

Product Name : Member of Joint Product : Product Description : Product Description : KEY F Insurance Term : Sum Insured : Deductible / Own Risk : Premium Fee : 1. DEATH DUE TO ACCIDEN: Coverage A will be provide 1.1 died within 12 (twelve) r 1.2. lost and not found with covered by the Policy. 2. PERMANENT DISABLED C	
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 covered by the Policy. PERMANENT DISABLED C Coverage B will be provide covered by the Policy, which 	in at least 60 (sixty) calendar days since the accident occurred as a direct result of an accide
covered by the Policy, whic	CAUSED BY ACCIDENT (COVERAGE B) ed in the event that the Insured suffers permanent disability as a direct result of an accide
Overall Permanent Disa 2.1.1. loss of vision in bo 2.1.2. loss or non-functi 2.1.3. loss or non-functi	ch consists of: T DISABILITIES ability includes: oth eyes, or ioning of both arms, or ioning of both legs, or
It can also be interpre Insured as a direct resu	on of: vision in one eye and one arm; vision in one eye and one leg; or one leg and one arm. eted as Total Permanent Disability, in the case of total insanity or paralysis suffered by t ult of an accident covered by the Policy. lity must occur within 12 (twelve) months of the accident.
applies after the docto If the Insured has rece the Insured dies, the Permanent Disability c	T DISABLED ability in the form of missing or non-functioning parts of the body. This right to compensation or determines the condition of the permanent disability suffered. eved compensation in the event of Permanent Disability, then as a result of the same accide right to compensation in the event of Death will be given after deducting the amount compensation that has been paid. If the Permanent Disability compensation that has been pa ath benefit, then the Insured is not entitled to Death benefit.
Coverage C will be provide to cure or recover from illn	CATION COSTS DUE TO ACCIDENTS (COVERAGE C) Id in terms of payment for reimbursement of care and/or treatment costs carried out in an effi- ness or injury suffered by the Insured as a direct result of an accident covered by the Policy. It is given in accordance with the costs incurred by the Insured but does not exceed the Insur- Summary.

Coverage D will be provided in the event that the Insured Dies, is Permanently Disabled, or requires Care and/or Treatment which is directly caused by an accident covered by the Policy, namely the following costs or compensation:



- 4.1. Cost of treatment or alternative medicine (sinshe) licensed by the Ministry of Health.
- 4.2. Ambulance costs for the Insured's transportation to or from the hospital.
- 4.3. Cost of processing a Death Certificate of death due to an accident.
- 4.4. Compensation for funeral costs if someone dies as a result of an accident.
- 4.5. Daily compensation if the Insured must be hospitalized due to an accident for more than twenty-four (24) hours.
- 4.6. Double Compensation for Death as a result of an Accident while traveling as a paying passenger on Public Transportation on land (excluding airplane and ship transportation).
- 4.7. Scholarship for the Insured's children if the Insured dies or is permanently disabled as a result of an accident.
- 4.8. Costs of replacing lost or repairing damage to Personal Property resulting from an Accident covered by this Policy.
- 4.9. Installment costs for financing the Insured's vehicle and house if the Insured dies, is permanently disabled or is hospitalized for a minimum of 14 (fourteen) calendar days as a result of an accident.
- 4.10. Compensation for Death, Permanent Disability, Care and/or Medical Costs which are directly caused by acts of Riot, Strike, Obstruction of Work, Evil Acts, Riots, Terrorism or Sabotage.
- 4.11. Compensation for death, permanent disability, maintenance and/or medical expenses as a result of an accident while riding a motorbike.
- 4.12. Compensation for death, permanent disability, care and/or medical expenses as a result of acts of violence including murder, abuse, rape, kidnapping, regardless of whether the actions were directed against the Insured or other people.

The right to compensation is given in accordance with the costs incurred by the Insured but does not exceed the Insured Value stated in the Policy Summary.

5. DEATH NOT THE RESULT OF AN ACCIDENT (COVERAGE E)

Coverage E will be provided in the event that the Insured dies not as a result of an accident covered by the Policy.

