



**GENERAL PRODUCT AND SERVICE INFORMATION SUMMARY (RIPLAY)
CRITICAL ILLNESS INSURANCE**

Issuer Name: PT. Sampo Insurance Indonesia	Product Type: Health Insurance
Product Name: Critical Illness Insurance in corporate with PT Roojai Insurance Agent	<p>Product Description:</p> <p>Lump sum up to 100% (one hundred percent) of the Sum Insured for Collateral will be paid to the Insured if diagnosed for each of the following categories:</p> <ol style="list-style-type: none"> 1. Category 1 Cancer: Malignant tumors are characterized by uncontrolled growth of malignant cells with the attack and destruction of normal tissue, as well as invasion of surrounding tissue. This diagnosis should be based on the presence of histological evidence of malignancy (via biopsy) and diagnosed by a tumor specialist (oncologist) or pathologist. This policy only covers invasive cancer. 2. Category 2: Neurological disorders (coma, cerebral aneurysm, Alzheimer's disease, Parkinson's disease) 3. Category 3: Cardiovascular disease (Ischemic or hemorrhagic stroke, acute heart disease, coronary artery disease). 4. Category 4: Chronic Kidney failure. 5. Category 5: Mosquito-borne diseases: This coverage is extended to cashless benefits during hospitalization for medical expenses caused by mosquito-borne: Malaria, Dengue Fever, Chikungunya, Zika, Yellow Fever. <p>Critical Illness Insurance product is in the form of Lump sum up to 100% (one hundred percent) of the Sum insured will be paid to the Insured for the risk of being diagnosed with a disease for each category 1 to 4. Meanwhile for category 5, it provides cashless reimbursement for hospitalization costs .</p> <p>Especially for Category 1, the coverage benefits are as follows:</p> <p>Sum insured based on cancer stage :</p> <ol style="list-style-type: none"> a. 25% of the Sum insured will be paid for early-stage cancer (such as, but not limited to : T1-T2, RAI 1 –RAI 2 or Binet A - B). The 25% of sum insured early cancer benefit can only be paid once in the Policy lifetime. b. The remaining 75% of the sum insured will be paid if the cancer has advanced to late stage (such as, but not limited to : T3-T4, RAI 3 – RAI 4 or Binet C). <p>If the cancer is detected at an advanced stage (T3-T4, RAI 3 – RAI 4 or Binet C), the sum insured paid is 100%.</p>

INSURANCE KEY FEATURES

Insured Age: This coverage is only valid for persons aging 18 (eighteen) years to the age of 64 (sixty four) years at the beginning of policy period; the coverage can be extended until the insured is 65 (sixty five) years old.	Premium: The premium is determined by age and gender. The amount of the rate below is for illustration purposes only, please check on the premium offered by the company.						
	<table border="1"> <thead> <tr> <th>Category</th> <th>30 years old, male*</th> <th>30 years old, female*</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>0.98</td> <td>1.53</td> </tr> </tbody> </table>	Category	30 years old, male*	30 years old, female*	1	0.98	1.53
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PT Roojai Insurance Agent

Cibis Nine 17th Floor, Jl. TB Simatupang No.2
Cilandak Timur, Pasar Minggu Jakarta Selatan 12560

Contact Center Email

✉ service@roojai.co.id

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☎ 021 5089 0821

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	<table border="1"> <tr> <td>2</td> <td>1.47</td> <td>0.75</td> </tr> <tr> <td>3</td> <td>0.64</td> <td>0.24</td> </tr> <tr> <td>4</td> <td>0.12</td> <td>0.07</td> </tr> </table> <p>*premium per 1000 sum assured</p> <table border="1"> <tr> <td>Category 5</td> <td>30 years old</td> </tr> <tr> <td>Plan A</td> <td>49,615</td> </tr> <tr> <td>Plan B</td> <td>74,422</td> </tr> <tr> <td>Plan C</td> <td>100,471</td> </tr> <tr> <td>Plan D</td> <td>125,588</td> </tr> </table>	2	1.47	0.75	3	0.64	0.24	4	0.12	0.07	Category 5	30 years old	Plan A	49,615	Plan B	74,422	Plan C	100,471	Plan D	125,588
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Sum insured: In the benefit table, it is from IDR 100,000,000 to IDR 1,000,000,000 for critical illness benefits.	Premium Payment Period: a. Annual b. Instalment (monthly) * as per company policy at the time of offer																			
Coverage Period: 1 (one) year and can be automatically renewed.																				

