



SmartHealth Enterprise

Smarthealth Enterprise Group Health Insurance (“SmartHealth Enterprise”) is a group health insurance product that provides primary benefit/ coverage for Inpatient Care, and add-on benefits for Outpatient Care, Dental Care, Maternity, and Spectacles.

Product Name

Smarthealth Enterprise Group Health Insurance

Product Type

Group Health Insurance

Name of Insurer

PT Asuransi Allianz Life Indonesia

Distribution Channel

Agency, Direct Sales dan Broker

This General Product and Service Summary (RIPLAY Umum) provides a brief overview of the benefits and important aspects of the Policy that the Policyholder is about to buy. Please ask for a direct explanation from Allianz marketing personnel before making a decision to buy the Policy.

What Are the Benefits Provided by This Product?

INPATIENT CARE (IN '000 IDR)						
Benefit	Max. Limit per Member	Plan				
		A	B	C	D	E
Room & Accommodation	Per Day	>4 ^{🛏️} Whichever is higher between the Lowest room with more than 4 beds and the Room Charge Limit	3/4 ^{🛏️} Whichever is higher between the Lowest room with 3 or 4 beds and the Room Charge Limit	2 ^{🛏️} Whichever is higher between the Lowest room with 2 beds and the Room Charge Limit	1 ^{🛏️} Whichever is higher between the Lowest room with 1 bed and en-suite bathroom and the Room Charge Limit	
	Room Charge Limit	200	400	600	1.000	2.000
Inpatient Care (including ICU, Doctor's Visit, Specialist Consultation, Other Inpatient Care Fees, Ambulance, Dedicated Home Nurse, 30 days pre- and 90 days post-Inpatient Care)	Per treatment	As Charged				
Non-surgery Inpatient Care Maximum Benefit	Per treatment (7-day benefit recovery for the same illness)	8.000	16.000	24.000	40.000	80.000
Surgery Inpatient Care Maximum Benefit	Per treatment including treatments given 30 days before & 90 days after surgery	As Charged				
Outpatient and Dental Care due to Accident or Emergency	Per incident	4.000	8.000	12.000	20.000	40.000
Inpatient Care Daily Cash Benefit (*)	Per day	200	400	600	1.000	2.000
Critical Illness Benefit (**)	1 time during the membership period	8.000	16.000	24.000	40.000	80.000
HIV/AIDS Care	Per year	2.000	4.000	6.000	10.000	20.000
Maximum Annual Benefit		40.000	80.000	120.000	200.000	400.000
Death Benefit		4.000	8.000	12.000	20.000	40.000

* If the bill is fully covered by the Social Security Administrative Body (Badan Penyelenggara Jaminan Sosial/BPJS) without any excess claim made to Allianz and the claim is made through reimbursement. Read the Policy for more details.

** If the bill is fully covered by Social Security Administrative Body (Badan Penyelenggara Jaminan Sosial/BPJS) or other insurance providers without any excess claim made to Allianz and the claim made is through reimbursement. Diagnosis of Critical Illness confirmed by the Doctor has exceeded 90 (ninety) calendar days since the effective date of insurance for each Member. Read the Policy for more

^{🛏️} : Number of Beds in the room/unit.

OUTPATIENT CARE - ADD-ON BENEFITS ('000 IDR)						
Benefit	Max. Limit per Member	Plan				
		A	B	C	D	E
Annual Benefit Limit Booster	Per year	20.000	40.000	60.000	100.000	200.000

OUTPATIENT CARE (IN '000 IDR)						
Benefit	Max. Limit per Member	Plan				
		A-1	B-1	C-1	D-1	E-1
General Physician Consultation + Prescriptions	Per visit; online consultation via Halodoc available	150	200	300	400	500
Specialist Consultation + Prescriptions		300	400	600	800	1.000
Diagnostic Test	Per year	1.000	2.000	3.000	4.000	5.000
Physiotherapy	Per visit	100	150	250	350	450
Annual Benefit Limit		4.000	6.000	9.000	12.000	15.000
Benefit	Max. Limit per Member	Plan				
		A-2	B-2	C-2	D-2	E-2
Konsultasi Dokter umum + Obat-obatan	Per visit; online consultation via Halodoc available	As charged				
Specialist Consultation + Prescriptions						
Diagnostic Test	Per year					
Physiotherapy	Per visit					
Annual Benefit Limit						

