

**FORMULIR KLAIM PAR/ IAR**

Property All Risks/ Industrial All Risks Claim Form

1. Nama Tertanggung : .....  
Name of Insured
  
2. Nomor Polis : .....  
Number of Insurance Policy
  
3. Nilai Pertanggungan : .....  
Sum of the Insured Amount
  
4. Objek Pertanggungan : .....  
Subject Matter of Insurance  
.....
  
5. Tanggal Kejadian : .....  
Date of Loss
  
6. Deskripsi Kerugian : .....  
Description of Loss  
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7. Penyebab Kerugian : .....  
Cause of Loss  
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8. Lokasi Kejadian : .....  
Location of Loss
  
10. PIC yang dapat dihubungi untuk survey klaim : .....  
Person in Charge could be contacted for Claim Survey  
.....  
No. Telp/HP .....

11. Estimasi Klaim : .....  
Claim Estimation

Dibuat dengan sebenarnya : ..... Tanggal : .....  
Made on in good faith at Date

Disaksikan dan disetujui oleh  
Testified and Agreed by

( ..... )

Lampiran :  
Attachment

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