



redefining / insurance

Customer Care Centre
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Jakarta 12940, Indonesia
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International Student Protection
Proposal Form

1. Insured Data

\*Must be filled according to PMK No.30/PMK.010/2010 on Know Your Customer Principle

Insured Name\*
Pasport No\*
(cop must be attached)
Place / Date of Birth\*
Current Address\*
Post Code

Emergency Contact Details\*

Phone Number (Home)\*
Email\*

Occupation\*
Government Officials
Military/Police
Professional
Entrepreneur
Others, Please Mentioned

Corporate/Institution's Name

Source of premium? \*
Sponsorship
Scholarship
Salary
Profit
Others
Please Mentioned

Sponsor's Name\*

ID Card of Sponsor\*
(cop must be attached)

Total Gross Income / Year
(Insurd / Sponsor)
< 100 Million
100 - 300 Million
> 300 Million

Beneficiary\*

Relation with the Insured\*

## 2. Insured Details

1. Name of The Educational Institution :

2. Address of The Educational Institution :

3. Period of Insurance (dd/mm/yy) :  until

4. Period of Study :  Month or  Year

**Please tick the box for here below**

### A. Chosen Plan

Period of Insurance	South East Asia			Asia Pacific (Other Asia , Japan , New Zealand and Australia)			USA			Other Countries		
	Silver	Gold	Platinum	Silver	Gold	Platinum	Silver	Gold	Platinum	Silver	Gold	Platinum
Up to 3 Months												
Up to 6 Months												
Up to 12 Months												

### B. Additional Benefit (if any)

Additional Benefit	
Medical expense due to accident, dental and other expense	<input type="checkbox"/>
Sponsor Protection	<input type="checkbox"/>

Premium USD  
Stamp duty and Policy cost USD 2.5  
Total Premium USD

#### IMPORTANT NOTICE :

- ***This insurance does not come into force until your proposal has been accepted by PT Asuransi AXA Indonesia and premium has been fully paid.***
- ***Claim payment will be paid to Indonesia local Bank.***

## 3. Others

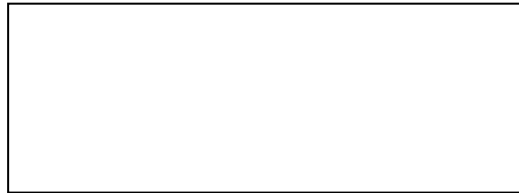
Do you wish to receive any interesting information or promotion from PT Asuransi AXA Indonesia or its partner?

Yes

No

#### 4. Declaration

1. I hereby declare that I have answered all the questions provided in this form in good faith and complete. I am aware and understand if the answer or information that I have provided are incorrect, PT Asuransi AXA Indonesia reserves the right to cancel the policy without having the obligation to pay any benefit
2. I understand that the insurance coverage will be valid after its approved by PT Asuransi AXA Indonesia.
3. I hereby authorize PT Asuransi AXA Indonesia to use my personal data and information (such as name, address, phone number, etc) as stated in this form or in other means, including other parties which have an agreement relationship with PT Asuransi AXA Indonesia and/or its affiliates, in relation to any activities related to the policy issued under this form
4. Copy of this form or statement has the same legal force as the original.



On behalf of the Insured



Date: (D/M/Y)

#### IMPORTANT INFORMATION

If the applicant is a representation of the Insured, please attach a copy of the applicant's ID card and the power of attorney or letter of appointment to the applicant to act on behalf of the insured. Agent cannot and are prohibited from acting on behalf of the Insured. Terms and conditions of the Insured will be stated in the Insurance Policy.

**Please do not sign this form in blank condition and please make sure your answer according to the circumstances**