

# Asuransi Mikro Tipus

General Version



## Summary of Product and Service Information General Version

|               |                                  |                      |                                                                                                                                                                                                                        |
|---------------|----------------------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Issuer:       | PT Zurich Asuransi Indonesia Tbk | Product Type:        | Health Insurance                                                                                                                                                                                                       |
| Product Name: | Asuransi Mikro Tipus             | Product Description: | Micro Typhoid Insurance is an insurance product provided by PT Zurich Asuransi Indonesia Tbk ("Zurich") that provides a Hospital Cash Benefit if You are diagnosed with Typhoid Fever and require inpatient treatment. |
| Currency:     | Rupiah                           |                      |                                                                                                                                                                                                                        |

## Key Product Features

|             |                                                                                              |                            |                                                |
|-------------|----------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------|
| Entry Age : | 6 (six) months to 65 (sixty-five) years old                                                  | Premium :                  | Sesuai yang tercantum pada Ikhtisar Polis Anda |
| Benefit:    | Daily Hospital Cash Benefit of IDR 500,000 per day, up to a maximum benefit of IDR 5,000,000 | Premium Payment Frequency: | Annual (one time payment)                      |

### Product Benefits

This Policy provides a Hospital Cash Benefit if You are admitted to a hospital due to Typhoid Fever diagnosed by a Doctor and laboratory results confirm any of the following: Widal test result of at least 1:640; or Salmonella typhi is detected in a stool sample; or Anti-Salmonella typhi IgM level between 6 and 10.

### Product Risks

1. Zurich shall not be liable for any loss arising from inaccurate, incomplete, or misleading information provided by You, which may result in errors in the Policy and lead to the rejection of a claim.
2. Premiums paid will not be refunded if the Policy is cancelled after 14 (fourteen) calendar days from the Policy Effective Date.
3. Claims arising from events or circumstances specifically excluded under the Policy will not be payable.
4. Claims may be declined if notification or submission is made beyond the prescribed time limit or if the loss occurs during any applicable Waiting Period.

| Product Benefits                                                                 | Product Risks                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <ol style="list-style-type: none"> <li>5. Manipulation, falsification, or misuse of legal or supporting documents by any related party may affect the validity and enforceability of the Policy, which could result in claim rejection or non-payment of benefits.</li> <li>6. Other risks arising from customer error, omission, or non-compliance with Policy requirements may result in termination of coverage or non-payment of benefits.</li> </ol>                      |
|                                                                                  | Fees & Charges                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                  | <ul style="list-style-type: none"> <li>• <b>Premium:</b> The Premium payable under this Policy depends on the selected plan and the level of coverage chosen by You.</li> <li>• <b>Stamp Duty:</b> IDR 10,000*<br/> <small>*No stamp duty is applied where the Premium amount is less than IDR 150,000.</small></li> <li>• <b>Policy Printing Administration Fee:</b> IDR 44.000**<br/> <small>**applicable only upon customer request for a printed Policy</small></li> </ul> |

| Terms, Conditions and Customer Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                           |                                                                                                      |                                                                                                                                                                                                         |
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| Eligibility Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                           |                                                                                                      |                                                                                                                                                                                                         |
| <ol style="list-style-type: none"> <li>1. Coverage becomes effective upon Your agreement to purchase the Micro Typhoid Insurance Policy.</li> <li>2. The Insured must be at least 6 (six) months old and not more than 65 (sixty-five) years old at the commencement of the Period of Insurance.</li> <li>3. You may hold a maximum of 4 (four) Micro Typhoid Insurance Policies.</li> <li>4. Coverage applies throughout the territory of the Republic of Indonesia.</li> <li>5. A Waiting Period of 30 (thirty) calendar days applies from the Policy Effective Date. During the Waiting Period, no benefits are payable under this Policy.</li> </ol> |                                                                                           |                                                                                                      |                                                                                                                                                                                                         |
| Insurance Purchase Procedure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                           |                                                                                                      |                                                                                                                                                                                                         |
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| <p>You complete the General Insurance Application Form accurately and in full.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p>Upon approval of Your insurance application, You may proceed with Premium payment.</p> | <p>Your insurance documents and electronic Policy will be sent to Your registered email address.</p> |  <p>The insurance purchase will be deemed successful once the Premium payment has been successfully processed.</p> |

