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(diisi jika status SPAJ masih Proposal)/If the status of SPAJ is still Proposal.

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(diisi jika status Polis enforced)/If the status of Policy is enforced.

**KUESIONER MINYAK DAN GAS BUMI  
 OIL AND GAS QUESTIONNAIRE**

UNTUK DIISI OLEH (CALON) TERTANGGUNG/PESERTA  
 YANG PEKERJAANNYA MENCAKUP PEKERJAAN DI INDUSTRI 'MINYAK DAN GAS BUMI'  
 TO BE COMPLETED BY (PROPOSED) INSURED/PARTICIPANT

Nama (Calon) Tertanggung/Peserta:  
 Life To Be Assured Name

Jenis pekerjaan  
 Type of Job

:

(Mohon tuliskan kode sesuai daftar di halaman 3)  
 (Please write down code as per list in page 3)

**Bila pekerjaan Anda menyangkut penyelaman dan/atau penerbangan, mohon juga mengisi  
 Kuesioner Penyelaman dan/atau Penerbangan Sipil./If your occupation involves Diving and/or Flying,  
 please complete the Diving and/or Flying Questionnaires**

1. Berapa lama Anda bekerja di sektor 'Minyak dan Gas' ?/How long have you worked in the oil and gas sector?

2. Apakah Anda bekerja atau akan ditempatkan di lokasi lepas pantai ?/Are you based off-shore or do you expect to be based off-shore in the future?

Ya/Yes  Tidak/No

3. Apakah tugas Anda meliputi pekerjaan bawah laut?/Do your duties involve underwater work?

Ya/Yes  Tidak/No

4. Apakah tugas Anda meliputi bekerja di ketinggian?/Do your duties involve working at heights?

Ya/Yes  Tidak/No

5. Apakah Anda pernah melakukan perjalanan dari dan ke tambang minyak lepas pantai dengan helikopter?/Do you ever travel to and from rigs by helicopter?

Ya/Yes  Tidak/No

6. Berapa persen dari tugas Anda bersifat manual atau fisik?/What percentage of your duties are of a manual or physical nature?

Tanda tangan (Calon) Pemegang Polis sesuai  
 kartu identitas diri yang dilampirkan  
 Signature of (Proposed) Policy Holder as per attached ID Card

Tanda tangan (Calon) Tertanggung/Peserta  
 sesuai kartu identitas diri yang dilampirkan  
 Signature of (Proposed) Insured/Participant as per attached ID Card

Mohon lembar Kuesioner ini tidak ditandatangani dalam keadaan kosong dan pastikan semua informasi yang diminta telah diisi dengan benar sebelum ditandatangani./Please do not sign the form in blank and make sure all the required information have been filled appropriately prior to signing.



7. Sebutkan rotasi antara waktu kerja di daratan dan lepas pantai (misalnya 2 minggu on-shore 2 minggu off-shore)./Please state rotation days between on-shore and off-shore (e.g 2 weeks on-shore and 2 weeks off-shore).

8. Sebutkan dimana lokasi off-shore Anda?/Where is your off-shore location?

9. Sarana transportasi apa yang Anda pakai dari lokasi on-shore ke lokasi off-shore, dan berapa lama waktu yang dibutuhkan?/What means of transportation do you use to travel from on-shore to off-shore, and how long is the travel?

10. Apakah sarana transportasi tersebut milik perusahaan di mana Anda bekerja?/Does the means of transportation belong to your Company?

Ya/Yes     Tidak/No

Jika TIDAK, mohon sebutkan milik siapa./If NOT, who does it belong to ?

11. Apakah tersedia fasilitas kesehatan di lokasi off-shore tersebut?/Is there any medical facility available off-shore?

Ya/Yes     Tidak/No

Jika YA, mohon Anda beri tanda fasilitas yang tersedia./If YES, please tick available facility:

- |   |  |
|---|--|
| <input type="checkbox"/> perawat (nurse)  | <input type="checkbox"/> obat-obatan (medication)      |
| <input type="checkbox"/> dokter umum (general practitioner)                           | <input type="checkbox"/> peralatan P3K (first aid kit) |
| <input type="checkbox"/> helikopter khusus untuk evakuasi (helicopter for evacuation) |  |

Tanda tangan (Calon) Pemegang Polis sesuai kartu identitas diri yang dilampirkan  
 Signature of (Proposed) Policy Holder as per attached ID Card

Tanda tangan (Calon) Tertanggung/Peserta sesuai kartu identitas diri yang dilampirkan  
 Signature of (Proposed) Insured/Participant as per attached ID Card

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13. Apakah pernah terjadi kecelakaan maupun penyakit yang Anda alami selama bekerja di industri minyak dan

**KODE DAFTAR PEKERJAAN / CODE FOR TYPE OF JOB**

gas?/Have you ever experienced any accident or medical conditions during your work in oil gas?

