

PT Asuransi Allianz Life Indonesia is licensed and supervised by the Financial Services Authority (Otoritas Jasa Keuangan)



Hospital & Surgical Care Premier Plus

Hospital & Surgical Care Premier Plus is a health insurance rider product that provides a variety of plus benefits, such as plus options, benefits and services designed to meet the needs of You and Your loved ones.

Product Name
Hospital & Surgical Care Premier Plus

Product Type
Health Insurance Rider

Insurer Name
PT Asuransi Allianz Life Indonesia

Marketing Channel
Agency

This General Summary of Product and Service Information (RIPLAY) is intended to provide a brief explanation regarding the benefits and important aspects of the Rider You are about to purchase. Please seek direct clarification from Our marketing personnel before deciding to purchase this Rider.

“We/Our/Us” refers to PT Asuransi Allianz Life Indonesia. “You/Your” refers to the prospective Policyholder.

What are the Benefits Provided by This Product?

in '000 Rupiah

		Basic	Basic Plus	Classic	Classic Plus	Essential	Essential Plus	Elite	Elite Plus	Prime	Signature	
Coverage Area		Indonesia				Asia, excluding HKG, SG, JPN		Asia		Worldwide, excluding the US	WorldWide	
Room Type		-	1 [Ⓜ] 2 [Ⓜ]	1 [Ⓜ] 2 [Ⓜ]	1 [Ⓜ]	1 [Ⓜ] 2 [Ⓜ]	1 [Ⓜ]	1 [Ⓜ] 2 [Ⓜ]	1 [Ⓜ]	1 [Ⓜ] *	1 [Ⓜ] *	
Room Price Limit		500	700	700	1,300	700	1,300	1,100	1,650	3,000	8,000	
Prorated Benefit Payment Factor based on Coverage Area Covered	Indonesia	100%				100%		100%		100%		100%
	Asia, excluding HKG, SG, JPN	60%										
	Singapore, Hong Kong, Japan	20%				30%						
	Worldwide, excluding the US	Not Covered				20%		60%				
	United States					20%		60%				
Inpatient and Surgical Care Benefit												
Room & Accommodation	No maximum day limits	500	According to Invoice		According to Invoice							
ICU/NICU/PICU/HDU Room/Intermediary Ward/Isolation Room		According to Invoice										
Surgery, including One-day Surgical Care		According to Invoice										
Prostheses and Implants		According to Invoice										
Doctor Visit		According to Invoice										
Inpatient Care miscellaneous Fees												
Pre-Inpatient Care [Ⓜ]	Per Policy year, maximum 60 days pre-Inpatient Care											
Post-Inpatient Care [Ⓜ]	Per Policy year, maximum 90 days post-Inpatient Care	30,000	40,000									
Outpatient Physiotherapy Care [Ⓜ]	Per Policy year, maximum 60 days pre-Inpatient Care maximum 90 days post-Inpatient Care											
Alternative Inpatient Care [Ⓜ]	Per Policy year.	Not available		100,000		200,000		300,000		500,000		
Additional Rehabilitation [Ⓜ]	Per Policy year; Maximum 90 days after the end of the Inpatient Physiotherapy Care benefit			15,000		25,000		50,000				
Traditional Medicine	per Policy year; During Inpatient Care, maximum 90 days post-Inpatient Care			Total 15,000 per year, 1,000 for medicine per Inpatient Care		Total 25,000 per year, 1,000 for medicine per Inpatient Care		Total 50,000 per year, 1,000 for medicine per Inpatient Care				
Inpatient Psychiatrist Consultation [Ⓜ]	per Policy year; Maximum 90 days post-Inpatient Care	15,000		25,000		50,000						
Companion Fees	Per day	150	150	250	250	300	300	400	400	500	1,000	
Daily Benefit [Ⓜ]	Daily, maximum 90 days per Policy year	250	350	350	650	350	650	550	850	1,000	1,550	
Local Ambulance		According to Invoice										

[Ⓜ] : Number of beds in one treatment room

★ : Prime and Signature Plans are eligible for rooms 1 class above the lowest-class single bed room

HKG, SG, JPN : Hong Kong, Singapore, Japan.
AS : United States.

[Ⓜ] Only available as reimbursement claims.

in '000 Rupiah

	Basic	Basic Plus	Classic	Classic Plus	Essential	Essential Plus	Elite	Elite Plus	Prime	Signature
Coverage Area	Indonesia				Asia, excluding HKG, SG, JPN		Asia		Worldwide, excluding the US	Worldwide
Room Type	-									
Room Price Limit	500	700	700	1,300	700	1,300	1,100	1,650	3,000	8,000
Critical Illness Benefit										
Dialysis Treatment	According to Invoice		According to Invoice							
Organ Transplantation Fees										
Organ Transplantation Donor										
Cancer Treatment, including cancer remission screening and laboratory tests	Cancer Remission Treatment, maximum 5 years from active treatment	According to invoice, Cancer Remission maximum 80% of invoice fees								
Treatment for HIV/AIDS Infection	Per Policy year.	Not available		15,000						
Palliative Care	Per Policy year.			250,000						
Emergency Care Benefit										
Inpatient Care due to Emergency or Accident outside the Coverage Area	According to Invoice									
Outpatient Care due to Emergency or Accident including Dental Care due to Emergency or Accident within and outside the Coverage Area										
Additional Inpatient Care due to accident										
Add-on										
Durable Medical Equipment	Per Policy year; Maximum 90 days post-Inpatient Care/surgery	Not available		15,000						
Artificial Limbs	per Policy year; During Inpatient Care, maximum 90 days post-Inpatient Care /surgery			250,000						
Death Benefit	25,000									
Annual Benefit Limit	1,000,000	2,500,000	5,000,000	5,000,000	7,000,000	7,000,000	10,000,000	10,000,000	20,000,000	25,000,000
Services										
Expert Medical Opinion	Available									
Medical Assistance										

in '000 Rupiah

	Basic	Basic Plus	Classic	Classic Plus	Essential	Essential Plus	Elite	Elite Plus	Prime	Signature
Coverage Area	Indonesia				Asia, excluding HKG, SG, JPN		Asia		Worldwide, excluding the US	Worldwide
Room Type	-									
Room Price Limit	500	700	700	1,300	700	1,300	1,100	1,650	3,000	8,000
Add-on, Option A: Annual Limit Booster										
Annual Benefit Limit Booster	1,000,000	2,500,000	5,000,000	5,000,000	7,000,000	7,000,000	10,000,000	10,000,000	20,000,000	25,000,000

	Basic	Basic Plus	Classic	Classic Plus	Essential	Essential Plus	Elite	Elite Plus	Prime	Signature
Coverage Area	Indonesia									
Add-on, Option B: Outpatient Care										
Co-insurance	20%									
Consulting Fees	Face-to-face Consultation: 12 visits; Telehealth*: unlimited; Per Policy year									
Medicine Fees	According to Invoice									
Diagnosis Examination and Lab Test	Per Policy year.									
Physiotherapy, Chiropractic, Osteopathy, Traditional Medicine	1,200	3,600	6,000	6,000	7,200	7,200	12,000			
Vaccination	Not available		4,000	4,000	7,200	7,200	8,000			
Routine Physical Checkup	Not available		4,000	4,000	6,000	6,000	8,000			
Nutritionist Consulting Fees	Per Policy year.									
Mental Health Therapy Consulting Fees	1,000	2,500	5,000	5,000	7,000	7,000	10,000			
Outpatient Care Annual Benefit Limit	5,000	12,500	25,000	25,000	35,000	35,000	50,000			

	Basic	Basic Plus	Classic	Classic Plus	Essential	Essential Plus	Elite	Elite Plus	Prime	Signature
Coverage Area	Indonesia									
Add-on, Option C: Dental Care										
Co-insurance	20%									
Prevention Care	maximum 2 visits per Policy year									
Basic Dental Care	According to Invoice									
Complex Dental Care	Per Policy year.									
Dentures	1,500	4,500	7,500	7,500	10,500	10,500	15,000			
Dental Care Annual Benefit Limit	3,000	9,000	15,000	15,000	21,000	21,000	30,000			

in '000 Rupiah

		Basic	Basic Plus	Classic	Classic Plus	Essential	Essential Plus	Elite	Elite Plus	Prime	Signature
Coverage Area		Indonesia									
Add-on, Option D: Pregnancy, Childbirth and Postpartum											
Co-insurance		20%									
Examination Pre- and Post-Childbirth	Per Policy year.	1,000	3,000	5,000	5,000	7,000	7,000	10,000			
Normal/Abnormal Labour (including Vacuum & Forceps)		According to Invoice									
Surgical Labour											
Miscarriage/Legal Abortion											
Pregnancy Complications											
Pregnancy, Childbirth, and Postpartum Annual Benefit Limit		6,000	18,000	30,000	30,000	42,000	42,000	60,000			

Plan Selection Terms

- The selected add-on plan must be the same as the selected Inpatient Care plan.
- If the Dental Care add-on is selected, the Outpatient Care add-on must also be selected.

Room Terms

- 1. Basic Plus, Classic, Essential, Elite Plans**
The greater of the lowest-class room with 2 beds and an en suite bathroom and the room charge limit
- 2. Classic Plus, Essential Plus, Elite Plus Plans**
The greater of the lowest-class room with 1 bed and an en suite bathroom and the room charge limit
- 3. Prime, Signature Plans**
The greater of the room 1 class above the lowest-class room with 1 bed and an en suite bathroom and the room charge limit

Summary of the Data

Insured Entry Age (nearest birthday)

- Inpatient Care, Outpatient Care and Dental Care Age 30 days-70 years old.
- Pregnancy, Childbirth and Postpartum 16-45 years old.

Coverage Period (nearest birthday)

- Inpatient Care, Outpatient Care and Dental Care Until the Insured reaches the age of 99 or options are available for 50, 60, 70, 80, 90 and 99 years old.
- Pregnancy, Childbirth and Postpartum Until the Insured reaches the age of 46.

Currency

Rupiah.

Premium Payment Method

In accordance with Basic Policy (monthly, quarterly, semi-annually, annually).

Premium Payment Period

Until the end of Coverage.

Coverage Period

Annual.

Minimum Basic Policy Sum Assured

- Basic - Elite Plus : In accordance with the minimum Sum Assured terms of the basic Policy.
- Prime Plan : Rp500.000.000
- Signature Plan : Rp1.000.000.000

Minimum Rider Premium

Starting from Rp195,600 per month.

Underwriting

Full Underwriting, in accordance with the Basic Policy.

Grace Period

In accordance with Basic Product.

Premium

You may contact your marketing personnel to find out the total Premium payable by You in accordance with Your selected Plans and benefits.

Elimination Period

Cancer

90 days.

Waiting Period*

- Specified Illnesses, HIV/AIDS, Psychiatrist Consultation and Mental Health Therapy, Complex Dental Care, Dentures 12 months.
- Other Illnesses 30 days.
- Accidents No waiting period.

*)Note:

- Not effective if Your request to waive the waiting period relating to the rider You selected has been approved by Us in writing (subject to the Policy terms and conditions) ("**Additional Request**").
- If the Additional Request has been approved by Us in writing, in the event of a claim during the waiting period (as specified further in the Policy):** Insurance Benefit payable by us will be less than the insurance benefit set out in the Policy. Further, claims submitted during the waiting period (as further stipulated in the Policy) will only be eligible for reimbursement.

**Other terms and conditions shall be determined in the Policy and/or other documents stipulated by Us.

Risks

Credit Risk

Risks related to Our ability to meet our payment obligations to You/the Insured. We continuously maintain performance to exceed the minimum capital adequacy in accordance with applicable regulations.

Operational Risk

Risks related to Our operational processes, including system applications, as well as external events that may affect Our operational activities.

Economic and Political Condition Change Risk

Risk of changes in economic conditions and political stability, whether domestic or foreign, or changes in laws, policies and government regulations relating to the business world and that may affect the investment's performance and Our performance.

How to Apply for Your Policy?

- Complete and sign the Life Insurance Application Form (SPAJ) or Rider Application Form (SPAT) if You have already purchased a life insurance Policy from PT Asuransi Allianz Life Indonesia.
- Sign a Personal Summary of Product and Service Information (RIPLAY).
- Photocopy of the valid identity card of the prospective Policyholder and Insured (KTP/KITAS/KIMS) and complete other documents if necessary.
- If you apply for an Additional Request to us, You, the prospective Insured, prospective Premium Payor and/or prospective Spouse Premium Payor (as the case may be) must meet additional requirements as we may determine in accordance with our underwriting policy. We shall be entitled to reject Additional Requests submitted if you, the prospective Insured, prospective Premium Payor and/or prospective Spouse Premium Payor (as the case may be) do not meet our underwriting policy requirements.