#	Manfaat Asuransi	Paket A	Paket B	Paket C	Paket D	Paket E
_	Santunan Meninggal Dunia (Jaminan A)	25,000,000	50,000,000	100,000,000	250,000,000	500,000,000
-	Cacat Tetap Akibat Kecelakaan (Jaminan B)	23,000,000	30,000,000	100,000,000	230,000,000	500,000,000
2	- Santunan Cacat Tetap Keseluruhan	31,250,000	62,500,000	125,000,000	312,500,000	625,000,000
	- Santunan Cacat Tetap Sebagian	31,250,000	62,500,000	125,000,000	312,500,000	625,000,000
2	Biaya Perawatan dan Pengobatan Akibat Kecelakaan(Jaminan C)	5,000,000	10,000,000	20,000,000	50,000,000	100,000,000
	Biaya-Biaya atau Santunan Akibat Kecelakaan (Jaminan D)	3,000,000	10,000,000	20,000,000	50,000,000	100,000,000
4	- Biaya perawatan atau pengobatan alternatif sinshe	1,250,000	2,500,000	5,000,000	10,000,000	10,000,000
				5,000,000		
	- Biaya Ambulans	1,250,000	2,500,000		5,000,000	5,000,000
	- Biaya pengurusan Sertifikat Meninggal Dunia	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
	- Biaya pemakaman	1,250,000	2,500,000	5,000,000	5,000,000	5,000,000
		25,000 per		100,000 per	200,000 per	200,000 per
	- Santunan harian jika Tertanggung harus dirawat di Rumah Sakit	day, max 30			day, max 30	day, max 30
		days	days	days	days	days
	- Santunan Ganda untuk Meninggal Dunia akibat Kecelakaan saat dalam Angkutan Umum	50,000,000	100,000,000	200,000,000	500,000,000	1,000,000,000
	- Beasiswa untuk anak-anak Tertanggung apabila Tertanggung mengalami Meninggal Dunia atau Cacat Tetap Keseluruhan	2,500,000	5,000,000	10,000,000	25,000,000	25,000,000
	- Jaminan Terorisme	25,000,000	50,000,000	100,000,000	250,000,000	500,000,000
	- Biaya penggantian kehilangan atau perbaikan kerusakan Barang. Barang Pribadi	250,000	500,000	1,000,000	2,500,000	2,500,000
	- Biaya angsuran pembiayaan kendaraan dan rumah Tertanggung apabila Tertanggung Meninggal Dunia	3 months installment, max IDR 2,500,000	3 months installment, max IDR 5,000,000	3 months installment, max IDR 10,000,000	3 months installment, max IDR 15,000,000	3 months installment, max IDR 15,000,000
	- Santunan akibat dari kecelakaan saat mengendarai sepeda motor	Dijamin	Dijamin	Dijamin	Dijamin	Dijamin
	- Santunan akibat dari tindakan-tindakan kekerasan termasuk pembunuhan, penganiayaan, pemerkosaan, penculikan	Dijamin	Dijamin	Dijamin	Dijamin	Dijamin
5	Meninggal Dunia Bukan Akibat Kecelakaan (Jaminan E)	25,000,000	50,000,000	100,000,000	250,000,000	500,000,000
		RISK				

Liquidity Risk

Risks related to the ability of Great Eastern General Insurance Indonesia to pay obligations to customers. Great Eastern General Insurance Indonesia will continue to maintain its performance to increase its capital adequacy as determined by applicable regulations.

Operational Risk

- Risks caused by the ineffectiveness or failure of internal processes, human resources and systems, as well as external conditions that affect internal operational conditions.
- Claims are rejected because the claims submitted are caused by the matters that are excluded from the coverage (exclusion).
- Unilateral cancellation/closed by Insurer if the premium is not paid during the grace period.



			FEE					
1000	Premi dalam Rupiah							
Usia	Paket A	Paket B	Paket C	Paket D	Paket E			
1 - 16	68,300	136,600	273,100	682,600	1,365,200			
17 - 20	112,700	225,400	450,250	1,125,900	2,251,250			
21 - 25	113,600	227,200	453,750	1,134,600	2,268,650			
26 - 30	114,500	228,900	457,250	1,143,300	2,285,950			
31 - 35	124,900	249,700	498,850	1,247,400	2,494,150			
36 - 40	150,900	301,800	602,950	1,507,500	3,014,450			
41 - 45	196,000	391,900	783,250	1,958,400	3,916,250			
46 - 50	294,000	587,900	1,175,250	2,938,400	5,876,150			
<mark>51</mark> - 55	425,800	851,600	1,702,550	4,256,500	8,512,350			
56 - 60	641,700	1,283,400	2,566,250	6,415,800	12,830,950			
61 - 65	1,000,700	2,001,400	4,002,250	10,005,900	20,011,250			

All Fees are included in the premium component, except for policy printing costs if the policy holder wants the policy in printed form and stamp duty in accordance with applicable tax provisions.

