

Nomor SPAJ/K : 

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SPAJ/K Number**SURAT PENGANTAR PEMERIKSAAN KESEHATAN (INDIVIDUAL) - HNW**Tanggal/*date* : .....Kepada Yth / *Dear Mr./Mrs.*

Dengan hormat,

*Dear Doctor,*

Harap dilakukan pemeriksaan untuk:

*(Kindly perform/conduct medical examination for)*

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.*

Nama (*Name*) : .....Tanggal Lahir (*Date of Birth*) : .....

Tanggal Lahir : .....

*(Date of Birth)*

Usia : ..... Tahun

*(Age)**(years old)***Sesuai dengan pilihan dibawah ini (*According to the choise below*)** Type AA : Pemeriksaan Dokter (*Physical examination and medical history*) Type BB : - Pemeriksaan Dokter (*Physical examination and medical history*)  
- Analisa Urine Lengkap (*Urine Analysis*) Type CC : - Pemeriksaan Dokter (*Physical examination and 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 and 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 tertanggung pria)/PSA test (*only for Male Applicant*) Type EE : - Pemeriksaan Dokter (*Physical examination and 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 and 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 tertanggung 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](mailto: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](mailto: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 dan Nama Jelas

Kode Tenaga Pemasar : ..... Kantor Pemasaran : .....

**Catatan/Note:**

1. Pemeriksaan Dokter harus menggunakan Formulir yang disediakan oleh Manulife Indonesia.  
*Physical examination & medical history should be using the form from Manulife Indonesia.*
2. EKG serta Treadmill test agar disertai dengan interpretasinya oleh dokter ahlinya.  
*ECG and Treadmill test should be interpreted by cardiologist respectively.*
3. 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 result.*
4. Salinan surat pengantar ini harap dilampirkan beserta hasil pemeriksaan dan kuitansi penagihan.  
*Please attach a copy of this letter with medical result and receipt.*