba-tiba? (tidak menderita sakit terlebih dahulu) Ya Tidak
 Was the Insured die suddenly? (not suffering from sickness) Yes No
Jika tidak, jawablah pertanyaan a,b,c
 If "No", please answer a,b,c.....

- a. Kapan tertanggung merasakan keluhan atau menunjukkan tanda-tanda dari penyakit terakhir yang dideritanya ?
 When did the deceased first complain of or give indications of his/her last illness ?

- b. Kapan pertama kali tertanggung diperiksa ke dokter untuk penyakit terakhirnya ?
 When did the deceased first consult a physician for his/her last illness ?

- c. Alamat dan nama-nama dokter yang pernah merawat pada penyakit terakhirnya tertanggung ?
 Names and addresses of the physicians who treated the deceased in his/her last illness ?

Nama dokter Physician	Alamat Address	Tanggal pemeriksaan Date of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. a. Jelaskan secara rinci penyakit lain yang pernah diderita oleh tertanggung
 Give details of any other illnesses ever suffered by the deceased :

- b. Alamat dan nama-nama dari dokter yang pernah merawat tertanggung seperti tersebut diatas;
 Names and addresses of the physicians who treated the deceased in the above illnesses:

Nama dan alamat dokter Physician and address	Kondisi dan Pengobatan Condition and Therapy	Tanggal pemeriksaan Date of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____

Sesuai dengan syarat-syarat umum polis asuransi jiwa, permintaan MASLAHAT asuransi ini dilengkapi dengan :
 In accordance with the general provisions of the life insurance policy, this claim form should be completed with :

- Sertifikat kepesertaan
Member certificate
- Surat keterangan meninggal dunia dari Pamong Praja (Lurah)
Death certificate from Lurah
- Surat keterangan meninggal dunia dari dokter yang merawat Tertanggung sebelum meninggal yang menjelaskan sebab meninggal dunia
The death certificate, from the physician who stated the death or treated the deceased before the death, explaining the cause of death
- Fotokopi KTP Tertanggung dan kartu keluarga, jika masalah asuransi dibayarkan langsung pada ahli waris
A copy of identity and family card of the deceased, if the benefits are paid directly to the beneficiary
- Surat keterangan resmi dari Kedutaan Besar Indonesia setempat, jika meninggal di luar negeri
Official letter from the Local Indonesian Embassy, if the insured died abroad

Pembayaran masalah asuransi dapat ditransfer melalui :
 Insurance benefit payment should be transferred through :

Nama Bank _____
 Bank

Alamat _____
 Address

Nomor Rekening _____
 Account Number

Pemilik Rekening _____
 Account Holder

Saya menyatakan bahwa semua pernyataan diatas adalah benar dan lengkap sesuai dengan pengetahuan dan keyakinan saya, apabila saya memberikan informasi tidak benar, maka saya bersedia dituntut dan masalah asuransi yang diterima akan dikembalikan ke PT Asuransi ALLIANZ LIFE INDONESIA.

I hereby certify that, the above statement are true and complete to the best of my knowledge and belief, if I have given a wrong information, I dispose to be remanded to court and the insurance benefit will be returned to PT Asuransi ALLIANZ LIFE INDONESIA.

Tanggal
Date

□□ - □□ - □□□□

Nama Lengkap
Full Name

Jabatan
Position

Nama Perusahaan
Company Name

Tanda Tangan
Signature

Cap Perusahaan :
Stamp or seal of company