BENEFIT

Category 1-4: Full amount of sum insured (lump sum)
 Category 5: In the form of cashless benefits while hospitalized*
 *paid to the partner provider

Category	Plan A (IDR)	Plan B (IDR)	Plan C (IDR)	Plan D (IDR)	Plan E (IDR)	Plan F (IDR)	Plan G (IDR)
1	100,000,000	200,000,000	300,000,000	400,000,000	600,000,000	800,000,000	1,000,000,000
2	100,000,000	200,000,000	300,000,000	400,000,000	600,000,000	800,000,000	1,000,000,000
3	100,000,000	200,000,000	300,000,000	400,000,000	600,000,000	800,000,000	1,000,000,000
4	100,000,000	200,000,000	300,000,000	400,000,000	600,000,000	800,000,000	1,000,000,000

Category 5:

Hospitalization coverage for category 5	Plan A (IDR)	Plan B (IDR)	Plan C (IDR)	Plan D (IDR)
Room and hospitalization expenses (daily compensation per day, a total of 30 days in 1 year)	200,000	400,000	600,000	1,000,000
Overall annual limit (maximum 2 x hospitalization)	10,000,000	20,000,000	30,000,000	50,000,000

BENEFIT

Critical Illness Insurance product is in the form of sum insured to be paid to the Insured for the risk of being diagnosed with a disease for each category 1 to 4, except for category 5 in the form of cashless benefits while hospitalized at the Partner hospital of PT Roojai Insurance Agent.

Category 1: Cancer

Malignant tumors are characterized by uncontrolled growth of malignant cells in the presence of attack and damage to normal tissues, as well as invasion of surrounding tissues. This diagnosis should be based on the presence of histological diagnosis of malignancy (via biopsy) and diagnosed by a tumor specialist (oncologist) or pathologist. This policy only covers invasive cancer.

Sum insured based on Cancer stage :

- 25% of the Sum insured will be paid for early-stage cancer (such as, but not limited to : T1-T2, RAI 1 –RAI 2 or Binet A - B). The 25% of sum insured early cancer benefit can only be paid once in the Policy lifetime.
- The remaining 75% of the sum insured will be paid if the cancer has advanced to late stage (such as, but not limited to : T3-T4, RAI 3

PT Roojai Insurance Agent

Cibis Nine 17th Floor, Jl. TB Simatupang No.2
 Cilandak Timur, Pasar Minggu Jakarta Selatan 12560

Contact Center Email

✉ service@roojai.co.id

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☎ 021 5089 0821

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– RAI 4 or Binet C).

If cancer is detected directly at a late stage (such as but not limited to : T3-T4, RAI 3 - RAI 4 or Binet C) then the sum insured paid is 100%. Once paid an accumulated of 100% of Sum insured the Policy will automatically stop.

The term cancer also includes:

- Leukemia,
- Lymphoma,
- Sarcoma

TNM Classification, RAI and Binet

TNM Classification

- Stage X – Main tumor can not be measured
- Stage 0 - Indicates carcinoma in situ. This, N0, M0.
- Stage I - Localized cancer. T1-T2, N0, M0.
- Stage II - Locally advanced, early stage cancer. T2-T4, N0, M0.
- Stage III - Locally advanced, advanced stage cancer. T1-T4, N1-N3, M0.
- Stage IV - Metastatic cancer. T1-T4, N1-N3, M1.

RAI Classification

- Rai stage 0: Lymphocytosis; no enlargement of the lymph nodes, spleen, or liver; red blood cell and platelet counts are near normal.
- Rai stage I: Lymphocytosis; enlarged lymph nodes; spleen and liver are not enlarged; red blood cell and platelet counts are near normal.
- Rai stage II: Lymphocytosis; enlarged spleen (and maybe an enlarged liver); lymph nodes may or may not be enlarged; red blood cell and platelet counts are near normal
- Rai stage III: Lymphocytosis; lymph nodes, spleen, or liver may or may not be enlarged; red blood cell counts are low (anemia); platelet counts are near normal.
- Rai stage IV: Lymphocytosis; enlarged lymph nodes, spleen, or liver; red blood cell counts may be low or near normal; platelet counts are low (thrombocytopenia).

