

Formulir 1

LAMPIRAN 2  
PT Asuransi Reliance Indonesia

No	No. Klausula	Kata Sambung	Kalimat	Fungsi	Process
1_1	1_1		This claim must be completed in full,	giving	Material
1_2	1_2		signed by the eligible member of Policy Holder	giving	Material
1_3	1_3	and	received by PT Asuransi Reliance Indonesia within 30(thirty) days after the date of services.	giving	Material
1_4	1_4		Please complete this Claim Form with actual data,	demanding	Material
1_5	1_5		signed by attending physician, ,	demanding	Material
1_6	1_6		completed with physician SIP number	demanding	Material
1_7	1_7	and	attached with original payment receipt, copies of the laboratory results, diagnostic test, x-rays, medical resume and others relating to the treatment including a copy of the prescription, with hospital/clinic's address and phone number and	demanding	Material
1_8	1_8	and	stamped by hospital/clinic	demanding	Material
1_9	1_9		Uncompleted Claim Form can not be processed	giving	Material
1_10	1_10		For Inpatient Claim, please attach copies of the medical resume (medical record) from hospital/clinic/public health center.	demanding	Material
1_11	1_11		PATIENT INFORMATION		
1_12	1_12		to be filled by member	Giving	Material
1_13	1_13		Company Name	demanding	Material

1_14	1_14		Policy Number	demanding	Material
1_15	1_15		Patient Name	demanding	Material
1_16	1_16		Employee Name	demanding	Material
1_17	1_17		Membership Name	demanding	Material
1_18	1_18		Date of Birth	demanding	Material
1_19	1_19		Relationship	demanding	Material
1_20	1_20		Gender	demanding	Material
1_21	1_21		Male	demanding	relational
1_22	1_22		Female	demanding	relational
1_23	1_23		Wife	demanding	relational
1_24	1_24		Husband	demanding	relational
1_25	1_25		Child	demanding	relational
1_26	1_26		SERVICE INFORMATION	Giving	
1_27	1_27		Service Type	demanding	Material
1_28	1_28		Hospitalization	demanding	relational
1_29	1_29		Pre/Post Hospitalization	demanding	relational
1_30	1_30		Maternity	demanding	relational
1_31	1_31		Pre/Post Maternity	demanding	relational
1_32	1_32		General Practitioner	demanding	relational
1_33	1_33		Specialist Doctor	demanding	relational
1_34	1_34		Dentist	demanding	relational
1_35	1_35		Hospital/Clinic Name	demanding	Material
1_36	1_36		Date of Admission	demanding	Material
1_37	1_37		Date of Discharge	demanding	Material
1_38	1_38		PHYSICIAN INFORMATION		

1_39	1_39		to be filled by attending physician	giving	
1_40	1_40		Anamnesis	demanding	Material
1_41	1_41		Physical Examination & Supporting Diagnostic Examination	demanding	Material
1_42	1_42		Procedure/Medication	demanding	Material
1_43	1_43		First Diagnosis	demanding	Material
1_44	1_44		Final Diagnosis	demanding	Material
1_45	1_45		This diagnosis related to:	demanding	Material
1_46	1_46		Fertility/Infertility	demanding	relational
1_47	1_47		Congenital/Hereditary	demanding	relational
1_48	1_48		Hormonal	demanding	relational
1_49	1_49		Psychiatric/psychosomatic	demanding	relational
1_50	1_50		Cosmetic	demanding	relational
1_51	1_51		Sexually transmitted disease	demanding	relational
1_52	1_52	And	I also authorize PT Asuransi Reliance Indonesia to get my medical data or my medical recorded ,	demanding	verbal
1_53	1_53		( PT Asuransi Reliance Indonesia) needed to analyze my claim form from my health provider/hospital/physician.	demanding	mental ; mental
1_54	1_54	and	(I also authorize PT Asuransi Reliance Indonesia) to inform the claim or medical care to my working place	demanding	verbal ; verbal
1_55	1_55	if	the medical care (that) I have received	demanding	material
1_56	1_56		(the medical care) is a part of employees health program benefit that	demanding	relational
1_57	1_57		(the medical care) was covered by insurance policy.	demanding	material

