



redefining / insurance

Customer Care Centre
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SmartCare Prime
Proposal Form

Please complete this proposal form. Wherever tick boxes () appear, please tick (v) as appropriate.
If insufficient space is provided for Your answer, please continue on a separate sheet. No cover is in force until confirmed in writing by Us

1. Insured Data

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

Insured Name* [Grid]

Gender [] Male [] Female

ID Number (copy must be attached) [Grid]

Nationality Indonesia [] Foreigner [] Country of Origin [Grid]

Place / Date of Birth [Grid] / [Grid] - [Grid] - [Grid]

Address (in ID Card)* [Grid]

Current Address* City [Grid] Post Code [Grid]

Current Address* [Grid]

Emergency Contact Details*

Phone Number (Mobile Phone) [Grid]
Phone Number (Home) [Grid]
Phone Number (Office) [Grid] Extension [Grid]
Email [Grid]

Occupation* [] Government Officials [] Military/Police [] Professional [] Entrepreneur
[] Others, Please Mentioned [Grid]

Corporate/Institution's Name [Grid]

Position * [Grid]

(X1011 10/14)

4. General

- 1 Please advise any physical defect infirmity or ill-health suffered by any of the persons to be insured,
(Please use separate page if necessary)

- 2 Is the Insured's engaged in any hazardous sports that is likely to cause bodily injury ? Yes No
If Yes, please give details of sports they are involved in

- 3 Has any insurer at any time declined or required special terms or cancelled or refused to renew your insurance? Yes No
If 'YES', please give full details

5. Others

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

Yes

No

6. 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.

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Proposer's name & signature

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Date

Important Notice

- Cover for personal accident insurance is provided subject to the company's usual terms, conditions and exceptions for this type of insurance. A specimen of the policy wording is available on request.
- No Cover is in force until the proposal has been accepted and cover confirmed in writing by the Company
- The premium must be paid before cover is in force or within the premium payment period specifically agreed by the Company.

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