Binet Classification

- Stage A: No anemia or thrombocytopenia and fewer than three areas of lymphoid involvement (Rai stages 0, I, and II)
- Stage B : No anemia or thrombocytopenia with three or more areas of lymphoid involvement (Rai stages I and II).
- Stage C : Anemia and/or thrombocytopenia regardless of the number of areas of lymphoid enlargement (Rai stages III and IV)

Category 2: Neurological disorders

Diagnosed neurological disorder means coma (Category 2), Cerebral Aneurysm, Alzheimer's Disease, or Parkinson's disease as defined below

Coma (Category 2)

coma as defined in this Policy in Chapter 1: Definitions.

Cerebral aneurysm

The diagnosis is confirmed by a cerebrovascular angiogram from a Neurologist which states that the Insured has a brain aneurysm that requires brain surgery with a craniotomy to clamp, repair or remove the aneurysm. The insured must be treated by a neurosurgeon.

Alzheimer's disease

Diagnosis from a neurologist stating that the Insured suffers from Alzheimer's disease together with similar to a neurological disorder, causing a permanent inability to perform three or more of the Activities of Daily Life on their own.

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Parkinson's disease

A diagnosis from a neurologist stating that the Insured suffers from Parkinson's disease that occurs due to idiopathic causes and fulfills all of the following conditions:

1. The condition of the Insured's disease cannot be controlled by any drugs or clinical measures; and
2. The Insured cannot perform three or more Activities of Daily Life by himself for a continuous period of at least 180 days from the date of Diagnosis, unless the Insured dies before the end of the 180 day period due to this critical illness or as a direct result of the illness. this critical.

Activities of Daily Living (ADL) are as follows :

a. Bathing and washing

The ability to wash in the bath or shower (including getting in or out of the bath or shower) or to wash oneself by any other means.

b. Continence

The ability to voluntarily control bowel and bladder functions such as to maintain personal hygiene.

c. Dressing

Mean the ability to put on, take off, secure, and unfasten all garments and, as appropriate, any braces, artificial limbs, or other surgical appliances.

d. Eating

Means all tasks of getting food into the body once it has been prepared.

e. Mobility

Means the ability to move from place to place without requiring any physical assistance.

f. Transferring

Means the ability to move from a bed to an upright chair or a wheelchair and vice versa.

Category 3: Cardiovascular illnesses

Cardiovascular illnesses means Ischemic or Hemorrhagic Stroke, Acute Heart Attack or Coronary Artery Disease as defined below:

Ischemic or Hemorrhagic Stroke (Major Stroke)

A diagnosis from a Specialist Physician specifying that the Insured has suffered a sudden neurological deficit caused by cerebrovascular disease resulting from cerebral thrombosis, intracerebral hemorrhage, or extracranial embolism and meets all the following conditions:

1. The Insured has suffered continuous neurological disability (excluding numbness) for a period of at least 60 calendar days since the diagnose date, except if the Insured fore the end of the 60-day period from the date of diagnosis from this critical illness or as a direct consequence of having this critical illness; and
2. The Diagnosis has been confirmed by Computed Tomography (CT Scan) or Magnetic Resonance Imaging (MRI).

Acute Heart Attack

A diagnosis from a Cardiologist specifying that the Insured has suffered a heart attack which meets all the following conditions:

1. The Insured has a record of angina pain which is a specific characteristic of Ischemic Heart Disease;
2. The Insured's Cardiac Troponin increases (T or I increase by at least three times the upper limit of the average range, or the CKMB increases by at least two times the upper limit of the average range); and
3. The Insured's Electrocardiogram has changed and shows new characteristics of a heart attack.

Coronary Artery Disease

A diagnosis from a Cardiologist specifying that the Insured has coronary artery disease requiring a surgery by thoracotomy or coronary artery by-pass graft surgery.

