



asuransi jiwa
sinarmas MSIG

Joint Venture with Mitsui Sumitomo Insurance

NOTICE OF CLAIM UNDER HOSPITAL & SURGICAL INSURANCE

POLICY NO. _____

Insured/Cardholder name
Nama tertanggung / Pemegang kartu

Claimant's name
Nama pasien

Claimant's age
Umur pasien

If claimant is a dependent or spouse, please state
Jika pasien adalah anak/istri/suami tertanggung, harap sebutkan

Address/Phone No.
Alamat/No. Telp

Occupation
Jabatan/pekerjaan

Nature of illness: if it is an accident, state time & place
Nama/Jenis penyakit jika kecelakaan, tulis waktu dan tempat

Length of hospitalization
Lama perawatan di rumah sakit

Name of hospital
Nama rumah sakit

Name of Doctor In attendance
Nama Dokter yang merawat

Name of surgeon, if any
Nama ahli bedah, jika ada

Are you covered under any other policy? if so, state name of company and type of insurance
Apakah anda memiliki polis asuransi lain? Bila benar demikian, harap sebutkan nama perusahaan asuransi ybs jenis pertanggungannya

Amount of Claim (Attach hospital bill with complete termization)
Jumlah Klaim (lampirkan kuitansi-kuitansi pengobatan selama perawatan di rumah sakit lengkap dengan perinciannya)

AUTHORIZATION

Hereby authorize any hospital, physician, all other person who has attended or examine me, to furnish to PT Asuransi Jiwa SINARMAS or to their representative, any and all information with respect to any sickness or injury, medical history, consultation prescription or treatment and copy of all hospital or medical records.

A photostatic copy of this authorization will be considered as effective and valid as the original.

Date
Tanggal _____

Signature & Name
Tanda Tengen & Nama _____

This page is to be completely filled in by the insured.
The surgeon concerned should do the same to the overleaf.
*Harap halaman ini diisi selengkap-lengkapnnya oleh tertanggung.
Hal yang sama hendaknya dilakukan oleh dokter/ahli bedah ybs.
pada halaman sebaliknya.*



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CERTIFICATE OF DOCTOR/SURGEON
Surat Keterangan Dokter/Ahli Bedah

I do certify that I personally examined the sickness/injury sustained by the patient mentioned below who firstly came to see me on
Saya menerangkan dengan sesungguhnya bahwa saya telah memeriksa penyakit/Luka yang telah diderita pasien tersebut dibawah yang pertama kali monemui saya pada

With the detail of symptom/complaint of sickness/injury such as
Dengan tanda-tanda penyakit/keuhan-keuhan sakit/luka seperti

1. a. Name of patient
nama pasien

b. Identity card No.
No. Kartu identitas

2. a. Date of disability begins
Tanggal mulai diderita

b. Is the patient has suffered this kind of sickness before
Apakah pasien tsb pernah menderita penyakit yang sama sebelumnya

c. If yes, state when and how long was hospitalized
Jika ya, sebut bilamana dan dimana serta berapa lama dirawat

d. Please give us name and address the referral physicians
Beritahu kami nama dan alamat dokter yang merifer pasien tsb.

3. a. Date of treatment
Dirawat tanggal

b. Date of operation
Tanggal operasi

4. Surgery was performed as Hospital (name)
Operasi dilakukan di rumah sakit (nama)

5. a. Treatment was performed at hospital
Perawatan dilakukan di rumah sakit

b. Is the patient hospitalized upon your advice ?
Apakah pasien dirawat atas saran dokter ?

6. a. Nature of disability/diagnose
Jenis penyakit

b. Amount of doctor's fee
Ongkos dokter

c. Type of operation
Macam operasi

d. Amount of surgeon's fee
Ongkos ahli bedah

7. Cause of sickness/injury based on my examination is
Penyebab penyakit/luka menurut hasil pengamatan saya

Date
Tanggal _____

Signature of Doctor
Tanda Tangan Dokter

Signature of Surgeon
Tanda Tangan Ahli Bedah

Note : Acceptable only if filled out; signed; stamped by attending doctor/surgeon
Hanya berlaku bila diisi, ditandatangani, dicap oleh dokter/ahli bedah ybs