



CLAIMS SUBMISSION SLIP

Please send all claims and inquiries to: PT. International Services Pacific Cross,
Chase Plaza Tower 19th Floor, Jl. Jend. Sudirman Kav. 21, Jakarta 1290, Indonesia
t.(+62.21) 25989878 f.(+62.21) 25989879 www.pacificcross.co.id

Please complete the following information and attach this slip with
your claims. One slip is required for each insured person (patient).

Enclosed is / are bill(s) / statement(s) / receipt(s) for claims
purposes.

Name of Policyholder:

Policy Number:

Name of Insured Person (Patient):

Member Number: