





# OPTIMA PROTECTION ASSURANCE PASTI

**Optima Protection Assurance Death and Critical Illness Insurance Protection ("Optima Protection Assurance PASTI")** is a traditional life insurance product with regular Premium payments with life and critical illness protection benefits as well as cash benefits received at the end of the policy insurance period as long as the policy is still active and the Insured is still alive until the Insurance Period ends.

**Product Name**  
**Optima Protection Assurance PASTI**  
**Product Type**  
**Traditional Individual**  
**Product Insurer Name**  
**PT Asuransi Allianz Life Indonesia**  
**Marketing Channel**  
**PT Bank HSBC Indonesia**

This General Product and Service Information Summary (RIPLAY Umum) is intended to provide a brief explanation regarding the benefits and important information of the Policy that You are about to purchase. Please request a direct explanation from Our marketing personnels before deciding to purchase this Policy. "We/Us/Our" refers to PT Asuransi Allianz Life Indonesia. "You/Your" refers to the prospective Policy Holder.

## What are the Benefits related to this product?

 <p><b>Death Benefit</b></p>	<ul style="list-style-type: none"> <li>a. If during the Insurance Period the Insured dies due to an Accident or any reason other than an Accident before the Coverage End Date, We shall pay in amount of 2 (two) times Sum Assured and the Policy shall terminate.</li> <li>b. Payment of this benefit shall be made after deducting outstanding fees and obligations from You to Us.</li> </ul>
 <p><b>Accidental Death Benefit</b></p>	<ul style="list-style-type: none"> <li>a. If the Insured dies             <ul style="list-style-type: none"> <li>i. due to an Accident, We shall pay an additional benefit in the amount of 1 (one) time Sum Assured and the Policy shall terminate; or</li> <li>ii. due to an Accident when using Public Transportation, We shall pay an additional benefit in the amount of 2 (two) times of the Sum Assured and the Policy shall terminate.</li> </ul> </li> <li>b. This benefit shall only be paid if the Insured dies within 90 (ninety) days from the date of the Accident.</li> <li>c. The Sum Assured from this benefit shall be paid as an addition to the Sum Assured from Death Benefit.</li> <li>d. This benefit shall terminate on the Policy Anniversary which is the closest to the date when the Insured reaches 70 (seventy) years of Age and the payment of the benefit shall be made after deducting outstanding fees and obligations from You to Us.</li> </ul>
 <p><b>Critical Illness Benefit</b></p>	<ul style="list-style-type: none"> <li>a. If the Insured suffers/is diagnosed with one of the critical illnesses that is in accordance with the Definition of 77 (seventy-seven) Covered Critical Illnesses before the Coverage End Date, We shall pay in the amount of 1 (one) time Sum Assured.</li> <li>b. The payment of this benefit shall not cause a termination of the Policy, in order for the Policy to remain active, the Policyholder is required to pay the regular premium in accordance with the premium payment period selected by the Policyholder.</li> <li>c. The payment of the benefit above:             <ul style="list-style-type: none"> <li>i. shall only be paid 1 (one) time for one of the 77 (seventy-seven) types of critical illness under the Definitions of 77 Covered Critical Illnesses; and</li> <li>ii. shall be made after taking into account all Premium loans and other obligations, if any.</li> </ul> </li> <li>d. After the benefit mentioned above is paid, the Critical Illness Benefit shall automatically terminate.</li> </ul>
 <p><b>Maturity Benefit</b></p>	<p>If the Insured is still alive on the Coverage End Date, We shall pay the Maturity Benefit in the amount of 1 (one) time Sum Assured and the Policy shall terminate.</p>

## What are the Risks related to this product?

### Exceptions Risk

The coverage shall not apply to conditions that are included in the exceptions as stated in the Policy.



PT ASURANSI ALLIANZ LIFE INDONESIA

**OPTIMA PROTECTION ASSURANCE PASTI**

## Summary

Including the characteristics and validity period of the product.

### Entry Age

#### The Insured

- Death & Critical Illness Benefit: 1 month - 70 years old (the nearest birthday).
- Accidental Death Benefit: 1 month - 69 years old (the nearest birthday).

#### Policyholder

18 years - no maximum age (the nearest birthday).

### Insurance Period

- Death & Critical Illness Benefit: Up to 86 years old (the nearest birthday).
- Accidental Death Benefit: Up to 70 years old (the nearest birthday).

### Premium Payment Period

5, 10, 15 & 20 years or as per the Insurance Period.

### Premium Payment Method

The premium payment is Regular Premium (Annually, Semiannually, Quarterly, and Monthly).

### Premium

#### Minimum Regular Premium

Annually	: Rp3,000,000
Semiannually	: Rp1,560,000
Quarterly	: Rp810,000
Monthly	: Rp300,000

### Sum Assured

Minimum: Rp100,000,000

### BENEFIT FOR THE INSURED UNDER THE AGE OF 5 YEARS OLD

For an Insured under the age of 5 (five) years old, the Death Benefit shall be paid in accordance with the following provisions

#### Death Benefit:

The Insured's Age at the time of death (year old)	% of Death Benefit
≤1	20%
2	40%
3	60%
4	80%
≥5	100%

### How to Apply for Your Policy?

1. Complete the Life Insurance Application Form (LIAF).
2. Sign the Personal Product and Services Information Summary (RIPLAY).
3. Provide a copy of valid identity cards of You and the Insured's, and other documents if needed.

