**SURAT PERNYATAAN KELUARGA / AHLI WARIS**

Yang bertandatangan di bawah ini :

* Nama : ........................................................................................................
* Tempat tgl. lahir : ........................................................................................................
* Alamat : ........................................................................................................
* Hubungan dengan almarhum : ........................................................................................................
* Telp/HP : ........................................................................................................

Atas diri almarhum tersebut di bawah ini :

* Nama : ........................................................................................................
* Tanggal lahir : ........................................................................................................
* Tanggal meninggal : ........................................................................................................... Tempat meninggal : ........................................................................................................
* Sebab meninggal : ........................................................................................................

Dengan ini memberi pernyataan dan penjelasan tentang kronologis meninggal dunia, riwayat sakit, pengobatan

dan atau rawat inap almarhum / almarhumah tersebut di atas sebagai berikut :

Kronologis singkat kejadian meninggal dunia

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Bersama ini saya sebagai ahli waris Pasien yang sah, memberi ijin dan kuasa kepada pihak Penyedia

Pelayanan Kesehatan dan/atau pihak lain untuk menjelaskan dan memberikan informasi yang diperlukan

kepada PT Asuransi Jasaraharja Putera.

Demikian pernyataan ini dibuat dengan sebenarnya dan untuk digunakan sesuai keperluan.

………………………., ……………………

Ahli Waris

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