1_58	1_58	If	the treatment cost (is) over my benefit limit,	demanding	relational
1_59	1_59		I will pay the excess of the benefit.	demanding	material
1_60	1_60		PT Asuransi Reliance Indonesia shall not guarantee drugs	demanding	mental
1_61	1_61		(drugs) that have side effect as sedative, stand alone vitamin and more than one vitamin that have same purpose products which are bought over the counter or which are not medically required such as: soap, shampoo, balm, etc. and cosmetics's medicine.	demanding	relational
1_62	1_62		Patient Name	demanding	material
1_63	1_63		Date	demanding	material
1_64	1_64		Patient/Ward/Parent signature	demanding	material
1_65	1_65		Signed at	demanding	material
1_66	1_66		Attending Physician's signature, Name, and SIP Number	demanding	material

Formulir  
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PT. Asuransi Allianz Life Indonesia

No	Kata Sambung	Kalimat	Fungsi	Process
2_1		Inpatient Approval No	demanding	material
2_2		I hereby authorize to:	demanding	Verbal
2_3		Physician, Hospital/Clinic or any medical institution to give the information and/or medical record,	demanding	material
2_4	and	according to the diagnosis and/or medical treatment which given to me	demanding	

2_5	or	my family which being as the insured	demanding	relational
2_6	and	PT. Asuransi Allianz Life Indonesia to gather further information / medical records from the Hospital	demanding	material
2_7	and or	other parties related to the diagnosis	demanding	relational
2_8	and	health services provided to me or eligible members of my family which may be required to process the claim in accordance with existing policy and term conditions	demanding	material
2_9	and	Company or individual or other organization (is) as Policy Holder,	demanding	relational
2_10		so that Physicians provide information and / or medical records in connection with the diagnosis and/or medical services provided to me and my family that I be insured,	demanding	material
2_11	which	( the diagnosis and/or medical services) will be used to process claims in accordance with the provisions in force by PT Asuransi Allianz Life Indonesia	demanding	material
2_12	and	I agree that the costs incurred related with health care that occurs	demanding	mental
2_13		(Health care) will be calculated by PT Asuransi Allianz Life Indonesia in accordance with the provisions of the policy	demanding	material
2_14	and	I am willing to pay PT Asuransi Allianz Life Indonesia,	demanding	material
2_15	and	the costs of which are not insured under the policy in accordance with the provisions in forced by PT Asuransi Allianz Life Indonesia	demanding	material
2_16	and	I certify that all information contained in this statement	demanding	verbal
2_17		is true without coercion from any party.	demanding	relational

2_18	and	is made (without coercion from any party.)	demanding	material
2_19	and	Copy of this statement and validity as the original	demanding	
2_20		PATIENT INFORMATION	giving	
2_21		Policy No	demanding	material
2_22		Company Name	demanding	material
2_23		Sex	demanding	material
2_24		Male	demanding	relational
2_25		Female	demanding	relational
2_26		Participant Name	demanding	material
2_27		Participant No	demanding	material
2_28		Date of Birth (dd/mm/yy)	demanding	material
2_29		Registered as COB Participant of BPJS?	demanding	relational
2_30		Yes	demanding	material
2_31		No	demanding	material
2_32		Participant BPJS No	demanding	material
2_33		Citizen No	demanding	material
2_34		Relation with Policy Holder	demanding	material
2_35		Employee or as yourself	demanding	relational
2_36		Spouse	demanding	relational
2_37		Child	demanding	relational
2_38		Admittance date (dd/mm/yy)	demanding	material
2_39		Discharge date (dd/mm/yy)	demanding	material

2_40		Inpatient	demanding	relational
2_41		Pre/Post Hospitalization	demanding	relational
2_42		Outpatient	demanding	relational
2_43		Maternity	demanding	relational
2_44		Death Benefit related with Health Insurance	demanding	material
2_45		PARTICIPANT MAIN COMPAINT(S)/ SYMPTOMS AND CHRONOLOGIC	giving	
2_46	IF	CAUSED BY AN ACCIDENT, WHEN DID THE ACCIDENT TAKE PLACE (DD/MM/YY)	demanding	material
2_47		Documents completeness	demanding	material
2_48		Complete Claim Form	demanding	material
2_49		Detail cost	demanding	material
2_50		Copy of diagnostic's test result	demanding	material
2_51		Original payment Receipt	demanding	material
2_52		Copy of prescription	demanding	material
2_53		Attach copy of cover bank account that still valid (only for Flexicare Policy's Claims	demanding	material
2_54		PARTICIPANT'S SIGNATURE	giving	
2_55		Name	demanding	material
2_56		Signature and Date	demanding	material

	Formulir 3	PT FWD Asuransi Group		
<b>No</b>	Kata Sambung	Kalimat	Fungsi	Process
3_1		This Claim Form is only for Outpatient claims,	giving	relational
3_2	and	is valid for one patient only	giving	relational
3_3		this Claim Form must be completed by the insured person or the employee if the insured person is less than 18 years old (part 1)	demanding	material
3_4	and	the attending physician (part 2)	demanding	material
3_5		All original receipts must be attached to this Claim Form together with complete medical resume	demanding	material
3_6	and	the following documents:		
3_7		Copies of referral for diagnostic tests from physician	demanding	material
3_8	and or	copies of all diagnostic tests (laboratory, pathology anatomy, x-ray, etc)	demanding	material
3_9		Copies of details of prescribed medicines	demanding	material
3_10	and	detailed use of drugs	demanding	material
3_11		any claim shall be submitted to PT FWD Life Indonesia (FWD Life) within 30 days from treatment date.	demanding	material
3_12		No benefits are payable for expenses related to the exclusions listed in the policy provisions.	giving	relational
3_13		I declare that I have read, understood, and answered all the question above honestly, completely and correctly	demanding	verbal
3_14		I hereby authorize any physician, medical personel, hospital, clinic, public health center, insurance company, reinsurance company, legal institution, personal or other organization that has any records of information on the health of the insured person to inform FWD Life	demanding	verbal
3_15	or	its authorized party about any explanation on my health condition in accordance with the insurance coverage and services	demanding	

3_16	and	all things related to it that meet the requirements of FWD Life.	demanding	relational
3_17	For	the implementation of this authorization,	demanding	
3_18		I/We hereby waive the provisions of section 1813, 1814, and 1816 of the Indonesian Civil Code about to the termination of the delegation of authority.	demanding	verbal
3_19		A photocopy of this statement should be valid and legal as original.	demanding	relational
3_20	and	(should be) legal as original	demanding	relational
3_21		Place/Date	demanding	material
3_22		Signature, Name of Employee/Employee's family	demanding	material
3_23		Date of Treatment	demanding	material
3_24		Anamsea	demanding	material
3_25		Physical Examination	demanding	material
3_26		Primary Examination	demanding	material
3_27		Other Diagnosis	demanding	material
3_28		Cause of Diagnosis	demanding	material
3_29		Congenital Diseases/Disorders	demanding	material
3_30		Sexually Transmitted Diseases	demanding	material
3_31		Dental & Complications	demanding	material
3_32		Hormonal Imbalance	demanding	material
3_33		Cosmetics	demanding	material
3_34		Other	demanding	material
3_35		Treatment	demanding	material
3_36		I (the doctor who treated/examined patient) declare that the information above is true	demanding	verbal
3_37		the doctor who treated/examined patient	demanding	material
3_38		(the information) is true	demanding	relational
3_39	and	complete to the best of my knowledge and belief.	demanding	material
3_40		Place/Date	demanding	material

3_41	Stamp, Name, Signature & Address of Physician	demanding	material
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Formulir 4