Category 4: Chronic Kidney Failure.

A diagnosis from a Specialist Physician that the Insured has chronic kidney disease or end-stage kidney failure of both kidneys whose functions cannot be restored effectively, resulting in a need to perform dialysis regularly or to perform a kidney transplantation.

Category 5: Mosquito-Borne illnesses

This coverage is extended to the cashless benefits while hospitalized of medical expenses caused by Mosquito-borne illnesses covered under this policy: Malaria, Dengue, Chikungunya, Zika, Yellow fever.

PT Roojai Insurance Agent

Cibis Nine 17th Floor, Jl. TB Simatupang No.2
Cilandak Timur, Pasar Minggu Jakarta Selatan 12560

Contact Center Email

✉ service@roojai.co.id

Car Insurance

☎ 021 5089 0821

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☎ 021 5089 0822



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1. Malaria

A diagnosis (including laboratory test confirmation) specifying that the Insured has Malaria.

2. Dengue Haemorrhagic Fever

A diagnosis (including laboratory test confirmation) from a Physician specifying that the Insured has Dengue Haemorrhagic fever.

3. Chikungunya

A diagnosis (including laboratory test confirmation) from a Physician specifying that the Insured has Chikungunya fever.

4. Zika

A diagnosis (including laboratory test confirmation) from a Physician specifying that the Insured has Zika virus.

5. Yellow Fever

A diagnosis (including laboratory test confirmation) from a Physician specifying that the Insured has Yellow fever.

TERMS & CONDITION

Terms and Condition:

1. Pre-existing conditions apply.
2. The policy will expire after the CI claim is paid.
3. A 90 calendar day waiting period applies to CI benefits.
4. A 30 calendar day waiting period applies for mosquito-borne diseases.
5. The Free Looking Period is 14 calendar days.
6. It is forbidden to have more than one policy within the same product, for the same Insured at the same Insurance company.

Premium Payment Period:

- Annual
 - Instalment (monthly)
- * as per company policy at the time of offer

RISK

FEE

1. The premium is declared to have been received if the Insurer has received payment in cash at the Insurer's office or the premium has been entered into the Insurer's bank account or has been received in cash by the service provider appointed by the Insurer.
2. If the Insured does not comply, then this policy terminates automatically without any obligation for the Insurer to issue an endorsement and the Insurer is released from liability under this policy.
3. The Insured is given the opportunity to study the contents of the Policy (Free Look Period) for 14 (fourteen) calendar days since the Policy is received by the Participant. If the insured is not happy with the contents of the policy, the insured can apply for policy cancellation.
4. The Insurer is not responsible for claims for damages arising from fraud or dishonesty. The Insurer may exercise its right to immediately terminate the Policy if the claim provided for in this Policy is fraudulent in any way by the Insured or a person acting on behalf of the Insured. The insurer will return the insurance premium to the Insured by reducing the premium during the prorated for the period this Policy is in effect.
5. The Insurer is not responsible for claims for damages arising from fraud or dishonesty. The Insurer may exercise its right to immediately terminate the Policy if the claim provided for in this Policy is fraudulent in any way by the Insured or a person acting on behalf of the

- Administration Fee: IDR 30.000,-
- Policy Maintenance Fee: -
- Stamp fee: IDR 10,000,-

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<p>Insured. The Insurer will return the insurance premium to the Insured by reducing the premium during the prorated for the period this Policy is in effect.</p> <p>6. The Insurer will not pay the compensation specified in the schedule if the Insured shows symptoms of a critical illness selected by the Insured under this Policy, or is diagnosed with a critical illness selected by the Insured under this Policy, during the first 90 days after the start date of the Policy specified in this Policy. overview. The Insurer has the right to terminate the Policy immediately and return all premiums received to the Insured.</p>	
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DEFINITIONS

The Physician

The person who graduated with a degree in medicine and is legally registered with the Medical Council of Indonesia and licensed to practice as a medical professional in Indonesia. The Physician shall not be the Insured, the spouse of the Insured or a family member of the Insured.

Specialist Physician

A Physician who is additionally certified by the Indonesian Medical Association (IDI) and Doctor’s Practice License (SIP) as having training and expertise in a specific field of medicine.

