

Nomor SPAJ/K
SPAJ/K Number

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SURAT PENGANTAR PEMERIKSAAN KESEHATAN (INDIVIDUAL) - HNW

Tanggal/date: _____

Kepada Yth/Dear Mr/Mrs

Harap fotocopy dan simpan bukti identitas yang digunakan waktu pemeriksaan
Please take a copy and keep client identity card that used during the examination
Cocokkan wajah nasabah apakah sesuai dengan identitas tersebut
Please verified the customer's face with the identity.

Dengan hormat.
*Dear Doctor,*Harap dilakukan pemeriksaan untuk :
*Kindly perform/conduct medical examinations for*Nama : _____
*Name*Tanggal Lahir : _____
*Date of Birth*Usia : _____ Tahun
Age years old

Sesuai dengan pilihan dibawah ini *(According to the choice below)*

- Type AA : - Pemeriksaan Dokter *(Physical Examination & Medical History)*
- Type BB : - Pemeriksaan Dokter *(Physical Examination & Medical History)*
 - Analisa Urine Lengkap *(Urine Analysis)*
- Type CC : - Pemeriksaan Dokter *(Physical Examination & Medical History)*
 - Analisa Urine Lengkap *(Urine Analysis)*
 - Tes Treadmill *(Treadmill Test)*
 - Tes Darah *(Blood Analysis)*
 - : Hemoglobin, Eritrosit, Leukosit, Hitung Jenis, Laju Endap Darah, Ureum, Creatinine, SGPT, SGOT, GGT, Bilirubin Total, Bilirubin Direk, Kolesterol Total, Kolesterol HDL, Gula Darah Puasa, HbA1c, HBsAg, Anti HCV, HIV test
 - Haemoglobin, Erythrocyte, Leucocyte, Differential Count, ESR, Blood Urea, Creatinine, SGPT, SGOT, GGT, Total Bilirubin, Direct Bilirubin, Total Cholesterol, HDL Cholesterol, Fasting Blood Sugar, HBA1C, HBsAg, Anti HCV, HIV Test.*
- Type DD : - Pemeriksaan Dokter *(Physical Examination & Medical History)*
 - Analisa Urine Lengkap *(Urine Analysis)*
 - Tes Treadmill *(Treadmill Test)*
 - Tes Darah *(Blood Analysis)*
 - : Hemoglobin, Eritrosit, Leukosit, Hitung Jenis, Laju Endap Darah, Ureum, Creatinine, SGPT, SGOT, GGT, Bilirubin Total, Bilirubin Direk, Kolesterol Total, Kolesterol HDL, Gula Darah Puasa, HbA1c, HBsAg, Anti HCV, tes HIV
 - Haemoglobin, Erythrocyte, Leucocyte, Differential Count, ESR, Blood Urea, Creatinine, SGPT, SGOT, GGT, Total Bilirubin, Direct Bilirubin, Total Cholesterol, HDL Cholesterol, Fasting Blood Sugar, HBA1C, HBsAg, Anti HCV, HIV Test.*
 - Tes PSA (hanya untuk calon bertanggung pria)/PSA test *(only for Male Applicant)*
- Type EE : - Pemeriksaan Dokter *(Physical Examination & Medical History)*
 - Analisa Urine Lengkap *(Urine Analysis)*
 - Tes Treadmill *(Treadmill Test)*
 - Tes Darah *(Blood Analysis)*
 - : Hemoglobin, Eritrosit, Leukosit, Hitung Jenis, Laju Endap Darah, Ureum, Creatinine, SGPT, SGOT, GGT, Bilirubin Total, Bilirubin Direk, Kolesterol Total, Kolesterol HDL, Gula Darah Puasa, HbA1c, HBsAg, Anti HCV, tes HIV
 - Haemoglobin, Erythrocyte, Leucocyte, Differential Count, ESR, Blood Urea, Creatinine, SGPT, SGOT, GGT, Total Bilirubin, Direct Bilirubin, Total Cholesterol, HDL Cholesterol, Fasting Blood Sugar, HBA1C, HBsAg, Anti HCV, HIV Test.*
 - Tes Spirometri *(Spirometry Test)*

- Type FF : - Pemeriksaan Dokter (*Physical Examination & Medical History*)
- Analisa Urine Lengkap (*Urine Analysis*)
 - Tes Treadmill (*Treadmill Test*)
 - Tes Darah (*Blood Analysis*)
- : Hemoglobin, Eritrosit, Leukosit, Hitung Jenis, Laju Endap Darah, Ureum, Creatinine, SGPT, SGOT, GGT, Bilirubin Total, Bilirubin Direk, Kolesterol Total, Kolesterol HDL, Gula Darah Puasa, HbA1c, HBsAg, Anti HCV, tes HIV
- Haemoglobin, Erythrocyte, Leucocyte, Differential Count, ESR, Blood Urea, Creatinine, SGPT, SGOT, GGT, Total Bilirubin, Direct Bilirubin, Total Cholesterol, HDL Cholesterol, Fasting Blood Sugar, HBA1C, HBsAg, Anti HCV, HIV Test.*
- Tes PSA (hanya untuk calon bertanggung pria)/PSA test (*only for Male Applicant*)
 - Tes Spirometri (*Spirometry Test*)

Lain-lain (others) : _____

Mohon softcopy hasil pemeriksaan dikirim melalui email ke Medical_Submit_ID@manulife.com dan hasil pemeriksaan asli dikirim dalam amplop tertutup ke

Please send the softcopy medical result via email to Medical_Submit_Id@manulife.com and send the original result in sealed envelope to:

PT Asuransi Jiwa Manulife Indonesia - Individual Underwriting Dept.

Sampoerna Strategic Square, South Tower | Jln. Jenderal Sudirman Kav. 45-46, Jakarta 12930 | Telp: (021) 2555 7788

Demikian kami sampaikan dan atas kerjasamanya kami ucapkan terima kasih.

(Thank you for your cooperation)

Hormat kami

Tanda tangan & nama jelas

Kode Tenaga Pemasar :

Kantor Pemasaran :

Catatan : Pemeriksaan Dokter harus menggunakan Formulir yang disediakan oleh Manulife Indonesia.

Note Physical Examination & Medical History should be using the form from Manulife Indonesia.

EKG serta Treadmill test agar disertai dengan interpretasinya oleh dokter ahlinya.

ECG and Treadmill test should be interpreted by Cardiologist respectively.

Klinik/RS - harus meneliti kartu identitas calon dan harus dicantumkan nomor identitas tersebut pada lembar hasil pemeriksaan.

Clinic/Hospital must check the person ID and put the ID number on the results.

Salinan surat pengantar ini harap dilampirkan beserta hasil pemeriksaan dan kuitansi penagihan.

Please attach a copy of this letter with medical result and receipt.