SUN LIFE FINANCIAL --- CIMB SUN LIFE

No	Kata Sambung	Kalimat	Fungsi	Process
4_1		Please fill this form by using CAPITAL letter	demanding	material
4_2	and	please ensure to	demanding	material
4_3		complete the mandatory requirements		
4_4		Please do not sign this form field blank	demanding	material
4_5	and	make sure all necessary information has been filled before signing	demanding	material
4_6		Please do not remove your answer in any way.	demanding	material
4_7	If	corrections need to be made,	demanding	material
4_8		please cross out the paper to be corrected,	demanding	material
4_9		enter the desired answer	demanding	material
4_10	and	add your signature.	demanding	material
4_11		make sure your signature according to the signature on your ID card	demanding	material
4_12		SECTION 1: STATEMENT OF POLICY OWNER/INSURED (completed by the Policy Owner/Insured)	giving	material
4_13		Section A. Policy Owner Information	giving	
4_14		Policy Number	demanding	material
4_15		Card Number	demanding	material

4_16		Insured's Name	demanding	material
4_17		Section B. Details Information about Patient	giving	
4_18		Patient's Name	demanding	material
4_19		ID Number, Driving License or Passport	demanding	material
4_20		Formal Address	demanding	material
4_21		Correspondence address regarding this claim	demanding	material
4_22		if different from formal address	demanding	material
4_23		Date of Birth (dd/mm/yyyy)	demanding	material
4_24		Gender	demanding	material
4_25		Male	demanding	relational
4_26		Female	demanding	relational
4_27		Contact Number	demanding	material
4_28		Handphone	demanding	material
4_29		Home	demanding	material
4_30		Office	demanding	material
4_31		Facsimile	demanding	material
4_32		E-mail	demanding	material
4_33		Was there any previous consultant/treatment/hospitalization history	demanding	relational
4_34	or	use of other facilities within the past 5 years in this hospital?	demanding	material
4_35		If YES,	demanding	
4_36		please provide details below:	demanding	material

4_37		Date of Birth (dd/mm/yyyy)	demanding	material
4_38		Disease/Disorder (Details of treatment)	demanding	material
4_39		Name(s) OF Physicians/hospitals	demanding	material
4_40		Address and Contact Number of Physician(s)/Hospital(s)	demanding	material
4_41		Section C. Policy Owner Statement	giving	
4_42	and	Attorney of Insured's Details	giving	
4_43		I hereby declare and agree that:	demanding	verbal
4_44		I have read in all the questions above with the honest turth, complete, and in accordance circuntances.	demanding	material
4_45		(I have) understood (in all the questions above with the honest turth, complete, and in accordance circuntances. )	demanding	mental
4_46		(I have) answered (in all the questions above with the honest turth, complete, and in accordance circuntances. )	demanding	verbal
4_47		(I have) filled (in all the questions above with the honest turth, complete, and in accordance circuntances. )	demanding	material

4_48		I grant the Power of Attorney that will not expire for reasons listed in article 1813 Civil Code to any physicians, clinics, hospitals, health centers, laboratories, medical institutions, insurance companies, legal entities, agencies, or individuals who keep any record/information	demanding	verbal
4_49	or	aware of the condition/well being of the insured, to inform PT Sun Life Financial Indonesia or PT CIMB Sun Life, or those authorized representatives, all records/information about themselves and the condition/ well being of the insured.	demanding	mental
4_50		All information stated in this Health Claim Form was written truthfully,	demanding	verbal
4_51	and	I hereby agree that this Declaration and Power of Attorney to be used promptly	demanding	mental
4_52		Copy of the Patient's Declaration is as valid	demanding	relational
4_53	and	has power in accordance to the original document.	demanding	relational
4_54		Signature of Policy Owner	demanding	material
4_55		Signed in	demanding	material
4_56		Date	demanding	material

## Formulir 5

## PT Chubb Life Insurance Indonesia

No	Kata Sambung	Kalimat	Fungsi	Process
5_1		Dear Colleague	giving	
5_2		to complete our health service claim data	giving	material
5_3	and	for fluency of claim process	giving	
5_4		please fill out the following information completely	demanding	material
5_5		thank you for your kind cooperation		
5_6		COSTUMER INFORMATION	giving	
5_7		Name of patient	demanding	material
5_8		Date of Birth (day/month/year)	demanding	material
5_9		Relationship with Policy Holder	demanding	material
5_10		Policy No.	demanding	material
5_11		Gender	demanding	material
5_12		Male	demanding	relational
5_13		Female	demanding	relational
5_14		Claim Type	demanding	material
5_15		HEALTH INFORMATION	giving	
5_16		Name of Hospital/Clinic	demanding	material
5_17		Date of Hospitalisation	demanding	material
5_18		Type of Service	demanding	material
5_19		Outpatient	demanding	relational

5_20	Inpatient	demanding	relational
5_21	Until : (day/month/year)	demanding	material
5_22	Questions	demanding	material
5_23	Anamnese	demanding	material
5_24	Main or other symptom	demanding	material
5_25	Since when the patient complained/got symptom?	demanding	material
5_26	Did the patient get some condition before?	demanding	material
5_27	Yes Since:	demanding	material
5_28	No (day, month, year)	demanding	material
5_29	If it is caused by accident, when did the accident occur?	demanding	existensial
5_30	If the hospitalised is required for the patient, what is the indication?	demanding	relational
5_31	Current Condition	demanding	
5_32	Early diagnosis?	demanding	relational
5_33	Final diagnosis?	demanding	relational
5_34	Other diagnese/illness	demanding	
5_35	Physical examination when enters hospital	demanding	
5_36	Clinical findings (laboratorium, x-ray, etc.)	demanding	
5_37	Plese attach the clinical report	demanding	material

5_38		Treatment during medical care	demanding	
5_39		Please mention medicine, dosage, etc.	demanding	verbal
5_40		Was a surgery performed?	demanding	relational
5_41		If Yes,	demanding	
5_42		please state the day, month, year, type of surgery,	demanding	verbal
5_43	and	result of pathology anatomy (if any)	demanding	verbal
5_44		Please attach the clinical report	demanding	material
5_45		How's the patient condition when discharged?	demanding	relational
5_46		What is the prognosis?	demanding	relational
5_47		Is the control required?	demanding	material
5_48		Date of the first consultation concerning the illness	demanding	
5_49		Is this illness related to?	demanding	
5_50		Congenital illness?	demanding	relational
5_51		Yes	demanding	material
5_52		No	demanding	material
5_53		Cosmetic?	demanding	relational
5_54		Yes	demanding	material
5_55		No	demanding	material
5_56		Psychiatry/psychosomatic?	demanding	relational
5_57		Yes	demanding	material
5_58		No	demanding	material
5_59		Fertility/infertility?	demanding	relational
5_60		Yes	demanding	material
5_61		No	demanding	material
5_62		Pregnancy?	demanding	relational

5_63	Yes	demanding	material
5_64	No	demanding	material
5_65	Sexual Transmitted Disease?	demanding	relational
5_66	Yes	demanding	material
5_67	No	demanding	material
5_68	Alcohol/drug abuse?	demanding	relational
5_69	Yes	demanding	material
5_70	No	demanding	material
5_71	Suicide attemp/injuring themselves	demanding	relational
5_72	Yes	demanding	material
5_73	No	demanding	material
5_74	HIV/AIDS?	demanding	relational
5_75	Yes	demanding	material
5_76	No	demanding	material
5_77	Doctors/hospitals who refer/treat patient previously	demanding	material
5_78	Name	demanding	material
5_79	Address	demanding	material
5_80	Date of consultation	demanding	material
5_81	Signed in	demanding	material
5_82	Date (day, month. Year)	demanding	material
5_83	Hereby I declare that the information I give in this Health Declaration Claim Form is true	giving	verbal

5_84		the information (I give in this Health Declaration Claim Form) is true		relational
5_85		(I give in this Health Declaration Claim Form)		material
5_86		Name,	demanding	material
5_87		Signature	demanding	material
5_88	and	Stamp of Doctor/ Hospital	demanding	material
5_89		PATIENT DECLARATION	giving	
5_90		I hereby authorize PT. Chubb Life Insurance Indonesia to obtain/ask/find out from hospital/clinics/doctors/other parties	giving	verbal
5_91		signed in	demanding	material
5_92		Date (day, month. Year)	demanding	material
5_93		To be filled by Doctor/Hospital	giving	material
5_94		Name	demanding	material