EXCLUSION

Exclusion for Coverage A, B, C, and D:

- 1. Accidents that occur as a direct result of the Insured:
 - 1.1. participate in air traffic, except as a valid passenger (has an official ticket)
 - 1.2. boxing, wrestling and all kinds of martial arts, rugby, hockey, sports on ice or snow, mountain or ice mountain climbing and all kinds of physical contact sports, bungy jumping and the like, entering caves or deep pits, hunting animals, or if the Insured is sailing alone, or training for or participating in car or motorcycle speed or agility competitions, air sports and water sports,
 - 1.3. intentionally commits or participates in a crime,
 - 1.4. violate applicable laws and regulations,
 - 1.5. suffering from hernias (hernias), epilepsy (epilepsy), sunburn,
 - 1.6. attacked or infected with disorders or viruses or germs in the broadest sense and resulted in, among others, the emergence of fever (hayfever), typhus, paratyphus, dysentery, poisoning in food (botulism), malaria, pestilence (leptospirosis), filarial and other diseases. sleep due to insect bites or stings into the body,
 - 1.7. being attacked or infected by disorders or viruses or germs, epidemics, pandemics or outbreaks of infectious diseases in the broadest sense
 - 1.8. experience worsening of the consequences of accidents due to diabetes, poor blood circulation, enlarged blood vessels, blindness in one eye if the other eye is hit by an accident

In this case, the amount of compensation given is not higher than what would be given if there were no aggravating circumstances resulting from the accident.

2. Accidents caused or caused by:

- 2.1. The Insured carries out his duties in the Military or Police Service and or related to or seconded to it, unless it has been approved by the Insurer without reducing what is stipulated in paragraph (2.2.)
- 2.2. either directly or indirectly because:
 - 2.2.1. Riots, Strikes, Barriers to Work, Evil Deeds, Riots, People's Awakening, Takeovers of Power, Revolutions, Rebellions, Military Forces, Invasions, Civil War, War and Hostilities, Terrorism, Terrorism or Sabotage,
 - 2.2.2. acts of violence including murder, assault, rape, kidnapping regardless of whether those acts were directed against the Insured or other persons,
 - 2.2.3. detention of the Insured in a place of detention or place of exile due to deportation or carried out legally or illegally an order from a military, civil, judicial, police or political authority which has been taken in connection with the conditions mentioned above or the danger that will arise from that kind of situation
- 2.3. either directly or indirectly due to or occur in nuclear and or nuclear reactions.

3. The Insurer is not obliged to pay compensation or compensation for:

- 3.1. Expenses incurred to prevent or reduce losses unless otherwise agreed by the Insurer.
- 3.2. Accidents and their consequences caused by actions taken intentionally, planned, desired by the Insured or parties entitled to receive compensation, except:
 - 3.2.1. atau Because the Insured is carrying out his work, as described in this policy, or
 - 3.2.2. Because the Insured is trying to save himself, other people, animals, goods or defend and or protect them legally without reducing what is stipulated in paragraph (2.2.) above.
- 4. Treatment or benefits that arise as a direct or indirect result of infection with the HIV virus (Human Immuno Deficiency Virus) or variants of the HIV virus, including immune/immune loss disease or AIDS (Acquired Immuno Deficiency Syndrome) and related or similar diseases AIDS (AIDS Refused Complex ARC).



REQUIREMENTS AND PROCEDURE

Procedure On How to Purchase the Product:

- The purchase of this insurance can be done through Agency Marketing Channels, Brokers, Bancassurance or direct marketing
- Could also contact PT Great Eastern General Insurance Indonesia's agents, broker, or office.

Documents or information required for policy closure:

- a. Application for Insurance Closure (SPPA)
- b. Insured data such as date of birth, gender and occupation
- c. Sum Insured
- d. Last 3 years Claim Experience

Obligation to disclose material facts:

Insured must:

- 1. Disclose material facts, namely information, explanation, circumstances and facts that influence the Insurer's consideration in accepting or rejecting an application for insurance coverage and in determining the premium rate if the application is accepted;
- 2. Make true statements on matters regarding insurance coverage;

which submitted both at the time of making the insurance agreement and during the coverage period:

- a. If the Insured does not carry out the obligations as stipulated in paragraph (1) above, the Insurer is not obliged to pay for the loss incurred and has the right to terminate the coverage and is not obliged to return the premium.
- b. The provisions in paragraph (2) above do not apply in the event that the undisclosed or incorrectly stated material facts have been known by the Insurer, but the Insurer does not exercise their right to terminate the coverage within 30 (thirty) calender days after the Insurer becomes aware of the violation.
- c. If the Insured has not paid the premium to the Insurer within the stipulated period after the policy provisions and/or within the stipulated time period, this Policy will be canceled automatically without having to issue a cancellation recommendation starting from the expiration date of the grace period and the Insurer is released from all liability for losses from that date.