What Are Your Obligations as a Policyholder?

- You must answer all questions on the SPAJ and/or SPAT completely and accurately. You shall be fully responsible for the accuracy and completeness of the data provided to Us, as any errors or omissions in the data We requested may result in the cancellation of the Rider. We reserve the right to reject your Rider application if it does not meet the required criteria and regulations.
- You must read and understand this General Summary Product and Service Information (RIPLAY). You must also read and understand the SPAJ, SPAT and/or Personal Summary of Product and Service Information (RIPLAY) before signing it.
- You are responsible for the on-time payment of Regular Premium and Rider Premium.

Are You Allowed to Cancel the Policy?

Policyholder may cancel this Rider for the Insured under this Rider by submitting a written cancellation request to Us. The cancellation or termination will be effective on the date We receive the cancellation request letter from the Policyholder or on the date stated in the Policyholder's cancellation request letter, whichever is later.

In such case, We will not refund the Premium to the Policyholder.

Exclusions

Inpatient Care

We shall not pay any Insurance Benefit for any Healthcare Service, care and/or treatments related to:

- Care, treatment and/or Healthcare Service prior to the Effective Date.
- All care, treatments and/or Healthcare Services related to any Pre-Existing Condition, including complications thereof.
- Any care, treatment and/or Healthcare Service prior to end of the Waiting Period according to the following terms:*
 - Waiting Period for any benefit (except for Specified Illnesses) is 30 days; and
 - Waiting Period for HIV/AIDS Treatment Benefit is 12 months, unless the Illness is a Pre-Existing Condition or specified in other exclusions, where it will not be eligible for coverage under the Rider Terms and Conditions (even if Healthcare Services for the Illness is provided after the end of the Waiting Period).
- Cancer where signs and symptoms have arisen, whether the Insured is aware of them or not, or that has been diagnosed and given care/treatment within 90 days of the Effective Date or the Policy reinstatement date, whichever is later ("Elimination Period"), including additional care or treatment provided after the Elimination Period.*
- Specified illnesses (whatever the cause, including Accidents), unless this Rider has been in effect for 12 consecutive months. If more than 12 months have passed since the Policy Effective Date or the reinstatement date of the Policy, whichever is later, claims for such illnesses shall be payable unless they fall under Pre-existing Conditions or other exclusions specified in the Basic Policy and these Rider. Specified Illnesses include, among others:*
 - Bladder Stones in the Kidney, Urinary Tract/Bladder, Bile Duct/Gall Bladder;
 - Heart, Heart Vascular and cerebral Vessel illness (example: heart failure, Coronary Heart Disease, Stroke);
 - Cataract;
 - Any kind of benign tumour/mass/cyst/polyp;
 - Illness of the tonsils or adenoids and abnormal conditions of the nasal cavity, intranasal septum or turbinate, including the sinuses resulting in surgical intervention;
 - Diabetes;
 - Tuberculosis and all complications thereof;
 - Thyroid Gland Disorders;
 - Hypertension, Hyperlipidaemia (example: Hypercholesterol, Hypertriglyceridaemia)
 - Chronic Kidney Failure;
 - All kinds of Hernia, Intervertebral Disc prolapse;
 - All kinds of haematological, autoimmune disorders;
 - Haemorrhoids;
 - All kinds of male or female reproductive system disorders, including but not limited to fibroids/myomas in the uterus; or
 - Peptic ulcer
- Any Healthcare Service that is non-Medically Necessary and/or resulting in fees in excess of Reasonable Fees.