Ya/Yes  Tidak/No

Jika YA, mohon dituliskan jenis penyakit dan jenis perawatan./If YES, please state what illness and type of treatment.

Dengan ini saya telah memberikan jawaban dan keterangan dalam Kuesioner Minyak dan Gas Bumi ini dengan sejas-jelasnya dan sebenar-benarnya. Saya tidak menyembunyikan informasi apa pun yang dapat memengaruhi penerimaan Surat Pengajuan Asuransi Jiwa (SPAJ) saya. Saya menyetujui Kuesioner ini akan menjadi bagian dari SPAJ saya pada PT Prudential Life Assurance dan bahwa menyembunyikan informasi material apa pun dapat mengakibatkan batalnya kontrak asuransi jiwa sebagaimana diatur dalam SPAJ dimaksud.

*I declare that the answers I have given in this Oil and Gas Questionnaire, to the best of my knowledge, are true and that I have not withheld any material information that may influence the assessment or acceptance of my Life Insurance Policy Application Form. I agree that this Questionnaire will constitute part of my Application Form with PT Prudential Life Assurance and that failure to disclose any material fact known to me may invalidate the contract as stipulated in the respective Application Form.*

di ..... tanggal ..... bulan ..... 20 .....  
 Signed at                      on                      month of

.....  
 Nama & Tanda Tangan                      Disaksikan oleh: Nama & Tanda Tangan Tenaga Pemasaran  
 (Calon) Tertanggung/Peserta            Witnessed by            Name & Signature of Sales Representative  
 Name & Signature of (Proposed) Insured/Participant            (Sales Representative's No:            )

**PERHATIAN: Mohon tanda tangan sesuai kartu identitas diri yang dilampirkan**  
**ATTENTION: Please note that the signature must be the same with the one shown in the ID card**

Tanda tangan (Calon) Pemegang Polis sesuai  
 kartu identitas diri yang dilampirkan  
 Signature of (Proposed) Policy Holder as per attached ID Card

Tanda tangan (Calon) Tertanggung/Peserta  
 sesuai kartu identitas diri yang dilampirkan  
 Signature of (Proposed) Insured/Participant as per attached ID Card

**Mohon lembar Kuesioner ini tidak ditandatangani dalam keadaan kosong dan pastikan semua informasi yang diminta telah diisi dengan benar sebelum ditandatangani./Please do not sign the form in blank and make sure all the required information have been filled appropriately prior to signing.**



**OIL AND GAS – EXPLORATION & PRODUCTION**

1	Acidiser
2	Bargemaster, Captain
3	Catering staff
4	Cementer
5	Clerical Staff
6	Construction/Field Superintendent, Head Roustabout
7	Control Room Operator
8	Crane Operator, Roustabout Pusher
9	Derrickman, Cathead Man, Topman
10	Driller, Assistant Driller, Tool Dresser, Second Man
11	Drilling Supervisor
12	Engineer (Civil, Construction, Drilling, Gas, Oil, Petroleum)
13	Field Man
14	Foreman
15	Geologist, Geophysicist, Seismologist
16	Grouter
17	Inspector, Surveyor
18	Marine Installation Fitter
19	Motorman
20	Mud Engineer, Mud Logger, Mud Man
21	Pipe Fitter
22	Pumpman

23	Radiographer
24	Radio Operator
25	Rig Electrician/Mechanic
26	Rigger
27	Rig Medic
28	Roughneck, Floorman
29	Roustabout
30	Safety Officer
31	Scaffolder
32	Storekeeper
33	Sub-sea Engineer (no underwater work)
34	Tool Pusher, Gang Pusher, Site Foreman, Assistant Tool Pusher
35	Valveman
36	Watchstander
37	Welder/Flame Cutter (no underwater work)
38	Welder/Flame Cutter (underwater work)
39	Well/Electric Logger
40	Well Pusher
41	Well Tester
42	Wireline Operator
43	Helicopter Pilots
44	Personnel on pipe laying vessels, barges and supply vessels

**OIL REFINING**

45	Chemist, Chemical Engineer
46	Chief Operator
47	Fuel Technologist
48	Foreman, Supervisor
49	Maintenance Technician

50	Plant Operator (e.g. Distillation Man)
51	Technical Assistant/Controller
52	Test Engineer
53	Unskilled Workers
54	

**ENGAGED IN MANUFACTURE OF BY PRODUCTS**

57	Asphalt – Minerals
58	Coke – Gas Supply Industry
59	Petro-chemicals – Chemical Industry