Cardiologist

A Specialist Physician who is certified by the Indonesian Medical Association (IDI) and Doctor’s Practice License (SIP) to be specialized in heart diseases or abnormalities.

Neurologist

A Specialist Physician who is certified by the Indonesian Medical Association (IDI) and Doctor’s Practice License (SIP) to be specialized in disorders of the nerves and nervous system.

Oncologist

A Specialist Physician who is certified by Indonesian Medical Association (IDI) and Doctor’s Practice License (SIP) to be specialized in tumors.

Diagnosis

The identification of a disease by a Specialist Physician, which shall be based on physical examinations and relevant tests including but not limited to blood test, body fluid tests, tissue test, imaging tests or biopsies, performed in accordance with the diagnosis standard for each critical illness.

In this regard, the performance of physical examinations only shall not suffice and so shall not be qualified as a Diagnosis under this policy. Nevertheless, in case of a lack of evidence of such examinations and/or tests, other means of medical examination shall be conducted as per a medical standard well recognized in medicine. This shall include but is not limited to examinations or tests in radiology, pathology, medical laboratory, or the diagnosis of symptoms and subsequent abnormalities.

Coma

A diagnosis by a Neurologist of being in a state of unconsciousness with no reaction to external stimuli or internal needs which:

1. requires the use of life support systems for a continuous period of at least 96 hours; and
2. with associated neurological deficit with persisting clinical symptoms.

In any case, medically induced unconsciousness, or unconsciousness resulting from alcohol or drug abuse are excluded.

EXCLUDED RISKS

GENERAL EXCLUSIONS

1. Pre-existing conditions
2. Congenital conditions
3. Acquired Immune Deficiency Syndrome (AIDS) caused by infection with human immunodeficiency virus (HIV) including the opportunistic microorganism infection, malignant neoplasm, infection, or any illness which the blood test result reveals as being HIV

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Cibis Nine 17th Floor, Jl. TB Simatupang No.2
Cilandak Timur, Pasar Minggu Jakarta Selatan 12560

Contact Center Email

✉ service@roojai.co.id

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☎ 021 5089 0821

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positive.

- a. Opportunistic microorganism infection shall include but is not limited to Pneumocystis or Chronic Enteritis, Virus, and/or disseminated Fungi Infection. opportunistic microorganism infection shall include but is not limited to infection causing pneumonia, pneumonitis, chronic inflammatory bowel disease, and/or other disseminated fungi infection.
 - b. Malignant neoplasm shall include but is not limited to Kaposi's Sarcoma, central nervous system lymphoma and/or any critical illness which is known as symptoms of AIDS or is of a similar nature of the aforementioned illnesses.
 - c. AIDS shall include but is not limited to Human Immunodeficiency Virus (HIV), Encephalopathy Dementia and dispersion of any virus of a similar nature.
4. The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation and the treatment of nicotine addiction or any other substance abuse or services, or supplies.
 5. Treatment, chronic disease, or complications resulting from plastic or reconstructive surgery.
 6. War or any act of war (whether declared or not), invasion, malicious act of foreign enemy, war-like operations (whether a war is declared or not), civil war (which is a war between citizens of the same country), public defense, rebellion, revolution, labor strike, insurrection, military or usurped acts, martial law declaration or any other acts that could cause or maintain the martial law imposition.
 7. Nuclear weapons or materials, chemical and biological weapons, radiation of any kind.
 8. Any breach of the law with criminal intent or arising out of or because of any act Policy Wording 46 of self-destruction or self-inflicted injury, attempted suicide, or suicide. This shall include the Insured deliberately putting themselves in harm's way of a contagious disease, including but not limited to, the Insured failing to take appropriate measures when in contact with a person who is known to have a mosquito-borne illness or respiratory illness.
 9. The Insured's participation or involvement in naval, military or air force operations, racing, diving, aviation, scuba diving, parachuting, bungee jumping, hang-gliding, rock, or mountain climbing.
 10. Any treatment arising from pregnancy (including voluntary abortion), miscarriage, labor and birth (including caesarean section), or other congenital internal and external diseases, defects, or anomalies from the foregoing.
 11. The Insured's participation in medical or pharmaceutical trials.
 12. Any exclusion mentioned in the schedule, or the breach of any specific condition mentioned in the schedule.
 13. Outbreak/pandemic is an outbreak of an infectious disease in the community whose number of sufferers has significantly increased beyond the usual situation at a certain time and area and can cause havoc. Triggered from an extraordinary occurrence or increase in the incidence of disease and/or death that is epidemiologically significant in an area within a certain period of time, and is a condition that can lead to an outbreak.