## Claim Procedure

1. It is hereby agreed that if You and/or the Participant undergo laboratory testing and/or receive inpatient treatment at a hospital, insurance coverage shall only apply if the laboratory and hospital are part of Zurich's approved provider network. The list of participating laboratories and hospitals is available on Zurich's official website (<https://bit.ly/provider-rekanan>) and may be updated from time to time. This provision forms an integral part of the Policy.
2. Claims must be reported to Zurich through Zurich Care at 1500 456 no later than 14 (fourteen) calendar days from the date You are diagnosed with Typhoid Fever by a Doctor.
3. The following documents must be submitted to support a claim:
  - Completed Claim Submission Form.
  - Copy of Your identity card (KTP, Driver's License, or Passport), or Family Card if the claimant is a minor or a Beneficiary.
  - Original or certified copy of laboratory test results confirming Typhoid Fever in accordance with Policy provisions.
  - Original or certified copy of hospitalisation records issued by a hospital, clinic, or community health centre, including the Doctor's diagnosis.
4. Zurich may request any additional documents deemed necessary to assess the claim.
5. Claims are settled on a reimbursement basis. You are required to pay the applicable expenses first and subsequently submit the required documentation to Zurich for reimbursement. Zurich will settle the claim within 10 (ten) Business Days after a written agreement has been reached regarding the claim amount payable.
6. In the event of the Insured's death, the benefit payable under this Policy shall be paid to the lawful Beneficiary up to the applicable Sum Insured.
7. Benefits under this Policy remain payable in full even if You have other health insurance policies or other insurance cover providing hospitalisation benefits arising from Typhoid Fever.
8. The Policy will terminate once a benefit has been paid under this Policy (First Loss basis).

## Complaint Handling and Dispute Resolution Procedure

1. You may submit any complaint or concern directly to Zurich through Zurich Care at 1500 456.
2. You will be given 10 (ten) Business Days to provide any outstanding supporting documents required for the complaint review process.
3. Zurich will review and resolve Your complaint within the following timeframes:
  - Verbal complaints: within 5 (five) Business Days from the date the complaint is received by Zurich.
  - Written complaints: within 10 (ten) Business Days from the date all required supporting documents have been received in full by Zurich.

## Product Illustrations

### Coverage Illustration

Mindy, an employee, purchases one (1) Micro Typhoid Insurance Policy with the following details:

|                         |                             |
|-------------------------|-----------------------------|
| Insured's Name:         | Mindy                       |
| Date of Birth:          | 1 December 1980             |
| Mobile Number:          | 081312345678                |
| Email Address:          | mindy@gmail.com             |
| Identification Number*: | 15009899220000201           |
| Period of Insurance:    | 23 June 2022 – 23 June 2023 |
| Premium:                | IDR 90,000                  |

\* Indonesian Citizens: National Identity Card (KTP)

\* Foreign Nationals: KITAS/KITAP

This illustration is for illustrative purposes only and does not constitute an insurance contract or form part of the Policy. Your rights and obligations, as well as the terms and conditions applicable to this insurance product, are set out in the Policy. Complete details regarding Premiums, coverage, benefits, terms, conditions, and exclusions are contained in the Policy.

### Claim Illustration

Mindy holds a Micro Typhoid Insurance Policy. When Mindy is diagnosed with Typhoid Fever and requires hospitalisation for 5 (five) days, Mindy submits a claim for the hospitalisation benefit by providing:

Laboratory test results confirming Typhoid Fever in accordance with the Policy provisions; A medical certificate issued by a Doctor confirming the diagnosis of Typhoid Fever; and Other supporting documents required under the Policy.

Following verification and validation of the claim documents, the claim is approved and Zurich reimburses the benefit in accordance with the reimbursement mechanism provided under the Policy.

The benefit payable to the Insured is calculated by multiplying the daily Hospital Cash Benefit by the total number of days of hospitalisation.

Benefit Calculation: 5 days × IDR 500,000 = IDR 2,500,000

Total Benefit Payable: IDR 2,500,000

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## Additional Information

### Important Information

- You have read, received an explanation of, and understood the Micro Typhoid Insurance product in accordance with this Product and Service Information Summary.
- The insurance product being offered is an insurance product of PT Zurich Asuransi Indonesia Tbk ("Zurich"), and all risks associated with the product remain the responsibility of Zurich.
- This Product and Service Information Summary does not form part of the insurance application, Policy, or any insurance contract.
- You are required to read, understand, and sign the insurance application and Policy documents.
- The information contained in this Product and Service Information Summary is valid from the date the document is issued until the expiry of the applicable Period of Insurance.
- Full details of coverage, exclusions, and the complete terms and conditions applicable to this insurance product can be found in the Policy wording.
- The insurance product distributed is not a product of and is not the responsibility of PT Bank Danamon Indonesia Tbk.

Document Print Date  
DD/MM/YYYY

### Zurich Care

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