Premium Payment Procedure

- 1. If the insurance period is less than 30 days, the premium must be paid in full before the policy is issued and specifically for the Insurance Period that are 30 days or more or an annual policy, the premium must be paid and actually received in full by Great Eastern (or the intermediary through whom this policy is enforced) within 30 days from:
 - a. the date on which the coverage under the policy, renewal certificate or insurance memorandum takes effect, or
 - b. the effective date of any endorsement, if any, issued under the said policy, certificate of renewal or insurance memorandum.
- 2. Premium payment can be made by cash, cheque, bilyet giro, transfer or by other means agreed between the Insurer and the Insured.
- 3. In the event that the premium payable is not paid and is not actually received in full by Great Eastern (or the intermediary through whom this policy is applied) within the period referred to above, then:
 - a. Coverage under the policy, renewal certificate, insurance note or endorsement is automatically terminated immediately after the expiration of the said payment limitation period;
 - b. Automatic termination of coverage will not reduce any liability incurred during the premium payment period; and Great Eastern is entitled to a premium for the time spent by calculating the prorate premium.

Procedure for Submitting a Claim

- The Insured first reports an event that causes a loss to the Insurer within 30 calendar days after the event that causes a loss occurs,
- 2) The Insured immediately sends claim documents to the Insurer within 14 days from the claim reporting date in the form of:
 - A. If an accident occurs which may result in a claim for compensation, the Insured is obliged to submit the following claim supporting documents:
 - i. claim report form;
 - ii. Original policy or photocopy;
 - iii. Photocopy of Resident Identity Card (KTP).
 - iv. In the event that the Insured dies:
 - Certificate regarding the results of the examination of the body (Visum et Repertum).
 - Photocopy of death certificate from the Village Head or local police.
 - Statements from witnesses
 - v. In the event that the Insured is lost:
 - certificate of accident and cessation of search from the competent authorities.
 - a statement from the heirs that they will return compensation if the Insured is found alive.
 - vi. In the event that the Insured suffers permanent disability:
 - Examination certificate (Visum) from the doctor who carried out the care or treatment
 - Statements from witnesses.
 - vii. In terms of ambulance fees: Original receipt of ambulance fees
 - viii. In case of replacement for loss or repair of damage to personal items:
 - Receipt for purchase of goods or
 - Receipt for repair of damaged goods
 - Photos of damaged goods



- ix. In terms of vehicle and home financing installment costs:
- Proof of vehicle and house financing installments
- x. Original receipt from a doctor, hospital, laboratory, pharmacy, in the event that the Insured is undergoing treatment or medication.

If the original receipt is used to obtain reimbursement from mandatory insurance, the Insured must submit a photocopy of the receipt which has been legalized by the mandatory insurance company.

- xi. information and other relevant evidence, which is reasonable and appropriate to be requested by the Insurer.
- B. If death is not the result of an accident, the Insurer shall determine the supporting documents for the claim as follows: i. Policy Schedule/Proof of Participation; Original policy or photocopy;
 - ii. Death Claim Form issued by the Insurer, and which has been filled in completely and correctly by the Insured Beneficiary;
 - iii. Doctor's Certificate regarding the cause of death;
 - iv. Copy of proof of personal identity, in the form of Resident's Identity Card, passport, Family Card or other information issued by the competent authorities applicable to the Insured and the Insured's Beneficiaries;
 - v. Death Certificate. If you die abroad, the competent authority, at the lowest level, is the Consulate General of the Republic of Indonesia;
 - vi. Funeral or cremation certificate from the authorized agency (original or legalized copy);
 - vii. Other documents that are relevant, reasonable and appropriate to be requested by the Insurer in connection with claim settlement
- 3) Provide the Insurer with all information and documentation that the Insurer requests. If the Insurer requests it, the Insured must provide the Insurer with a statement that verifies the truth of the Insured's claim and matters relating thereto; and promptly send the Insurers any court documents or other communications the Insured has received regarding the claim.
- 4) The Insured could contact the Head Office:

PT Great Eastern General Insurance Indonesia MidPlaza 2, 23rd Floor. Jl. Jenderal Sudirman Kav.10-11, Jakarta 10220, Indonesia Operational Hours: 8.30 AM – 5.30 PM from Monday to Friday (except for holidays) Phone. +6221 5723737 Fax +6221 5710547-48 Email: wecare-id@greateasterngeneral.com

Claim Payment

The Insurer is obliged to complete the payment of claim within 30 (thirty) calendar days from the date of written agreement between the Insurer and the Insured or certainty regarding the amount of claim to be paid.

