

**FORMULIR IDENTITAS NASABAH**  
**CUSTOMER'S IDENTIFICATION FORM**

No Anggota : 026/ABAI/1987



Penutupan Baru  
*New Business*



Penutupan Perpanjangan  
*Renewal*

Berdasarkan :

Undang-Undang No. 2/1992 Tentang Usaha Perasuransian, Undang-Undang No. 8/2010 Tentang Pencegahan dan Pemberantasan Tindak Pidana Pencucian Uang, Keputusan Presiden No. 45/2006 Tentang Penerapan Prinsip Mengenal Nasabah Bagi Lembaga Keuangan Non Bank, Peraturan Menteri Keuangan No. 30/PMK.010/2010 Tentang Penerapan Prinsip Mengenal Nasabah Bagi Lembaga Keuangan Non Bank, Peraturan Menteri Keuangan No. 184/PMK.01/2010 Tentang Organisasi dan Tata Kerja Kementerian Keuangan, Keputusan Menteri Keuangan No. 45/KMK.06/2003 tentang Prinsip Mengenal Nasabah (PMN) bagi Lembaga Keuangan Non Bank (LKBN), Peraturan Ketua Badan Pengawas Pasar Modal dan Lembaga Keuangan No PER-01/BL/2011 tentang Pedoman Pelaksanaan Penerapan Prinsip Mengenal Nasabah Bagi Perusahaan Perasuransian, kepada setiap calon nasabah asuransi diwajibkan menjawab pertanyaan dan melengkapi dokumen sebagaimana disebutkan di bawah ini.

**NASABAH PERORANGAN**

**INDIVIDUAL CUSTOMER**

1. Nama Lengkap Sesuai KTP  
*Full Name as in Identification Card*

2. Tempat & Tanggal lahir  
*Place & Date of Birth*

3. No. KTP/SIM/Paspor  
*ID/Driving License / Passport Number*

4. Alamat Rumah Tinggal Sekarang  
*Current Home Address*

No. RT/RW :

*No*

Kota :

*City*

Kode Pos :

*Postal Code*

No. Telepon Rumah :

*No Fixed Line*

Telepon Seluler :

*Mobile Phone*

5. Kewarganegaraan  
*Citizenship*

WNI

*Indonesian Citizen*

WNA

*Foreign Citizen*

6. Pekerjaan  
*Occupation*

PNS/Anggota TNI

*Civil Employee/  
Military*

Karyawan Swasta/BUMN

*Private Employee /  
Government Own Employee*

Wirausaha

*Entrepreneur*

Lain-lain

*Others*

7. Nama Perusahaan/Instansi  
*Name of Company / Institution*

Jabatan :

*Occupation*

Bidang Usaha : \_\_\_\_\_

*Kind of Business*

Lama Bekerja : \_\_\_\_\_

*Duration*

Alamat :

Kota : \_\_\_\_\_

*Address*

*City*

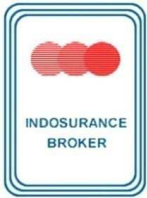
8. Penghasilan Kotor Per Tahun  
*Gross Income*

IDR 1-25 Juta  
*IDR 1-25 mio*

IDR 25-50 Juta  
*IDR 25-50 mio*

IDR 50-100 Juta  
*IDR 25-50 mio*

> IDR 100 Juta  
*> IDR 100 mio*



**INSURANCE PROPOSAL FORM**  
**INDIVIDUAL PMN FORM**

9. Sumber Penghasilan / Dana  
*Source of Income*       Gaji  
*Salaries*       Hasil Usaha  
*Business*       Hasil Investasi  
*Investment*       Lain-lain  
*Others*

10. Nama Bank  
*Bank Name*  
  
No Rekening  
*Account No*

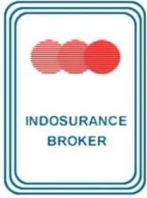
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**INFORMASI TAMBAHAN**  
**ADDITIONAL INFORMATION**

11. Polis Lain Asuransi Umum yang dimiliki  
*Other General Policies Owned*      No.      Jenis  
*Class*      Persh. Asuransi  
*Insurance Coy*

12. Tujuan Menutup Asuransi  
*Purpose of Insurance*       Perlindungan terhadap harta kekayaan / asset perusahaan  
*Protection of property / company's asset*  
  
 Memenuhi persyaratan perjanjian Pemberi Kredit (Bank, Leasing dll)  
*Fulfillment of credit requirement (Bank, Leasing company etc)*  
  
 Lain-Lain  
*Others*

Ttd Nasabah Perorangan / Korporasi  
*Individual / Company Signature*



**DECLARATION**

The Undersigned authorized officer of the Principal Organization declares that to the best knowledge and belief the statements set forth herein are true, and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of this insurance. Although the signing of the Proposal Form does not bind the undersigned on behalf of the directors and officers of the Principal Organization, to effect insurance, the undersigned agrees that this form and the said statements herein shall be on the basis of and will be incorporated in the Policy should one be issued.

The undersigned, on behalf of the directors and officers of the Principal Organization, acknowledge that the Statutory Notice contained herein has been read and understood.

Signed \_\_\_\_\_

\_\_\_\_\_ Date

Title \_\_\_\_\_

*Chairman of the Board or Managing Director Only*

***IMPORTANT***

*You are to disclose in this proposal form, fully and faithfully all facts you know or ought to know, otherwise the Policy hereunder may be void.*