### Can You Cancel The Policy?

1. Within 14 (fourteen) calendar days as of the date you receive this Policy, You are entitled to review this Policy and within that period You are entitled to cancel and return this Policy to Us if You disagree with the terms and conditions of this Policy.
2. Upon such cancellation and returning of the Policy, We shall provide a refund at least the amount of the Premium that You have paid after deducting the fees, if any. Such fees include but not limited to stamp duties, administration fees, health examination fees (if any) and subsequently the coverage shall be terminated automatically as of the Policy Effective Date.

### What are your obligations as a Policyholder?

1. You shall answer all the questions on the Life Insurance Application Form (LIAF) completely and correctly. You are fully responsible for the accuracy and the completeness of the data You provide to Us. In the event of any inaccuracy and incompleteness of the requested data, Your Policy shall become terminated.
2. You shall read and understand the Life Insurance Application Form (LIAF) and the Personal Product and Services Information Summary (RIPLAY) prior to signing the documents as well as this General Product and Services Information Summary (RIPLAY).
3. You shall pay the Regular Premium timely.

## How to submit a death or critical illnesses claim?

1. a. The submission of the payment claim for death benefit shall be accompanied by the following documents:
  - Original policy.
  - Certificate of death from an authorized government agency.
  - Completely filled-in death benefit claim form.
  - Medical certificate from Doctor attesting to the cause of death of the Insured.
  - Official report from the Police for death due to unnatural or unknown cause or Accident.
  - Legal proof of identity of the Insured, Beneficiary and You.
  - Other documents (if required).
- b. The Beneficiary shall submit the claim in writing and provide evidence of the Insured's death no later than 60 (sixty) calendar days after the date of death.
2. a. The submission of the payment claim for the critical illness benefit shall be accompanied by the following documents:
  - Original policy.
  - Completely filled-in and signed critical illness claim form.
  - Legal and valid proofs of identity of You and the Insured's.
  - Medical report/certificate from Doctor who gave the first diagnosis.
  - A copy of the medical examination undertaken by the Insured.

- Power of Attorney Form for Disclosure of Medical Record Contents.
  - Account number Notice Form and a copy of the passbook.
  - Other necessary proofs.
- b. You shall submit to Us a written claim notice and the proofs of illness of the person concerned no later than 60 (sixty) days as of the confirmation of critical illness diagnosis.
3. Payment of death benefit and critical illness claim shall be made within 14 (fourteen) working days since We receive the completely and correctly filled-in claim form and other supporting documents and We approve the claim.

## How to Submit Maturity Benefit claim?

The Maturity Benefit payment claim shall be submitted following the end of the Insurance Period and shall be accompanied by the following documents:

- a. Original policy.
- b. Completely filled-in maturity benefit claim form.
- c. Your legal proof of identity.
- d. Other documents (as required).

## Exception

1. **We shall not pay the Death Benefit in the event that the Insured dies due to, either directly or indirectly, caused by the following conditions:**
  - a. **The Insured dies from committing suicide within 1 (one) year as of the Policy Effective Date or the last Policy reinstatement date, whichever comes later.**

- b. **The Insured dies during the Insurance Period due to a death sentence by the court, or due intentional act of crime or involvement in crime or attempted crime, both actively or not, or in the event that the Insured dies due to an insurance crime committed by any party having or sharing an insurable interest in this insurance coverage.**

**In the event that the Insured dies due to one of the reasons above, We shall terminate the Policy and We shall only refund the Cash Value, if any. In such event, We shall not refund the Premium that has been paid to Us.**

2. **We shall assume no responsibility to provide the Accidental Death Benefit in the event that the Insured dies due to directly or indirectly result of:**

- a. **Involvement in a fight (except for the case of self-defense) or fight competition, self-harm or self-harm attempts, or suicide both in healthy physical and mental condition or otherwise; or**
- b. **Crime committed upon a certain intention by the Policyholder, The Insured or an individual assigned as the Beneficiary; or**
- c. **Aircraft accident in which the Insured is a passenger or a crew of non-scheduled flight; or**
- d. **High-risk occupation or profession of the Insured, for example military officer, police, firefighter, mining employee, or other high-risk occupations/professions, unless if the risk Premium has been paid; or**
- e. **Dangerous sport or hobbies of the Insured, for example car racing, motorbike racing, horse racing, gliding, mount climbing, boxing, wrestling, and any other dangerous and high-risk sport or hobbies unless if the risk premium has been paid; or**

f. Accident caused by mental illness, nervous system disorders, intoxication (the Insured is under the influence of alcohol), use of narcotics and/or any illegal drugs.