SPECIFIC EXCLUSIONS

Category 1: Cancer

1. Non-invasive cancer, carcinoma in situ
2. Cancer at stage Tx and T0 from TNM classification and RAI 0 from RAI classification
3. Borderline tumor or Low Malignant Potentia
4. Pre-malignant lesion such as CIN I, CIN II, CIN III
5. Cancer in a patient who is infected with HIV
6. Repeated cancer or spread from other parts, in which such cancer appeared for the first time before the policy inception or within 90 calendar days of the policy inception.

Category 2: Neurological disorders

Coma

Unconsciousness caused by any mosquito-borne illness or respiratory illness is excluded, except if the insured is covered under the extension mosquito born illness.

Cerebral Aneurysm

Infection and mycotic aneurysms are excluded. Cerebral aneurysm surgery using a cerebral artery catheter, craniectomy or burr hole are also excluded.

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Alzheimer's Disease

Neurological impairment caused by alcohol, drug abuse or psychological disorder is excluded.

Parkinson

Parkinson's disease caused by drugs or exposure to toxins is excluded.

Category 3: Cardiovascular Illnes

Ischemic or Hemorrhagic Stroke (Major Stroke)

Infarction, Transient Ischemic Attack or Reversible Ischemic Neurological Deficit are excluded.

Coronary Artery Disease

Unblocking a coronary artery angioplasty, stent insertion, laser, or other intra-arterial procedures are excluded.

Category 4: Chronic Kidney Failure

Kidney failure caused by any Mosquito-borne illness or Respiratory illness is excluded.

Category 5: Mosquito-Borne Illnesses

This contract does not cover any hospitalization, surgery or charges caused directly or indirectly, wholly or partly, by any one (1) of the following occurrences:

1. Pre-existing illness.
2. Claims occurring during the waiting period.
3. Plastic/cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of nearsightedness (Radial Keratotomy) and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers, and prescriptions thereof.
4. Dental conditions including dental treatment or oral surgery except as necessitated by accidental injuries to sound natural teeth occurring wholly during the period of insurance.
5. Private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilization, venereal disease and its sequelae, AIDS (Acquired Immunodeficiency Syndrome) or ARC (AIDS Related Complex) and HIV (Human Immunodeficiency Virus) related diseases, and any communicable diseases requiring quarantine by law.
6. Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
7. Pregnancy, childbirth (including surgical delivery), miscarriage, abortion and prenatal or postnatal care and surgical, mechanical, or chemical contraceptive methods of birth control or treatment pertaining to infertility. Erectile dysfunction and tests or treatment related to impotence or sterilization.
8. Hospitalisation primarily for investigatory purposes, diagnosis, X-ray examination, general physical or medical examinations, not incidental to treatment or diagnosis of a covered disability or any treatment which is not medically necessary, and any preventive treatments, preventive medicines or examinations carried out by a physician, and treatments specifically for weight reduction or gain.
9. Suicide, attempted suicide, or intentionally self-inflicted injury while sane or insane.
10. War or any act of war, declared or undeclared, criminal, or terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection.
11. Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
12. Expenses incurred for donation of any body organ by an Insured Person and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications.
13. Investigation and treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bone setting, herbalist treatment, massage or aromatherapy or other alternative treatment.
14. Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Insured Person and Disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract.
15. Psychotic, mental, or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations).
16. Costs/expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities, admission kit/pack and other ineligible non-medical items.

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17. Sickness or injury arising from racing of any kind (except foot racing), hazardous sports such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities.
18. Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
19. Expenses incurred for sex changes.

