

## Overseas Travel Accident Insurance Guide



When traveling to overseas!

**This insurance will be useful in this kind of times !**

### **Injury (injury treatment)**

When you got injured in  
traffic accident and other  
accidents



### **Sickness (sickness treatment)**

When you got cold,  
stomachache or other  
kind of sickness



Premium

Insurance type		A Type	B Type	C Type
Sum Insured	Injury death・ Permanent Disability	USD 50,000	USD 50,000	USD 100,000
	Injury treatment cost	USD 5,000	USD 10,000	USD 10,000
	Sickness treatment cost	USD 5,000	USD 10,000	USD 10,000
Premium	up to 2 days	USD 7.77	14.54 USD	15.54 USD
	up to 3 days	USD 9.71	18.17 USD	19.42 USD
	up to 5 days	USD 15.54	29.10 USD	31.10 USD
	up to 7 days	USD 19.43	29.08 USD	38.85 USD
	up to 10 days	USD 21.37	36.35 USD	42.73 USD
	up to 14 days	USD 25.25	47.26 USD	50.51USD



## PT. ASURANSI TOKIO MARINE INDONESIA

Head Office: Sentral Senayan 1, 3<sup>rd</sup> & 4<sup>th</sup> Floor  
Jl. Asia Afrika No.8, Jakarta 10270, Indonesia  
Phones: (021) 572-5772  
Fax: (021) 572-4005 / 6

(Note) the above premium is not including policy cost IDR 20,000 or equivalent

### <Primary exclusion>

- ① Intentional act from the insured
  - ② Suicide, criminal acts of fights
  - ③ Driving without license, drunk driving
  - ④ War, revolution, usurped power, civil war, armed rebellion, etc.
- (Please refer to the policy wording for details)

### Claim Procedure :

Required documents for injury/sickness treatment cost claim are as below.

For medical treatment cost, the customers need to pay the cost first, and we will pay reimbursement when the customers have returned to Indonesia.

- ① Claim Form (attached)
- ② treatment cost receipt (original)
- ③ Copy of policy (page with policy number)
- ④ physician's certificate

- (Note)
- \* If the treatment cost less than IDR 3,000,000 or equivalent, instead of providing a certificate, the physician can write the diagnose on the ① claim form
  - \* If the customer is instructed by the physician to buy medicine on places other than medical clinic, please attach the physician's instruction
  - \* If the physician's certificate is subject to fee, the fee will be borne by the customer

### How to apply:

Please fill in the required information on the application form and sign it, then send or fax it to our company. Please don't hesitate to contact us if you have any further inquiries



**Person in Charge : Hana**

**Tel : (021) 572-5772 (ext:1111 )**

**Fax : (021) 572-4005**



# PT. ASURANSI TOKIO MARINE INDONESIA

Head Office: Sentral Senayan 1, 3<sup>rd</sup> & 4<sup>th</sup> Floor  
Jl. Asia Afrika No.8, Jakarta 10270, Indonesia  
Phones: (021) 572-5772  
Fax: (021) 572-4005 / 6

To : PT Asuransi Tokio Marine Indonesia  
FAX :572-4005

Date: \_\_\_\_\_(YY/MM/DD)



## [Application of Overseas Travel Accident Insurance]

1. Applicant : \_\_\_\_\_
2. Company : \_\_\_\_\_
3. Address : \_\_\_\_\_
4. Tel/Fax : \_\_\_\_\_

5. Insured name (Sum Insured)/ (Sex)/ (Age)

① \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
② \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
③ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

6. Insurance type (Please circle your choice)

Coverage	①	②	③
	A B C	A B C	A B C

7. Period: \_\_\_\_\_ ~ \_\_\_\_\_

8. Country Destination: \_\_\_\_\_

9. Beneficiary : \_\_\_\_\_ (relation)

\_\_\_\_\_  
Applicant's Signature