

TravelSmart Premier Form



PT Great Eastern General Insurance Indonesia

Details Of The Proposers/Detail Pemohon

Name>Nama			
Postal Address/ Alamat Tertanggung			
Phone No		Occupation/ Pekerjaan	
Mobile		Email	

Details of Traveler(s)/Detail Tertanggung

NAME OF INSURED PERSONS/ NAMA TERTANGGUNG	KTP/PASSPORT ID	DATE OF BIRTH/ TANGGAL LAHIR DD/MM/YY	RELATIONSHIP WITH THE PROPOSER /HUBUNGAN DENGAN PEMOHON
1.			
2.			
3.			
4.			
5.			
6.			

NAME OF BENEFICIARY/ NAMA AHLI WARIS	RELATIONSHIP/ HUBUNGAN	NAME OF BENEFICIARY/ NAMA AHLI WARIS	RELATIONSHIP/ HUBUNGAN
1.		3.	
2.		4.	

*Please provide the copy of beneficiary's ID and its contact number /Harap memberikan salinan ID penerima dan nomor kontak dan Email

ASIA PACIFIC

Duration/ Durasi	Individual Plan/ Jaminan Perseorangan (USD)		Family Plan/ Jaminan Keluarga (USD)	
	Super	Standar	Super	Standar
1 - 4 days/hari	7	5	11	8
5 - 6 days/hari	9	7	16	12
7 - 8 days/hari	17	12	29	21
9 - 10 days/hari	22	15	38	28
11 - 15 days/hari	25	18	42	30
16 - 30 days/hari	28	21	50	38
Annual plan	120	75	194	150

WORLD WIDE

Duration/ Durasi	Individual Plan/ Jaminan Perseorangan (USD)		Family Plan/ Jaminan Keluarga (USD)	
	Super	Standar	Super	Standar
1 - 4 days/hari	15	11	35	26
5 - 6 days/hari	24	18	50	36
7 - 8 days/hari	35	24	64	48
9 - 10 days/hari	40	30	80	56
11 - 15 days/hari	45	36	96	64
16 - 30 days/hari	50	42	112	72
Annual plan	136	113	229	210

