

NON-BINDING INDICATIVE QUOTATION

No. 048/19012022/LMN/EY/I/2022

TYPE OF INSURANCE : Medical Practice Insurance for Individual Doctors

POLICY HOLDER : **RUMAH SAKIT MATA UNDAAN SURABAYA**

ADDRESS : Jl. Undaan Kulon No. 19 Surabaya 60274

INSURED NAME : **As per the name of Doctor (Insured) who proposed this insurance coverage and doing practice in Rumah Sakit Mata Undaan Surabaya**

INSURED PROFESSION : 1. Ophthalmologist
2. Surgery
3. Anaesthesiologist

RISK LOCATION : As per valid Doctor's Licensed (Surat Ijin Praktek) for each Doctor (Insured)

PERIOD OF INSURANCE : 1 (one) year with the date TBA

RETROACTIVE DATE : As per inception date cover through Allianz
(Maximum 10 years before the latest policy period or 10 years after the start of this insurance through Allianz, whichever is the latest, without termination, and the policy is still active at the time of claim and at the time of claim notification)

TERRITORIAL LIMIT : Anywhere in Indonesia

JURISDICTION : Republic of Indonesia

DISPUTE RESOLUTION AND GOVERNING LAW : Republic of Indonesia

LIMIT OF LIABILITY : Option 1: IDR 250,000,000
Option 2: IDR 500,000,000
Option 3: IDR 1,000,000,000
any one claim & in the aggregate inclusive of costs and expenses

PREMIUM : 2 options - based on the options as per table of premium below:

Option 1 – Group Doctors (minimum 10 Doctors which doing practice at Rumah Sakit Mata Undaan Surabaya only)

Group	Allianz Description	Max Limit 250 mio	Max Limit 500 mio	Max Limit 1 bio
II	Ophthalmologist (spesialis mata)	2,288,000	2,859,000	3,500,000
III	Surgery (spesialis bedah)	4,575,000	5,718,000	12,950,000
IV	Anaesthesiologist (spesialis anestesi)	4,575,000	5,718,000	7,980,000

Option 2- Individual Doctor (maximum 3 locations including Rumah Sakit Mata Undaan Surabaya)

Group	Allianz Description	Max Limit 250 mio	Max Limit 500 mio	Max Limit 1 bio
II	Ophthalmologist (spesialis mata)	3,390,000	4,084,000	5,000,000
III	Surgery (spesialis bedah)	6,780,000	8,168,000	18,500,000
IV	Anaesthesiologist (spesialis anestesi)	6,780,000	8,168,000	11,400,000

- DEDUCTIBLE : IDR 500,000 each and every claim inclusive of defence costs and expenses
- EXTENSION CLAUSE :
 1. Communicable Disease Exclusions Clause (LMA-5396)
 2. Loss Notification Clause (30 days)
 3. Premium Payment Warranty Clause (7 days)
 4. Sanction Limitation Exclusions Clause
- EXCLUSIONS :
 1. Electronic Date Recognition
 2. AIDS, HIV and Hepatitis Non A Exclusion
 3. Aircraft Liability Exclusion
 4. Terrorism Exclusion
 5. Cosmetic Surgery
 7. Cyber Risk
 8. Public Liability
 9. Extended Reporting Period
 10. Medical Practice for Hospital
 11. Other Exclusions refer to the Medical Practice Insurance Policy Wording issued by PT. Asuransi Allianz Utama Indonesia
- OTHER CONDITIONS :
 1. Insurance Programme for the Doctors which doing practice at Rumah Sakit Mata Undaan - Surabaya
 2. For the **Group Doctor** Insurance programme: minimum participant of this insurance programme is 10 Doctors which doing practice in the same location, in this programme it is at Rumah Sakit Mata Undaan - Surabaya
 3. For the **Individual Doctor** Insurance Programme: maximum risk locations is 3 locations including Rumah Sakit Mata Undaan Surabaya
 4. Each new submission will be informed by the Policy Holder through declaration list along with a valid Doctor's Licensed (Surat Ijin Praktek)
 5. No back dated period
 6. The benefit of this insurance only applicable for officially registered Doctor at Rumah Sakit Mata Undaan - Surabaya
 7. This insurance does not apply for the doctors that their premium funded by the government
 8. Each the Doctor who has met the requirements and eligible to this Insurance will receive the Certificate of Insurance issued by PT. Asuransi Allianz Utama Indonesia with the terms & conditions refer to the Master Open Policy
 9. PT. Asuransi Allianz Utama Indonesia has reserved the right to immediately review the premiums, terms, and conditions if the loss ratio is more than 40%
 10. Validity of MOP: 1 (one) year as of agreed and signed of this programme
- DECLARATION : Declaration (based on regularly declaration) containing particulars of actual number of Doctor/Insured, should be forwarded **to PT. ASURANSI ALLIANZ UTAMA INDONESIA** through **RUMAH SAKIT MATA UNDAAN SURABAYA** consisting of:
 1. Actual number of the Insured/Doctor per submission
 2. IDI registered number
 3. Valid SIP
 This declaration should be sent to the Insurer with subject to confirm of no claims or known circumstances that may give rise to claims until binding date

- CLAIM PROCEDURE : TBA
- CLAIM DOCUMENTS : TBA
- SUBJECTIVITIES :
 1. that between the date of data provided to us and the proposed effective date of this insurance, there is no claim notified to the insurer and the insured is not made aware of, or does not become aware of any circumstances which may result in a claim.
 2. No material changes in risk between the date of submission made to us and the proposed effective date of this insurance.
 3. We reserve the right to amend the Policy's terms, conditions, exclusions and premium if additional information or documentation changes our evaluation of this risk.
 4. Satisfactory review of the duly completed signed and current dated Proposal/Application Form
 5. Provide a Doctor's License (Surat Ijin Praktek) with a validity period at least 2 (two) years ahead
 6. Validity of Quotation 30 days from the date of this Letter
 7. Premium Payment Warranty within 30 days from inception date

Jakarta, 19th January 2022

PT. ASURANSI ALLIANZ UTAMA INDONESIA



(Authorized Signature)