

## Summary of Benefits

| Benefits  | Sum Insured   |
|---|---|
| Accidental Death  | IDR 100,000,000                                     |
| Permanent Disablement (Refer to Table of Events)                                    | IDR 100,000,000                                     |
| Accidental Medical Expenses Reimbursement (including Alternative Medical Physician) | IDR 20,000,000                                      |
| Burial Expenses   | IDR 10,000,000                                      |
| Simple or Other Fractures (Refer to Table of Events)                                | IDR 20,000,000                                      |
| Loss of Teeth or Dental Procedures (due to Accident)                                | IDR 2,500,000 / tooth, Max. IDR 10,000,000 / person |
| Physiotherapy Costs   | IDR 5,000,000                                       |

### Description

#### Accidental Death

If during the Period of Insurance, the Insured Person sustains Bodily Injury which results in his/her death within three hundred and sixty-five (365) consecutive days from the date of the Accident, the Company will pay to the Policyholder or the beneficiary of the Insured Person the relevant Benefit amount specified in the Table of Benefits read with the Policy Schedule, subject to the terms and conditions of this Policy.

#### Permanent Disablement

If during the Period of Insurance, the Insured Person sustains Bodily Injury which results in Permanent Disablement of the nature mentioned in the Table of Benefits, the Company will pay to the Policyholder or the Insured Person the relevant Benefit amount specified in the Table of Benefits read with the Policy Schedule, subject to the terms and conditions of this Policy.

#### Medical Expenses

If during the Period of Insurance, the Insured Person necessarily incurs Medical Expenses for treatment administered by a Doctor as a direct result of Bodily Injury, the Company will indemnify the Policyholder or the Insured Person in respect of such expenses up to the relevant Benefit amount specified in the Policy Schedule subject to the terms and conditions of this Policy.

#### Funeral and Cremation Expenses (Burial Expenses)

It is declared and agreed that in the event of Bodily Injury which result in the death of the Insured Person, the Company will pay the customary and reasonable cost of funeral and cremation expenses up to a maximum limit per person as stated in the Policy Schedule, subject to terms and conditions of the Policy. Provided always that this Benefit is payable upon production of receipts from a recognised undertaker

## Fractured Bones

If during the Period of Insurance, the Insured Person sustains Bodily Injury which results in a Complete Fracture or Simple Fracture or Hairline Fracture or Other Fracture of the loss events covered under this Policy and must be certified by a Physician, the Company will pay to the Insured Person the relevant Benefit amount specified in the Policy Schedule, subject to the terms and conditions of this Policy, provided always that:

- a) This benefit will not be payable to any Insured Person who has been diagnosed as having osteoporosis prior to the date on which they were first covered under this Policy. If any Insured Person is diagnosed as having osteoporosis after the date on which they were first covered under this Policy, We will only pay this benefit for the first Simple Fracture, Hairline Fracture, Other Fracture or Complete Fracture sustained, and no further payments will be made under this benefit.
- b) The maximum benefit payable for any one (1) Bodily Injury resulting in fractured bones shall be the amount shown in the Policy Schedule against fractured bones and there shall be no further liability under the Policy in respect of the same Bodily Injury sustained thereafter.

Cover for an Event under fractured bones applies only if an amount Benefit is shown in the Policy Schedule against fractured bones.

Table of Benefit

| <b>Events</b><br>Note: the following Event(s) must occur within twelve (12) months of the date of the Bodily Injury.                             |  | <b>Benefits</b><br>The benefits shown below are a percentage of the Sum Insured shown in the Policy Schedule against fractured bones for each Insured Person. |  |
|--|--|---|--|
| Neck, skull or spine (Complete Fracture)   |  | 100%  |  |
| Hip (Complete Fracture)  |  | 75%   |  |
| Jaw, pelvis, leg, ankle or knee (Other Fracture)   |  | 50%   |  |
| • Cheekbone, shoulder (Complete Fracture or Simple Fracture or Other Fracture or Hairline Fracture), or<br>• Hairline Fracture of skull or spine |  | 30%   |  |
| Arm, elbow, wrist or ribs (Other Fracture)   |  | 25%   |  |
| Jaw, pelvis, leg, ankle or knee (Simple Fracture)  |  | 20%   |  |
| Nose or collar bone (Complete Fracture or Simple Fracture or Other Fracture or Hairline Fracture)  |  | 20%   |  |
| Arm, elbow, wrist or ribs (Simple Fracture)  |  | 10%   |  |
| Finger, Thumb, Foot, Hand or Toe (Complete Fracture or Simple Fracture or Other Fracture or Hairline Fracture)                                   |  | 7.5%  |  |

**Dental Procedure**

If during the Period of Insurance, the Insured Person suffers Bodily Injury resulting in the loss of teeth or requires dental procedures, We will pay for the cost of dental treatment up to the relevant Benefit amount specified in the Policy Schedule.

For the purpose of this section, a tooth means a sound and natural permanent tooth but does not include first or milk teeth, dentures, implants and dental fillings

**Physiotherapy Cost**

If during the Period of Insurance, the Insured Person suffers Permanent Total Disablement resulting from an Accident, and We agree to pay any one loss event stated in Part 3 – Benefit, Section 3.5 - Table of Benefits, point B – Permanent Disability of this Policy, We will further pay the Insured Person for such loss event up to the relevant Benefit amount specified in the Policy Schedule for physiotherapy.