

THE INSURED



1

ACCIDENT OCCURED



2

INFORM US**

by phone/fax/email and follow our instruction



3

TREATMENT IN THE CLINIC

or hospital after the accident



4

SUBMIT SUPPORTING DOCUMENTS

requested by the Insurance Company



THE INSURER



7

PAYMENT OF CLAIM



6

LIABLE



5

INTERNAL CLAIM PROCEDURE***

after all supporting documents completed received



8

APPROVAL OF THE REPUDIATION LETTER

by the insured or company duly signed and stamped



7

SEND REPUDIATION LETTER

to the insured or company



6

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.