REQUIREMENTS AND PROCEDURES

Insurance Application Procedure:

1. This coverage is valid for persons aged a minimum 18 years and a maximum of 64 years.
2. Select products you do wish to buy on the website www.roojai.co.id.
3. Fill in personal data and answer health questions
4. Choose the coverage you do like to have.
5. Pay online based on your convenient payment method; debit card, credit card or virtual account.

PT Roojai Insurance Agent will inform you of any changes to the benefits, costs, risks, terms and conditions of products and services by mail or through other media in accordance with the applicable terms and conditions. The notification will be informed 30 days before the change becomes effective. For further explanations and products provisions, please refer to the following link: <https://www.roojai.co.id/critical-illness-insurance>

Procedures that can be taken in the event of a complaint in the purchase of products and/or use of services by contacting:

PT. Roojai Insurance Agent

CIBIS 9 17th Floor Jl. TB Simatupang No.2 Cilandak Timur Pasar Minggu Jakarta 12560 – Indonesia

Phone: (021) 5082 0822

Website: www.roojai.co.id

Claim Submission and Settlement Procedure

In the event of a loss due to the risk covered by the policy, you must:

- a. Immediately notify the insurance partner of PT. Sampo Insurance Indonesia, in this case service@roojai.co.id or claim hotline (021) 50890822;
- b. Submit a claim form that has been filled out completely and correctly. Claim forms or claim submissions can be emailed to medicalclaims@roojai.co.id;
- c. The claim submission must make a claim report complete with the following documents a maximum of 30 (thirty) working days on the date of treatment at the Hospital;
- d. Claim form from Roojai Insurance Agent, which must be filled out by the Insured, complete with full name, policy number;
- e. The Insured completes the claim document for proof of payment, medical resume and diagnosis, Doctor's Name

Other Terms & Conditions:

- a. This insurance benefit is only valid in Indonesia.
- b. Lump sum of 100% sum insured will be paid to the Insured. If the benefit is reimbursement, the Insurer will pay in full amount based on hospitalization cost, with the limit of sum insured.
- c. The risks experienced by the Insured occur during the policy period that is still valid.
- d. The coverage and benefits under this policy applies if the premium on the policy and membership has been paid in full.
- e. Hospitalization and or treatment cost is incurred directly from the risks insured in the Policy.
- f. The Insured is entitled to receive benefits even though the insured has covered by other insurance company.
- g. Subject to the terms, limitations, exclusions and conditions set forth in this policy.
- h. The Insured is given the opportunity to study the contents of the policy (free look period) for 14 (fourteen) calendar days since the policy is received by the Insured. If the Insured is not pleased with the contents of the policy, the Insured may apply for a cancellation of the policy. for the cancellation of the policy, the premium will be refunded after being charged the previous admission fee. However, if the Insured has submitted a claim for insurance benefits, then the Insured's right to apply for a cancellation of the policy based on this provision will be void.

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Cilandak Timur, Pasar Minggu Jakarta Selatan 12560

Contact Center Email

✉ service@roojai.co.id

Car Insurance

☎ 021 5089 0821

Health Insurance

☎ 021 5089 0822



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<p>with Doctor's or Hospital's stamp and Doctor's Practice License Number who examines it;</p> <ul style="list-style-type: none"> f. Receipt with details of doctor's fees, medicines, laboratory, room/meal, surgery (if any), operating room (if any); g. Copies of laboratories, diagnostic tests, x-rays, and others related to treatment; h. Additional documents or evidence requested by the Insurer (if any); i. Provide full assistance to Roojai Insurance Agent and PT. Sampo Insurance Indonesia or other parties appointed by PT. Sampo Insurance Indonesia to conduct an investigation on the loss or damage that occurred. <p>Claim Settlement and Payment Procedures Insurers are required to provide an answer to the results of the claim analysis/answer whether the claim is accepted or not, they will be informed within 30 working days of receipt of the complete claim supporting documents and if no further medical investigation is carried out. After there is a written agreement and certainty regarding the amount of benefits that must be paid, the Insurer is obliged to complete the payment of compensation and/or cash benefits within 30 (thirty) working days.</p>	
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Grace Period for Premium Payment

