

THE INSURED



ACCIDENT OCCURED



INFORM US**

by phone/fax/email and follow our instruction



TRANSFER THE INSURED TO THE HOSPITAL

and get the Coroner's Report from Hospital (visul et Repertum)



SUBMIT SUPPORTING DOCUMENTS

requested by the Insurance Company



THE INSURER



PAYMENT OF CLAIM



LIABLE



INTERNAL CLAIM PROCEDURE***

after all supporting documents completed received



APROVAL OF THE REPUDIATION LETTER

by the insured or company duly signed and stamped



SEND REPUDIATION LETTER

to the insured or company



NOT LIABLE

INFORM US**

Notification of accident must be informed to us within a period of thirty days from the date of accident.

Contact Us:

021-252 3110 ext. 374/171

Miscellaneous Claim Dept (Mon-Fri, 08:15 - 17:00 WIB)

021-252 4084

Fax. Miscellaneous Claim Dept (Mon-Fri, 08:15 - 17:00 WIB)

INTERNAL CLAIM PROCEDURE***

The insurer will check claim liability based on Policy.

Please be reminded, the major exclusion of Personal Accident Policy as below:

1. The diagnosis or accident caused by sickness.
2. Willful act or Negligence
3. Fighting, suicide, committing a crime.
4. Brain disease or mental disorder.
5. Pregnancy/Delivery/Premature Birth/Miscarriage and Related Treatment.
6. Accident arising while the insured is under execution of a sentence, detention or imprisonment.

All insurance claims subject to the terms and conditions of the policy.

The insured

The insurer