7. Mental, behavioural, psychological or neurological disorders, including but not limited to anxiety, anorexia, depression, stress, psychosis, neurosis, fatigue, physical psychiatric complications, psycho-geriatric and physiological or psychosomatic manifestations, treatment when the Insured is under the influence of or involved in the use of narcotics, alcohol, psychotropic substances, poison, gases, or addiction to similar substances or Medicine other than those prescribed by a Doctor.
8. Pregnancy (pre/peri/post-pregnancy) including complications of pregnancy due to an Accident, miscarriage or childbirth, abortion, prenatal or postnatal care, or complications of dysfunction or deficiency, contraception, sterilization, methods of birth control, impotence testing or treatment, and all types of assistance with reproductive procedures, all hormonal therapy related to premenopausal syndrome, including all complications that occur.
9. Care and/or treatment for weight reduction or weight gain including all complications that occur.
10. Care and/or treatment related to cosmetics, including plastic surgery except for functional reconstructive plastic surgery that is Medically Necessary performed within 6 months of the date of Surgery performed before or in relation to the functional reconstructive plastic surgery procedure.
11. Eye examination, eye refractive disorders, including myopia, and/or purchase/rental of eyeglasses/lenses, except for Lasik treatment with a refractive disorder of over 5 dioptries.
12. Regular physical examinations, Medical Check-Ups, or tests unrelated to the treatment or diagnosis of covered illnesses/wounds.
13. Non-Medical Fees, excluding administration fees.
14. Immunisation and vaccination, including care and/or treatments related to complications thereof.
15. Treatment and/or medication related to :
 - a. Congenital abnormalities and/or abnormalities/delays in growth and development; or
 - b. Circumcision unrelated to illness or Accident.
16. Medical care and/or treatment related to sexually transmitted illnesses, gender change, gender reassignment or sexual illness, including for complications thereof.
17. Family planning, including care and/or treatments related to complications thereof.
18. Care and/or treatment including for complications for:
 - a. Active involvement in war, riots, fights, or criminal acts,
 - b. Self-harm and attempted suicide; and/or
 - c. Criminal acts or attempted criminal acts or violations of law or attempted violations of law committed by the Insured or resistance by the Insured during the arrest of any person (including the Insured) carried out by the authorities.

19. The Insured performs and/or participates in dangerous activities or sports (whether with remuneration/compensation or not) including but not limited to racing or speed competitions or contest (other than walking or swimming) or martial arts, potholing, rock climbing, mountain climbing, rope or aid climbing, diving at a depth of more than 30 meters, diving activities involving the use of respirators, sky diving, cliff diving, bungee jumping, BASE (Building Antenna Span Earth) jumping, paragliding, hang gliding and parachuting.
20. Care and/or treatments due to the Insured being a passenger or crew member in a flight other than as an official passenger or crew member of a commercial airline, whose flights are scheduled, regular and licensed, including for complications thereof.
21. Outpatient Care unrelated to Accidents.
22. All care and/or treatments related to dental conditions and complications thereof, except care and/or treatments due to Accidents. Denture fitting, crown and tooth implant fitting for any reason including due to Accidents are excluded from coverage under this Rider.
23. Care and/or treatments that have been compensated by the Government, other health insurance, and/or other parties.
24. Experimental treatments, including unconventional drugs, use of drugs, medical technologies and/or procedures the effectiveness of which have not been proven under the existing medical practices, and which have not been approved by a recognised body in the country where the Insured is receiving care and/or treatment.

Outpatient Care

1. The exclusions for Inpatient Care no. 7, 9, 12, 14 and 21 is not applicable to these Outpatient Care Rider Terms.
2. Claims for Mental Health Therapy Consulting submitted before the Waiting Period ends in the first 12 months since these Outpatient Care Rider Terms takes effect.*

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Dental Care

1. The exclusions no. 22 on Inpatient Care is not applicable to these Dental Care Rider Terms.
2. Orthodontic care and/or treatment (fixed or removable).
3. Treatment that is not related to the dental care and dental supporting tissue and is not listed in the Insurance Benefit.
4. Claims for Complex Dental Care and/or Dentures submitted before the Waiting Period ends in the first 12 months since this Dental Care Rider Terms takes effect.*

Pregnancy, Childbirth and Postpartum

1. For term no. 8 in Inpatient Care exclusions, in these Pregnancy, Childbirth and Postpartum Rider Terms shall be changed into: complications of dysfunction or deficiency, contraception, sterilisation, birth control methods, erectile dysfunction testing or treatment, and all types of reproduction procedure assistance, all hormonal therapy related to premenopause syndrome, including all complications thereof.
2. Pregnancy prior to the effective period of these Pregnancy, Childbirth and Postpartum Rider Terms.
3. Care related to illegal abortion.

