PT Great Eastern Life Indonesia
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Great Eastern
A member of the OCBC Group

Kuesioner

Nama Tertanggung / No. SPAJ – *Insured Name/ Proposal No.*	:		
Tanggal lahir / *Date of Birth*	:		

Mohon jelaskan apakah tertanggung memiliki keterbatasan mobilitas / gangguan saat melakukan aktivitas berikut secara mandiri / *Please explain whether the Insured has limited mobility / distraction while doing the following activities independently :*

Aktivitas/*Activity*	**Ya/*Yes***	**Tidak/*No***	**Jika "YA" jelaskan/ *If "YES" Explain***
Mandi/*Take a bath*			
Berpakaian/*Get dressed*			
Makan/*Eating*			
Berpindah tempat tanpa bantuan/ *Move places without assistance*			
(Maaf) Buang air kecil dan buang air besar/*(Sorry) Urinating and defecating*			
Mobilitas transportasi (mengendarai sepeda motor Anda sendiri dan atau mengendarai mobil)/*Transport mobility (driving your own motorbike and or driving a car)*			

Informasi mengenai keterbatasan gerak seperti apa yang saat ini dirasakan (sesudah trauma)/ *Information about the limitations of movement as perceived at this time (after trauma)*:

_____

Date : _____/_____/_____

Nama lengkap tertanggung /
Name and Signature of insured

(_____)