

**INSURANCE COVERAGE STATEMENT**

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**Pernyataan Asuransi**

I hereby state that, I am the following person below that I/Saya dengan ini memberikan pernyataan bahwa:

Name : \_\_\_\_\_

Passport No : \_\_\_\_\_

Place of Birth : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Country of origin : \_\_\_\_\_

Have valid insurance to cover my need while I am traveling to Indonesia. This is the name of my insurance provider that it covers repatriation of remains in the course of unfortunate circumstances./Bahwa saya memiliki asuransi yang valid yang dapat mengatasi masalah pemulangan jenazah saya apabila terjadi sesuatu yang tidak di inginkan selama saya berada di Indonesia.

Name of Provider :

Address of Insurance provider :

Insurance Phone No. :

Insurance Policy no :

Name of Insurance Holder :

I hereby State that If I do not have Insurance coverage, I am willing to pay by myself if during my stay here in Indonesia I am infect by Covid 19 Virus/Saya juga menyatakan bahwa apa bila saya tidak memiliki asuransi saya bersedia membayar biaya pengobatan selama saya tinggal di Indonesia sendiri.

I hereby also provide the Emergency contact of the person who would be available to be reached in case of unfortunate circumstances.

Name for Emergency Contact :

Address of Emergency Contact :

Phone No of Emergency Contact :

Relationship :

Signature of Traveler,

(Attach photo of insurance card here)

(Name: \_\_\_\_\_)