OUTPATIENT CARE - ADD-ON BENEFIT (IN '000 IDR)						
Benefit	Max. Limit per Member	Plan				
		A	B	C	D	E
Add-On Benefit Immunization (for kids < 12 years of age)	Per year	600	900	1.350	1.800	2.250
Add-On Benefit Birth Control		600	900	1.350	1.800	2.250
Add-On Benefit Medical Check-up		600	900	1.350	1.800	2.250

- Note:
- Co-Insurance: 0%, 10%, 20%.
 - May be provided in the facilities of Hospital/Clinic in Allianz - Halodoc network

SPECTACLES (IN '000 IDR)						
Benefit	Max. Limit per Member	Plan				
		A	B	C	D	E
Eye Examination	Per visit, 1 visit per year	100	200	300	400	500
Glasses Frame	1 glasses frame per year	1.000	1.500	2.000	3.000	4.000
Lenses/Contact Lenses	Per year	1.000	1.500	2.000	3.000	4.000

- Note:
- Co-Insurance 0%, 10%, 20%.
 - Eye examination may be provided in the facilities of Hospital/Clinic in Allianz - Halodoc network

DENTAL CARE (IN '000 IDR)						
Benefit	Max. Limit per Member	Plan				
		A-1	B-1	C-1	D-1	E-1
Preventive Care	Per visit, 2 visits per year	300	400	600	800	1.000
Basic Dental Care	Per year	1.200	1.600	2.400	3.200	4.000
Complex Dental Care		1.800	2.400	3.600	4.800	6.000
Dentures		900	1.200	1.800	2.400	3.000
Annual Benefit Limit		Not Available				
Benefit	Max. Limit per Member	Plan				
		A-2	B-2	C-2	D-2	E-2
Preventive Care	Per visit, 2 visits per year	As charged				
Basic Dental Care	Per year					
Complex Dental Care						
Dentures						
Annual Benefit Limit		3.000	5.000	7.000	9.000	12.000

- Note:
- Co-Insurance: 0%, 10%, 20%.
 - May be provided in the facilities of Hospital/Clinic in Allianz - Halodoc network

MATERNITY (IN '000 IDR)						
Benefit	Max. Limit per Member	Plan				
		A	B	C	D	E
Normal Delivery (including Forceps & Vacuum)	Per Pregnancy	5.000	10.000	15.000	20.000	25.000
Surgical Delivery (Sectio Caesarian)						
Legal Miscarriage						
Pregnancy Complication						
Prenatal and Postpartum Care	Per year	2.000	4.000	6.000	8.000	10.000
Delivery Benefit if all charges are covered by BPJS Kesehatan (*)		1.000	2.000	3.000	4.000	5.000

- May be provided in the facilities of Hospital/Clinic in Allianz - Halodoc network
 * Submission shall be made through reimbursement. Read the Policy for more details

- Notes:
- Insurance Coverage Area is Indonesia.
 - If healthcare is provided outside of the selected Healthcare Provider Network, except due to an Accident or Emergency, the claim shall be made through Reimbursement and the amount payable by Allianz to the Member is at maximum 50% of the Insurance Benefit to which the Member is entitled (except for Spectacles Booster Benefit, if any).
 - May be provided in the facilities of Hospital/Clinic in Allianz - Halodoc network
 - The plan cluster selected for booster benefit and add-on benefit shall match the Inpatient Care plan
 - The selection of plan is subject to the applicable terms and conditions.

Summary of Data

Member's Entry Age (last birthday)

Inpatient Care, Outpatient Care, Dental Care, and Spectacles

- Adult : Max. 65 years old
- Children : 15 days - 18 years old

Maternity Care

Women: 16-45 years

Insurance Period (latest birthday)

Annually, and can be extended to the following year with a maximum Member age of 70 years for adults and 25 years for children (if still undergoing formal education and not yet employed/working)

Coverage Area

Indonesia

Currency

Rupiah

Premium Payment Period

Throughout the insurance period.

Premium Payment Method

Annually, semiannually, quarterly.

Underwriting

- Min. Member : 5 Members (minimum 1 Employee/ Partner). 10 Women (for maternity).
- Max. Member : 300 Members or a premium of 1 Billion (whichever is satisfied first).
- Min. Premium : Rp5.000.000 per payment.