1. In the event that debiting for continued premium (extension) is not successful or continued premium (extension) has not been received in the Insurer's account on the due date of Premium payment, the Insurer will give a grace period of 30 (thirty) calendar days from the due date premium payment. If the grace period has passed and the Premium has not been successfully debited or received in the account of the Insurer, the Policy will be canceled starting from the due date of premium payment.
2. Whereas in paragraph 1 above the Policy is automatically canceled, **the Insurer** will continue to strive to collect **Premiums** and if all outstanding **Premiums** are successfully made more than 30 days from the due date of premium payment, the Policy will be reinstated on the date the collection is successful, however must following the closing process from the start.
3. With due observance of other terms and conditions in this Policy and as long as there is no change, debit on the due date made by the Insurer or receipt of Premium in the account of the Insurer is proof of the Insurer's approval to extend the coverage period of this Policy. The Insurer is not obliged to issue any documents for the extension of the coverage period in this Policy and therefore this Policy is a valid proof of the coverage provided.

SIMULATION

Premium Calculation Illustration

Mrs. Eni who is 30 years old, is considering to buy Critical Illness products, by choosing Category 1 Cancer - Plan B (UP 500,000,000 IDR), and is accepted by Underwriter Sampo Insurance Indonesia. Mrs. Eni purchased this policy with a coverage period of 1 February 2023 – 31 January 2024.

With the rate set is:

Category 1 – (Cancer) = 30 years old female (1.53/1,000) x IDR 600,000,000 = IDR 910,000

Brokerage commission/Brokerage fee: Yes

Claim Calculation Illustration

Mrs. Eni was diagnosed with Leukemia based on histological of malignancy (via biopsy) by a tumor specialist (oncologist) on July 31, 2021 (after the policy waiting period).

Mrs. Eni submitted a claim by sending a complete claim document, along with a medical examination, doctor's diagnosis, and medical treatment summary to Sampo Insurance Indonesia.

Accordingly, Mrs. Eni will receive sum insured with details as followed:

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Car Insurance

☎ 021 5089 0821

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Leukemia stage 3 (Chronic leukemia stage 3) (Category 1 Cancer) = IDR 600,000,000 IDR **Claim assure: after a 90 day waiting period and according to the criteria of Category 1 Cancer.** So that the insurance coverage for Category 1 Cancer benefits has been completed.

ADDITIONAL INFORMATIONS

1. Premium Payment Method

Premium payments can be made by annual payment. The Insurer is deemed to have received the premium payment, when:

- cash payment has been received, or
- the premium of the insured has been received by the Insurer's bank account, or
- the Insurer has agreed to settle the relevant premium in writing.

2. Premium Payment Scheme

It is a condition of the Insurer's responsibility for insurance coverage under this Policy, every Premium payable must have been paid in full and has actually been received in full by the Insurer, in the event that: Insurance period is 30 (thirty) days or more, then the premium payment must be paid within a grace period of 30 (thirty) calendar days as of the policy effective date.

3. Product Waiting Period

The Insurer will not pay the sum insured specified in the schedule if the Insured shows symptoms of a critical illness selected by the Insured under this Policy, or is diagnosed with a critical illness selected by the Insured under this Policy, during the first 90 days after the Policy start date specified in the summary. The Insurer has the right to terminate the Policy immediately and return all premiums received to the Insured.

Disclaimer (important to read):

1. Critical Illness Insurance Product is a health insurance product from Sampo Insurance Indonesia.
2. The Insurance company may accept and reject the request for insurance coverage depending on the Underwriting decision of the insurance company and applicable regulations. Claim decision is entirely the decision of the Insurance Company by following the provisions stated in the policy.
3. This Summary of Product and/or Service Information is a brief description of the Insurance product and is not part of the policy. The definition and more complete information can be found in the Policy issued by the Insurance Company. If there is a difference between the policy and other documents, the policy shall prevail.
4. You have read, received an explanation, and understand the insurance product according to the Summary of Product and Service Information.
5. You are required to read, understand, and sign the insurance and policy application.
6. You must carefully read this Summary of Product and Service Information before agreeing to purchase the product and have the right to ask the employees of the Insurance Company for all matters related to this Summary of Product and Service Information.

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PT. Sampo Insurance Indonesia
Registered and supervised by the Financial Services Authority (OJK)

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