PT International Services Pacific Cross
Menara Cakrawala 8th Floor
Jl. M.H. Thamrin No.9, Jakarta 10340, Indonesia
Tel: (+6221) 2359 9355

PACIFIC CROSS

DEATH CERTIFICATE

Named insured :

Home Address :

Sex :

Date of Birth :

1.	Place of death		
2.	Date and time of death		
3.	Causes of death		
	a.	Primary Disease (final diagnosis)	
	b.	Major Cause of Death	
4.	When was the first time the Insured visited you for a check-up, related to the illness or accident-causing death?		
5.	What was your diagnosis at that time?		
6.	Is death caused by		
	a.	An illness	
	b.	Accident	

PT International Services Pacific Cross
Menara Cakrawala 8th Floor
Jl. M.H. Thamrin No.9, Jakarta 10340, Indonesia
Tel: (+6221) 2359 9355

PACIFIC CROSS

	c.	Effect / consequence of an accident	
	d.	Was the accident affected by alcohol or illegal drugs	
	e.	Suicide	
7.	Provide a brief description of each disease, accident, or suicide		
8.	Was an autopsy performed? If yes, please describe		
9.	When did you first acknowledge the symptoms of the Insured's illness?		
10.	According to your analysis, when did the insured contract the disease?		
11.	To your knowledge, has the insured also been treated by another doctor?		
	If so, state the name of the doctor, when and why.		
12.	Other required information		

Signed at	At the date of	Signature and doctor stamp	Full name