In the event that the Insured dies due to one of the reasons above, We shall terminate the Policy and We shall only refund the Cash Value, if any. In such event, We shall not refund the Premium that has been paid to Us.

3. This Accidental Death Benefit coverage shall not apply if the Insured reaches the Age of 70 (seventy) years on the Policy Effective Date or the last Policy reinstatement date, whichever comes later.

4. Critical Illnesses Benefit shall not be paid for:

- a. Any illness caused directly or indirectly by self-inflicted injuries, and suicide whether in physical and mental health condition or otherwise, or;
- b. Any illness caused directly or indirectly by AIDS (or AIDS-Related Complex (ARC), or HIV (Human Immunodeficiency Virus), except for those which are covered under this Policy, or;
- c. Any congenital illnesses; or
- d. Any illnesses, conditions or injuries existing before the Policy Effective Date or Policy reinstatement date, whichever comes later (*Pre-Existing Conditions*) that:
  - i. Have been consulted even though have never resulted in a diagnosis; or
  - ii. Have been diagnosed; or
  - iii. Would generally encourage one to reasonably seek a diagnosis, treatment, or medication; or
  - iv. Have been suggested to be treated medically by a Doctor; regardless of whether such treatment has previously been performed or otherwise; or

e. The Insured is under the influence of or involvement in the use of drugs or alcohol; or

f. Symptoms related to critical illness that occur or diagnosed within 80 (eighty) days from the Policy Effective Date or Policy reinstatement date, whichever comes later.

## Fees

There shall be a stamp duty fee charged to the customer only for the first Premium payment.

## Simulation

Customer A, 35 years old (Male), purchased the Optima Protection Assurance PASTI product with a Sum Assured of Rp500,000,000 with a premium payment period of 20 years.

which are covered under this Policy, or; The annual Premium that shall be paid by the customer is **Rp16,575,000**

## Death Benefit

- The benefit that shall be paid in the event of non-accidental death: **Rp1 billion** (200% SA).
- The benefit that shall be paid in the event of accidental death: **Rp1.5 billion**(1)(300% SA).
- This benefit shall be paid in the event of accidental death while using public transportation: **Rp2 billion**<sup>(1)</sup>(400% SA).

## Critical Illness Benefit

- If one of the 77 critical illnesses is diagnosed, the payable benefit shall be: **Rp500 million**<sup>(2)</sup> (100% SA).

## Maturity Benefit

- If the Insured is still alive until the age of 86(3) at the end of the Policy coverage, the payable benefit shall be: **Rp500 million** (100% SA).

- (1) Accidental benefit shall be paid if the Insured dies within 90 days from the date of the accident and reaches the closest Policy anniversary to the age of 70 years.
- (2) Critical illness coverage ends after the benefit is paid. Life coverage in the Policy shall continue and regular Premium shall be paid during the Premium Payment period.
- (3) Nearest birthday.

Note:

Payment of these benefits shall be made after deducting outstanding fees and obligations (if any).

## Services, Complaints & Claims Resolution

If you have any question and complaint regarding Our products and/or services, please submit your questions and complaints through Our Customer Center:

### Address:

PT Asuransi Allianz Life Indonesia  
Customer Lounge  
World Trade Centre 6, Ground Fl  
Jl. Jenderal Sudirman Kav. 29-31<sub>oor</sub>  
Jakarta Selatan 12920, Indonesia

### Corporate Number:

+ 62 21 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 Financial Services Authority (Otoritas Jasa Keuangan), and its marketing personnels hold the license from the Indonesian Life Insurance Association (Asosiasi Asuransi Jiwa Indonesia).
- A detailed explanation of insurance coverage can be found on the Policy. Policy Exception provisions shall apply to the insurance coverage, which include conditions that are not covered in the Policy.
- Optima Protection Assurance PASTI is an insurance product issued by PT Asuransi Allianz Life Indonesia. PT Bank HSBC Indonesia ("Bank") only acts as the referrer for Optima Protection Assurance PASTI. Optima Protection Assurance PASTI is not a Bank product and Bank shall not be responsible for all claims and risks with regards to the Policy issued by PT Asuransi Allianz Life Indonesia. Optima Protection Assurance PASTI is not covered by the Bank and its affiliations and not included in scope of the guarantee program objects of the Government of the Republic of Indonesia or the Deposit Insurance Corporation ("LPS").
- The premium paid already includes commissions for the Bank.
- We shall inform You of any change made to the benefit, fees, risks, and the terms and conditions of this Policy no later than 30 (thirty) working days before such change to the benefit, fees, risk, as well as terms and conditions.
- This General Product and Service Information Summary (RIPLAY Umum) is for general information purposes only. For more detailed information, please contact Us or Your Marketing Personnels or visit Our website at Allianz.co.id. All of Our products are made to provide benefits to customers, but they are not necessarily suitable for Your needs. If You are still not sure whether this product is suitable for Your needs, We advise You to contact Your Marketing Personnels.
- This General Product and Service Information Summary (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**.