*Not effective if Your request to waive the elimination period and/or the waiting period (as the case may be) relating to the rider You selected has been approved by Us in writing (subject to the Policy terms and conditions).

Simulation / Product Illustration



Mr. Frans (Insured)

Entry age 30 years old

Basic Insurance

Basic Insurance Sum Assured

Rider

: Smartlink Protection Life

: Rp390.000.000

: **Hospital & Surgical Care Premier Plus**

Selected Plan
Classic Plus

Add-on

- Annual Limit Booster
- Outpatient Care
- Dental Care

Regular Premium

Rp3.250.000 per month

Mr. Frans is diagnosed with liver cancer in the 3rd year after purchasing the Hospital & Surgical Care Premier Plus Policy.

Mr. Frans undergoes a diagnostic examination to determine the next stage of treatment, costs incurred are paid according to the invoice.

60 days later, Mr. Frans undergoes a cancer treatment for 30 days at a Hospital.

Assumed Inpatient Care fees incurred for the cancer treatment of Mr. Frans for 30 Days

Benefit	Fees	Total Fees (30 days)
• Room (lowest-class with 1 bed)	Rp1.300.000/day	Rp39.000.000
• Doctor Visit	Rp500.000/day	Rp15.000.000
• Chemotherapy	Rp20.000.000	Rp20.000.000
• Radiotherapy	Rp70.000.000/procedure	Rp70.000.000
• Inpatient Care miscellaneous Fees	Rp90.000.000	Rp90.000.000
Total Invoice Rp234,000,000		
All borne by Hospital & Surgical Care Premier Plus		

How to Submit a Claim?

Health Insurance Claim Documents

1. Photocopy of the identification document of the Insured (in the form of Birth certificate (children), electronic Identity Card (KTP) for Indonesian citizens (adults), and Passport for foreign citizens (adults));
2. Complete and correct Individual Health Insurance Claim Form signed by the Insured;
3. Medical Record form completed and signed by the attending Doctor with the original stamp/seal from the Hospital;
4. Original proof of payment for the treatment in the form of original receipt along with a breakdown of fees for each procedure and/or Health Service
5. Copy of diagnostic-supporting examination results;
6. Copy of prescriptions related to treatment;
7. Referral letter from the Doctor for care and treatment by a specialist Doctor, diagnostic tests, and physiotherapy;
8. Power of Attorney Form for the Disclosure of Medical Information and/or Data;
9. Other supporting documents, if required.

Health Insurance Claim Documents

1. Death claim form fully and correctly completed by the Beneficiary.
2. Death claim form fully and correctly completed by the attending Doctor of the Insured.
3. Power of Attorney Form for the Disclosure of Medical Information and Data that has been filled out and signed on a stamp duty by the Beneficiary.
4. Photocopy of the Death Certificate from the relevant Government Institution (excerpt of Death Certificate).
5. Photocopy of the Police Report in case of an unnatural, unknown or accidental cause of death of the Insured, as well as autopsy or post-mortem examination (visum) from a Doctor.
6. Statement letter explaining the chronological details of the Insured's death prepared thoroughly and correctly and signed by the Beneficiary (if the Insured died at home without treatment from a Doctor).
7. Photocopy of all medical examination results related to medical procedures, treatments and/or healthcare services received by the Insured during their lifetime.
8. Notification form for the account number fully and correctly completed by the Beneficiary, and a photocopy of the Beneficiary's bank statement.
9. Photocopy of the identification document of the Insured (in the form of Birth certificate (children), electronic Identity Card (KTP) for Indonesian citizens (adults), and Passport for foreign citizens (adults)).
10. Photocopy of the identification document of the Beneficiary (in the form of birth certificate (children), electronic Identity Card (KTP) for Indonesian citizens (adults), and Passport for foreign citizens (adults)).
11. Photocopy of supporting documents describing the relationship between the Insured and the Beneficiary.