Waiting Period

- Specific Illness : 12 months.
- Critical Illness : 90 days.

Co-Insurance

Outpatient Care, Dental Care, Spectacles
20%, 10% or 0%.

Healthcare Provider Network

Partner Hospitals: Silver, Gold, Platinum

Premium

Contact Allianz marketing personnel to learn the amount of Premium of the selected benefit Plan

Risk

Credit Risk

Risk related to Allianz's ability in fulfilling its obligations to pay for claims to the Policyholder. Allianz shall always maintain its performance to exceed the minimum capital requirements under the applicable regulations.

Operational Risk

Risks related to Allianz's operational process, including the system application and external factors that may impact Allianz's operations.

Risk of Economic and Political Shifts

The change in the stability of the economic and political conditions, in and outside of the country, or changes to the laws, policy, and government regulations related to the industry in general that may impact the performance of Allianz and its investment.

How to Make a Policy Claim?

The Policyholder must fill-in and submit the following documents:

- Group Insurance Application Letter (SPAK).
- A proposal, which consists of Premium, benefits, and special terms, that has been approved and signed by the Policyholder.
- Know-Your-Customer document (KYC):
 - a. A copy of National ID/passport/KITAS of the Policyholder (who signs the SPAK).
 - b. Company Taxpayer Identification Number (NPWP).
 - c. Company Certificate of Registration.
 - d. Company Deed of Establishment.
- Closing Instruction.
- A copy of Premium billing.
- A copy of Premium payment proofs.
- Complete Data of the Member and/or family members (if applicable).

What Are the Obligations of the Policyholder?

- Policyholder shall answer all questions in the SPAK document with truthful and accurate information. The Policyholder shall be accountable for the accuracy and completeness of information that is submitted to Allianz. Submission of incomplete, inaccurate, or false information may void the Policy.
- The premium shall be paid timely.

Can the Policyholder Cancel the Policy?

- A. The Policyholder reserves the right to cancel and return this Policy to Allianz if the Policyholder does not agree with any of the terms or conditions therein within a period of 14 (fourteen) calendar days since the receipt of the Policy (freelook period). For such cancellation or returning of the Policy, Allianz shall refund at the very least the amount of Premium paid by the Policyholder minus some fees, which may include but not limited to stamp duty, and after which the insurance shall automatically be canceled as of the Policy Effective Date.
- B. After the end of freelook period as provided by point (a) above, the Policyholder may only cancel this Policy through a written notice to Allianz no later than 30 (thirty) calendar days prior to such date of cancellation. In such case of cancellation:

Annual Premium

If the premium is paid annually, Allianz shall refund some of the Premium to the Policyholder in accordance with the following terms:

Policy Effective Period	Premium Refunded
Under 30 days	3/4 of annual premium
Under 90 days	1/2 of annual premium
Under 120 days	3/8 of annual premium
Under 180 days	1/4 of annual premium
Under 270 days	1/8 of annual premium
Longer than 270 days	No refund

Installment Premium

If the premium is paid through installments, the Premium payable by the Policyholder to Allianz as of the Policy cancellation date is subject to the following terms:

Policy Effective Period	Premium Refunded
Under 30 days	1/4 of annual premium
Under 90 days	1/2 of annual premium
Under 120 days	5/8 of annual premium
Under 180 days	3/4 of annual premium
Under 270 days	7/8 of annual premium
More than 270 days	1 year worth of premium

The Payable Premium above shall consider the paid installments of Premium by the Policyholder, and the Policyholder shall make the payment by the Due Date.

List of Critical Illnesses Covered by the Critical Illness Benefit

1. First Heart Attack
2. Stroke
3. Coronary Heart Surgery
4. Heart Valve Replacement Surgery
5. Cancer
6. Kidney Failure
7. Paralysis
8. Multiple Sclerosis
9. Transplantation of Vital Organs

Exclusions

Exclusions for Inpatient Care

Allianz shall not pay Insurance Benefit for Healthcare that is provided as a result of or with regards to:

1. Specific diseases:
 - a. Kidney Stones, Bladder/Urinary Tract Stones, Gallstones/Bile Duct Stones;
 - b. Heart, cardiovascular and cerebrovascular diseases (e.g., Heart failure, coronary heart disease, stroke);
 - c. Cataract;
 - d. Any types of benign tumors/lumps/cysts/polyps/cancers;
 - e. Tonsillitis or adenoids and abnormalities in the nasal cavity, intranasal septum, or concha turbinata, including sinusitis that requires surgical intervention;
 - f. Diabetes;
 - g. Tuberculosis and its complications;
 - h. Thyroid gland disorders;
 - i. Hypertension, Hyperlipidemia, (e.g., Hypercholesterolemia, Hypertriglyceridemia);
 - j. Chronic Kidney Failure;
 - k. All types of Hernia;
 - l. Intervertebral disc prolapse;
 - m. All types of hematological disorder;
 - n. Hemorrhoids;
 - o. All types of male or female reproductive disorders, including but not limited to fibroid/myoma in the uterus;
 - p. HIV/AIDS.

However, the exception shall not apply if (i) the specific disease is sustained due to an Accident and the Member has been covered by the Insurance for 12 (twelve) consecutive months since the Membership Effective Date of the Member; or (ii) the Insurance Benefit provided in the form of Critical Illness Benefit.

2. Organ transplantation, including all treatments and/or medications related to organ transplantation.
3. All supporting equipment or artificial aids or synthetic materials, outside or installed inside the body, including but not limited to wheelchairs, crutches, prostheses, hearing aids, optical aids, except for those installed inside the body during surgery in the operation room such as a pacemaker, stents, pens, plates, screws, K-Wire, intraocular lenses, etc.
4. Experimental treatment including unconventional medications, use of medicine, technologies, and/or medical procedures without any proven efficacy by the standard of existing medical practice and which have not approved by legal authorities recognized by the government.
5. Mental or neurological disorders, including psychosis, neurosis, stress, depression, psychogeriatric conditions, and their physiological or psychosomatic manifestations, treatment of drug and/or alcohol abuse or addiction.
6. All treatments and/or medications related to:
 - a. Infertility, including artificial insemination, IVF, and fertility restoration.
 - b. Impotence.
 - c. All hormonal therapies related to perimenopausal syndrome.
7. Treatments and/or medications for weight gain or loss
8. Treatments and/or medications related to cosmetics, including plastic surgery, except for functional reconstructive plastic surgery due to accident performed no later than 30 calendar days after the accident.
9. Regular physical check-ups, medical check-ups, or supporting examinations that are not related to the treatment or diagnosis of covered Disease/injury, unless the Policy has an Additional Outpatient Care Insurance with a Medical Check-Up benefit option that is regulated separately.
10. Treatment and/or medication related to:
 - a. Hernia in a person under 10 years old.
 - b. Congenital abnormalities and/or abnormal/delayed growth and development.
11. Eye refractive disorders, including treatments and/or medications related to eye refractive disorders.
12. Circumcisions unrelated to a Disease or Accident.

13. Treatments and/or medications related to Sexually Transmitted Diseases.
14. Non-Medical Charges, excluding administration fees.
15. Vitamins without Physician's recommendation and medical indications.
16. Food supplement
17. Immunization, including treatments and/or medications related to its complications, unless the Policy has Additional Outpatient Care Insurance with an Immunization option that is separately regulated.
18. Birth Control, including treatment and/or medication related to its complications, unless the Policy has Additional Outpatient Care Insurance with a Family Planning option that is separately regulated.
19. Any treatment and/or medication due to:
 - a. active involvement in war, riot, fight, or crime,
 - b. self-inflicted injury or suicide attempt.
20. Involvement and/or active participation of the Member in dangerous activities or sports (regardless of whether the participation is for reward/remuneration), including but not limited to racing, speed competitions (other than walking or swimming), or martial arts, potholing, rock climbing, mountaineering, climbing using ropes or other instruments, diving deeper than 30 meters, diving activities that include the use of breathing apparatus, sky diving, cliff diving, bungee jumping, BASE (Building Antenna Span Earth) jumping, paragliding, hang-gliding, parachuting.
21. Treatments and/or medications received by the Member due to flying with a chartered aircraft, military/police aircraft, or helicopter.
22. Non-Accident-Related Outpatient Treatment, unless the Policy comes with Additional Outpatient Insurance, the terms of which shall be set out in Riders.
23. Dental Care that is provided for conditions that are not caused by an accident and installation of dentures for any reason, unless the Policy has Additional Dental Care Insurance that shall be regulated in Riders.
24. Treatments for Pregnancy, Childbirth, or Miscarriage unless the Policy has Additional Maternity Care Insurance that is regulated in Riders.
25. Treatments and/or medications that have been reimbursed by the Government, other Health Insurance, and/or other parties.

