VISA APPLICATION STATEMENT LETTER FOR ALL FOREIGN CITIZENS

I the undersigned,	
Name	:
Sex	:
Place and date of birth	:
Nationality	:
Passport Number	:
Expiry date	:

Hereby declare that:

- 1. I have obtained health certificate issued by health authority in Singapore, stating that I am free from Covid-19;
- 2. I am fully consent to be quarantined conducted by the Indonesian Authority whenever advised by the Indonesian Government at my own expenses at the quarantine facilities or health service facilities appointed by the Indonesian authority should the PCR test result shows positive at the point of entry upon arrival or shows any symptoms of Covid-19 according to the health protocol and Indonesian laws and regulations.
- 3. I am willingly monitored by the health authority during the quarantine period or self isolation according to health protocol and Indonesian laws and regulations.
- 4. I am in possession of health insurance/ travel insurance which covers all the medical expenses, and willingly pay the medical expenses at my own expenses should I am contacted by COVID 19 virus while in Indonesia

This statement is made truthfully and to be used accordingly.

Singapore,	. 2020
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^{*}This statement letter is in accordance with the Minister of Law and Human Rights Regulation no 26 year 2020 and the Director General of Immigration Circulation Letter No IMI-1555.GR.01.01 Year 2020