Note:

- Health Services must be received by the Insured at one of the Hospitals or Clinics listed in the List of Hospitals and Clinics but not included in Hospitals or Clinics Outside the Coverage. We reserve the right to reject a claim if the Health Service is received by the Insured at a Hospital or Clinic Outside the Coverage.
- All claim documentations must be prepared and submitted to Us within no later than 30 (thirty) calendar days from the billing date or the date the Insured is discharged from the Hospital, whichever is later.
- We have the right to collect any additional documents / medical information/records from the Insured, You, Hospital and/or other parties related to the diagnosis and/or Healthcare Services provided to the Insured and/or Insured's data related to this Rider.
- We have the right to collect any additional documents / medical information/records from the Insured, You, Hospital and/or other parties related to the diagnosis and/or Healthcare Services provided to the Insured and/or Insured's data related to this Rider

Where to Submit Claim Documents?

Jakarta

Allianz Document Management Center (ADMC)
Setiabudi Atrium, Lt. 3 Suite 308 A-309
Jl. H.R. Rasuna Said Kav. 62 Kuningan,
Karet Kuningan District of Setiabudi
South Jakarta 12920

Accepting documents from Mondays - Fridays
at 8:00 - 17:00 local time (except holidays)

Claim submission may also be made digitally via Allianz eAZy Connect

For the delivery of all claim documents to Allianz, you can use
PT Pos Indonesia courier services at no shipping cost.

Service and Complaint Resolution

If you have any questions or complaints regarding our products and/or services, you can communicate them through our Customer Center:

Address:

PT Asuransi Allianz Life Indonesia
Customer Lounge
World Trade Centre 6, Ground Floor
Jl. Jenderal Sudirman Kav. 29-31
South Jakarta 12920, Indonesia

Corporate Number:

+6221 2926 8888

AllianzCare:

1500 136

Email:

ContactUs@allianz.co.id

Website:

www.allianz.co.id

Important Notes

- PT Asuransi Allianz Life Indonesia is licensed and supervised by the Indonesian Financial Services Authority (Otoritas Jasa Keuangan), and its Marketing personnel are licensed by the Indonesian Life Insurance Association (Asosiasi Asuransi Jiwa Indonesia).
- This General Summary of Product and Service Information (RIPLAY) is not a part of the Basic Policy and/or Hospital & Surgical Care Premier Plus Rider and is not an insurance agreement between PT Asuransi Allianz Life Indonesia and You. You are fully bound by all provisions of the Basic Policy and/or Hospital & Surgical Care Premier Plus Rider.
- Complete explanation of the insurance coverage is available in the Basic Policy and/or Hospital & Surgical Care Premier Plus Rider. Rider is subject to Exclusions, namely matters that are not covered under the Basic Policy and/or Hospital & Surgical Care Premier Plus Rider.
- Hospital & Surgical Care Premier Plus is a health insurance rider product from PT Asuransi Allianz Life Indonesia, and therefore PT Asuransi Allianz Life Indonesia is responsible for the contents of the Basic Policy and/or this Hospital & Surgical Care Premier Plus Rider.
- Premium paid includes cost of insurance, administration fees, stamp fees (if any), and commission for Marketing Personnel.
- We shall inform You of any changes in benefits, fees, risks, terms and conditions as set out in the Hospital & Surgical Care Premier Plus Basic Policy and/or Rider no later than 30 working days before the effective date of such changes in benefits, fees, risks, terms and conditions.
- This General Summary of Product and Service Information (RIPLAY) is for general information purposes only. Complete terms and conditions are available in the Policy. For more detailed information, please contact us or your Marketing Personnel, or visit our website at www.allianz.co.id. All Our products are designed to provide benefits to Customers, but they may not necessarily meet your specific needs. If you are still unsure whether this product suits your needs, we recommend that you contact Your Marketing Personnel.
- Hospital & Surgical Care Premier Plus is Rider to the Unit-Linked Insurance Product (PAYDI). PAYDI is an insurance product. The investment component of PAYDI carries risks. Prospective Policyholders must read and understand the General and Personal Summary of Product and Service Information (RIPLAY) before deciding to purchase PAYDI. The past investment performance of PAYDI does not reflect performance.
- This General Information of Product And Service (RIPLAY Umum) is made in Indonesia Language and English Language; in the event of different interpretation between the text of Indonesia Language and English Language, the text of Indonesia Language shall prevail.