Service and Complaint Procedure

If the Insured is not satisfied with the Insurer's products and services and wants to submit a complaint, please contact the Insurer via:

PT Great Eastern General Insurance Indonesia MidPlaza 2, 23rd Floor. Jl. Jenderal Sudirman Kav.10-11, Jakarta 10220, Indonesia Operational Hours 8.30 AM – 5.30 PM from Monday to Friday (except for holidays) Phone +6221 5723737 Fax +6221 5710547-48 Email: wecare-id@greateasterngeneral.com

Please complete the Insured's complaint submission by including your personal data and No. Policy or No. Insured Certificate and other information relating to the Insured's complaint. Service and complaint procedures are as follows:

- Record receipt of complaints (in writing) 2 working days
- Temporary Response (if needed) 10 working days
- Final resolution 20 working days

In the event that a dispute arises between the Insurer and the Insured as a result of the interpretation of the responsibility or amount of compensation from this Policy, the dispute will be resolved through a reconciliation or deliberation by the Insurer's internal unit which handles Services and Complaints for Consumers. Disputes arise since the Insured has stated in writing his disagreement on the matter in dispute. Settlement of disputes through reconciliation or deliberation is carried out within a maximum period of 60 (sixty) calendar days from the onset of the dispute.

If the settlement of the dispute through reconciliation or deliberation as regulated in paragraph 1 does not reach an agreement, then the disagreement must be stated in writing by the Insurer and the Insured. Furthermore, the Insured can choose dispute resolution out of court or through court by selecting one of the dispute resolution clauses as set out below.

A. ALTERNATIVE FINANCIAL SERVICES SECTOR DISPUTE SETTLEMENT INSTITUTIONS

It is hereby stated and agreed that the Insured and the Insurer will settle the dispute through the Financial Services Sector Alternative Dispute Resolution Institution under the Financial Services Authority.

B. COURT

It is hereby stated and agreed that the Insured and the Insurer will settle the dispute through the District Court in the territory of the Republic of Indonesia.



SIMULATION

Premium and Rate Simulation

- a. Mr. A, 40 years old, wants to close Great Accident & Life Protection package C with an insurance period of 1 year
- b. The premium paid according to the table is: Rp. 602,950
- c. Plus policy fees and stamp duty amounting to Rp. 60,000

Claim Payment Simulation

- a. An accident occurred which resulted in Mr A's death.
- b. After analysis is carried out by the insurance company, the claim is covered in the policy.
- c. Deductible / Own Risk: Nil
- d. Total claim payment is IDR 100,000,000

ADDITIONAL INFORMATION

Important Definitions:

- 1. "Insured" means the insured listed in the Schedule of Insurance.
- 2. "Insurance Period" means the period specified in the Schedule for which the insurance coverage provided by this Policy applies.
- 3. "Policy" includes this Policy Agreement, Schedule of Coverage and documents issued at a later date to the Insured, which amend the Policy Agreement or Schedule of Coverage.

Product Terms and Condition

- a. Insured Entry Age: 1 65 years
- b. The Insured is in good health, and at the time of applying for insurance is not undergoing medical/health treatment.
- c. The insured is not currently being treated for Covid-19 and has recovered from Covid-19 for more than 3 months.
- d. There is no policy review period (*free-look*) available.

Disclaimer (important to read):

- 1. Great Accident & Life Protection is a joint product insurance owned by PT Great Eastern General Insurance Indonesia and PT Great Eastern Life Indonesia
- 2. You have read, received an explanation, and understand the Great Accident & Life Protection Policy according to the Product and Service Information Summary.
- 3. This summary of product and service information is not part of the insurance and policy application
- 4. You are required to read, understand, and sign the application for insurance and policy applications.
- 5. The information included in this Product and Service Information Summary is effective as of the date of printing of the document.
- 6. You must carefully read this Summary of Product and Service Information before agreeing to purchase the product and have the right to ask the employees of the Insurance Company for all matters related to this Summary of Product and Service Information.
- 7. The information contained in this summary is subject to the terms, conditions and exclusions to the wording of the Policy, a copy of which can be obtained from PT Great Eastern General Insurance Indonesia.
- 8. If an agreement is not reached for the settlement of the complaint, we will assist you to be able to resolve the dispute either through the courts or through a mediation body, or you can submit an application to the Otoritas Jasa Keuangan to facilitate the settlement.

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