Outpatient Care Exclusions

1. Identical with Inpatient Care Exception, excluding point 22.

Dental Care Exclusions

Additional Dental Care Insurance Benefit shall not apply for the following conditions:

1. Orthodontic care and/or treatments (fixed or removable).
2. Treatments which are unrelated to dental and periodontal treatment, and are not listed in the Insurance Benefits.

Maternity Exclusions

Treatments which are unrelated to dental and periodontal treatment, and are not listed in the Insurance Benefits.

1. A female Member who is pregnant prior to the effective date of Additional Maternity Care Insurance for the same Member.
2. Any treatments related to illegal abortion, sterilization, as well as fertility tests and treatments.

Product Illustration/Simulation

Company (Policyholder) PT Maju Sejahtera.	Member 5 people including 2 workers	Premi Rp41.000.000 per year.
---	--	--

The selected Healthcare Provider Network is Gold, and the selected benefits are:

 <p>Plan C Inpatient Care (Whichever is higher between the lowest room with 2 beds and Rp600.000).</p>	 <p>Outpatient Care Plan C-2 (as per the amount charged in the bills, with the Max. Annual Benefit of Rp9 million) and Co-share of 20%</p>
---	--

On 1 January 2022, PT Maju Sejahtera purchased the **Smarthealth Enterprise** product for 10 employees, with the Policy Effective Period of 1 January 2022 – 31 December 2022.

Illustration of insurance benefit payment:

- On 1 May 2022, one of the Employees received 5 days of Inpatient Care for typhoid fever in one of the Gold partner Hospitals. The Member was provided a room with 2 beds in accordance with the selected plan. The total bill of treatment was Rp10 million, and Allianz covered 100% of the Inpatient Care bills.
- On 10 August 2022, one of the Employees received Outpatient Care for dengue fever with a total treatment charge of Rp1,500,000. Allianz covered 80% of the total billed amount, which was Rp1,200,000 and a Co-Share of 20% of the same amount, which was Rp300,000, was paid by the Member.

How to File a Claim?

Documents of Claim for Health Insurance Reimbursement

- Allianz health insurance claim form that has been completed and signed by the Member and Medical Resume section that is completed by the treating Physician with Physician's full name, stamp, and Medical Practice Permit Number.
- The original receipt with the Hospital's stamp (with address and phone number) or e-Receipt for Policy which has an Outpatient Care benefit, in cases where Physician consultation is performed through online platform or digital application.
- Details of charges and a copy of the prescriptions.
- Supporting medical documents.
- For Outpatient Care or Dental Care due to an Accident or Emergency, please attach a report that details the chronological events of the traffic accident.
- First claim for Additional Spectacles Insurance must include the copy of prescription from the Ophthalmologist.
- Other documents (if required)

Notes:

- A Health Insurance claim must be submitted no later than 60 calendar days after the end of the treatment. Any claim submitted after such period will not be paid.
- If Allianz approves the Health Insurance claim, the payment of the Insurance Benefit as approved by Allianz shall be made to the Policy Holder no later than 7 (seven) business days upon receipt of the complete documents by Allianz, and the payment of the claim shall be made in accordance with the agreed provisions.
- Allianz shall reserve the right to obtain any information/medical records from the Hospital and/or other parties with regard to the diagnosis and/or health services provided to the Member.

