Allianz

PT Asuransi Allianz Life Indonesia

12/31/2025

SUMMARY CASHLESS CLAIM WITH EXCESS REPORT

AltReg-SubAcc : 2025112799700004-001
Reference No : 70432374
Policy ID : F469-OPUPEA-00000
Policy Holder : PUTRA PERKASA ABADI PT,

Provider Name : RS MITRA KELUARGA GRAND WISATA
Date Received : 27-Nov-2025
Check # : 102-25123001

No.	ID/Name	ClaimNo	Claim Type	Date of Service From	Date of Service To	Billed	Payable To Provider	Eligible Benefit	Not Payable	Code
1	Subscriber: PUPEA-43720 / DWI SIWI NUR BUDIANI Claimant:									
	PUPEA-43720/DWI SIWI NUR BUDIANI	2025112799700004	Inpatient	24-10-2025	24-10-2025					
				INP-PRE&POST HOSP (PER DIS)		1,700,456.00	1,700,456.00	0.00	1,700,456.00	NPA-09X
				SUB TOTAL :		1,700,456.00	1,700,456.00	0.00	1,700,456.00	

NPA-09X : EXS-EXCESS CAUSED MAX LIMIT

GRAND TOTAL : 1 CLAIM(S) 1,700,456.00 1,700,456.00 0.00 1,700,456.00

Excess of claim payment please transfered to : PT. Asuransi Allianz Life Indonesia
Bank HSBC Cabang World Trade Center Jakarta
8707888800008028 (IDR-Excess of Claim)

Please be advised that a bill for the excess of claim would be sent to your employer's attention to settle the above excesse

OP_CLAIM_CASHLESS_SUM_EXS
PAR:F469/102-25123001/2025112799700004

Kantor Pusat:
World Trade Centre 3
Jalan Jenderal Sudirman Kav. 29-31
Jakarta Selatan 12920, Indonesia
Corporate Number : +62 21 2926 8888

www.allianz.co.id ContactUs@allianz.co.id Allianz @AllianzID AllianzCare 1500 136 AllianzCare Sharia 1500 139

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