Death Benefit Reimbursement Claim Document

- Allianz health insurance claim form that has been completed and signed by the Member and Medical Resume section that is completed by the treating Physician with Physician's full name, stamp, and Medical Practice Permit Number.
- Death certificate issued by a village official, both the original and a legalized copy.
- A copy of the Member's identity card/proof of identity and death certificate from Policyholder.
- A copy of Beneficiary's identity card/proof of identity.
- A Copy of Family Card.
- Official report issued by the Police in the event of unnatural death or death due to a traffic accident, both the original and its certified copy.
- Certificate issued by the local Indonesian Representative Office in the event of death overseas, both the original and its certified copy.
- Other documents (if required)

Notes:

- The Policyholder must notify Allianz of a Member's death no later than 60 calendar days after the Member passes away.
- Submission of the documents related to Death Benefit claim must be provided to Allianz in writing no later than 60 calendar days after the Member passes away.
- Allianz shall pay the Death Benefit no later than 7 (seven) business days after the receipt of the complete documents by Allianz, and the payment of the claim shall be made in accordance with the agreed provisions.
- Allianz shall reserve the right to obtain any information/medical records from the Hospital and/or other parties with regard to the diagnosis and/or health services provided to the Member.

Where to Submit the 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 Kec. Setiabudi
Jakarta Selatan 12920

Bandung

Allianz Document Management Center (ADMC)
PT Asuransi Allianz Life Indonesia
Wisma CIMB Niaga Lantai 7
Jl. Gatot Subroto No. 2
Bandung 40262, Jawa Barat

Surabaya

Allianz Document Management Center (ADMC)
PT Asuransi Allianz Life Indonesia
Gedung Graha Pacific Lantai 2
Jl. Basuki Rachmat 87-91
Surabaya 60271, Jawa Timur

Bali

Allianz Document Management Center (ADMC)
PT Asuransi Allianz Life Indonesia
Jl. Raya Puputan No.122 C
Denpasar Timur, Kota Denpasar
Bali 80234

Medan

Allianz Document Management Center (ADMC)
PT Asuransi Allianz Life Indonesia
Gedung Forum Nine Lt. 6
Jl. Imam Bonjol No. 9
Medan 20112

**Document submission is available on Monday – Friday
at 08:00 – 17:00 local time (excluding holidays)**

**To send all claim documents to Allianz, you may use
the free of charge delivery service of PT Pos Indonesia**

**Claim may also be submitted digitally
through eAZy Connect.**

Customer Support and Complaint Center

If the Policyholder has any question and complaint regarding products and/or services of Allianz, the Policyholder may contact the following Allianz Customer Centers:

Address:

PT Asuransi Allianz Life Indonesia
Customer Lounge
World Trade Centre 6, Ground Floor
Jl. Jenderal Sudirman Kav. 29-31
Jakarta Selatan 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 Financial Services Authority (Otoritas Jasa Keuangan), and its marketing personnels hold the license from the Indonesian Life Insurance Association (Asosiasi Asuransi Jiwa Indonesia).
- This General Product and Service Summary (RIPLAY Umum) is not a part of the SmartHealth Enterprise Policy and does not constitute an insurance agreement between PT Asuransi Allianz Life Indonesia and the Customers. Customers are completely bound to any provisions under the SmartHealth Enterprise Policy.
- Please read the complete explanation of the insurance coverage in the SmartHealth Enterprise Policy. The insurance coverage includes a Policy Exclusion clause, which outlines the health conditions that shall not be covered by SmartHealth Enterprise Policy.
- SmartHealth Enterprise is an insurance product of PT Asuransi Allianz Life Indonesia that has been approved by the Financial Services Authority (OJK).
- The premium paid includes insurance fees and commission for the marketing personnel.
- The first premium payment shall be subject to Policy administration fee and stamp duty fees pursuant to the applicable terms.
- This General Product and Service Summary (RIPLAY Umum) only serves as a general overview. Contact Allianz or its dedicated marketing personnel for Policyholder or visit Allianz website at www.allianz.co.id for more information. All Allianz products are made to provide benefit to its Customers, but the products may not be suitable to the Policyholder's needs. If the Policyholder has any inquiry on whether or not this product is suitable to their needs, Allianz would recommend the Policyholder to contact Allianz marketing personnel.
- Allianz shall inform the Policyholder of any changes or revision to the benefits, fees, risks, conditions, and terms listed in the Policy within 30 working days before the changes to the benefits, fees, risks, conditions, and terms are effective.
- Allianz may decline Your product application if the application does not fulfill the applicable terms and regulations.
- You are encouraged to read this General Product and Service Summary (RIPLAY Umum) thoroughly and carefully before agreeing to buy this product and You reserve the right to ask the marketing personnel about any details with regards to this General Product and Service Summary (RIPLAY Umum).
- 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**.