

# Property All Risks Insurance

## Asuransi Semua Risiko Properti

The Insured <i>Tertanggung</i>	<b>XXXX</b>
Policy Number <i>No. Polis</i>	<b>123456789</b>
Period of Insurance <i>Jangka Waktu Pertanggungan</i>	<b>June 15, 1990 to June 15, 1991</b>

<b>NOTE TO INSURED</b>	The Insured is particularly requested to read this Policy, Schedule and Condition. If any error be found, please return the Policy for an immediate correction.
<b>CATATAN KEPADA TERTANGGUNG</b>	<i>Tertanggung dimohon untuk memeriksa Polis, Ikhtisar Pertanggungan serta Kondisi-nya. Jika terdapat kesalahan, mohon mengembalikan polis ini untuk dapat segera diperbaiki.</i>
<b>CLAIM KLAIM</b>	<b>Grha Asuransi Astra</b> Jl TB Simatupang Kav. 15, Lebak Bulus, Cilandak - Jakarta 12440 Telp. +62-21-75 900 800 Fax. +62-21-766 0005, 766 0020  <b>Contact Centre Commercial :</b> Garda Akses : 1 500 112 Pilih 2 Layanan Commercial Business SMS +62-8118 500 112 customer_service@asuransiastra.com

### SCHEDULE IKHTISAR PERTANGGUNGAN

Policy Number <i>No. Polis</i>	123456789
Type of Insurance <i>Jenis Asuransi</i>	Property All Risks Insurance <i>Asuransi Semua Risiko Properti</i>
Form/Wording <i>Jenis Polis</i>	<ul style="list-style-type: none"><li>xxx</li><li>xxx</li><li>xxx</li><li>xxx</li></ul>
The Insured <i>Tertanggung</i>	xxx
Address <i>Alamat</i>	xxx
Period of Insurance <i>Jangka Waktu Pertanggungan</i>	June 15, 1990 To June 15, 1991 (Both dates inclusive at 12.00 o'clock noon local time)
Occupation <i>Penggunaan</i>	xxx
Risk Location <i>Lokasi Risiko</i>	xxx
Interest Insured <i>Obyek Pertanggungan</i>	<b><u>SECTION I - xxx</u></b> xxx <b>A. xxx</b> a. xxx  <b>B. xxx</b> xxx  <b>C. xxx</b> xxx  <b>D. xxx</b> xxx  <b><u>SECTION II - xxx</u></b> xxx
Additional Coverages <i>Perluasan Tambahan</i>	<ul style="list-style-type: none"><li>xxx</li></ul>
Basis of Loss Settlement <i>Dasar Penyelesaian Kerugian</i>	xxx
Sum Insured <i>Nilai Pertanggungan</i>	<b><u>SECTION I - xxx</u></b> As per list attached  <b><u>SECTION II - xxx</u></b> xxx
Total Sum Insured <i>Total Nilai Pertanggungan</i>	IDR 123,456,789,00

Premium Rate <i>Tarif Premi</i>	xxx
Discount <i>Potongan</i>	Discount xx%
Premium Calculation <i>Perhitungan Premi</i>	<b>xxx</b> xxx = IDR 1,234,567.00 x xx% = IDR 123,456.00 xxx   xxx = IDR 123,456.00 <b>Total = IDR 12,345,678.00</b>
Clauses (per locationa) <i>Klausul</i>	<b>xxx</b> 1. xxx 2. xxx 3. xxx 4. xxx 5. xxx  <b>xxx:</b> 1. xxx 2. xxx 3. xxx ➤
Deductibles: Any One Occurrence/Location	<b>SECTION I - xxx</b> ▪ xxx  <b>SECTION II - xxx</b> xxx
Coinsurance <i>Koasuransi</i>	▪ PT xxx                      xx.xx% as xxx ▪ PT yyy                        yy.yy% as yyy

Jakarta, June 1, 1990  
PT xxx



ISSUED IN DUPLICATE, VALID FOR ONE  
*Diterbitkan dalam duplikat, berlaku hanya satu*

Authorized Signatory

Attaching to and forming part of policy number : 012345678

Insured : xxxx, PT and/or all their respective rights subsidiary companies owned, operated, managed or controlled and/or affiliated with any of the above mentioned companies and/or all for their respective rights and interest.

It is also agreed and declared that the named Insured includes the interest of any joint venture where xxxx, PT accepted obligation to insure.

Period : June 15, 1990 To June 15, 1991

Currency : IDR																	
No.	Company	xxx	xxx	xxx	xxx			xxx	xxx						xxx	xxx	xxx
					xxx	xxx	xxx		xxx	xxx	xxx	xxx	xxx				
1	xxxx, PT	xxx	xxx	1	1,234,567.00	1,234,567.00	1,234,567.00	1,234,567.00	1.000000%	1.000000%	1.000000%	1.000000%	1.000000%	1.000000%	1.00	1.00	-
				2	1,234,567.00	1,234,567.00	1,234,567.00	1,234,567.00	1.000000%	1.000000%	1.000000%	1.000000%	1.000000%	1.000000%	1.00	1.00	-
Total								1,234,567.00							1.00	1.00	-

Remarks :

xxx  
xxx  
xxx  
xxx  
xxx

Attaching to and forming part of policy number : 012345678

Insured : xxxx, PT and/or all their respective rights subsidiary companies owned, operated, managed or controlled and/or affiliated with any of the above mentioned companies and/or all for their respective rights and interest.

It is also agreed and declared that the named Insured includes the interest of any joint venture where xxxx, PT accepted obligation to insure.

Period : June 15, 1990 To June 15, 1991

No.	Company	xxx	xxx	xxx	xxx			xxx	xxx						xxx
					xxx	xxx	xxx		xxx	xxx	xxx	xxx	xxx	xxx	
1	xxxx, PT	xxx	xxx	1	1,234,567.00	1,234,567.00	1,234,567.00	1,234,567.00	1.000000%	1.000000%	1.000000%	1.000000%	1.000000%	1.000000%	1.00
				2	1,234,567.00	1,234,567.00	1,234,567.00	1,234,567.00	1.000000%	1.000000%	1.000000%	1.000000%	1.000000%	1.000000%	1.00
Total								1,234,567.00							1.00

Remarks :

xxx  
xxx  
xxx  
xxx  
xxx

**POLIS SEMUA RISIKO INDUSTRI**

konten menggunakan bahasa indonesia

**PT xxx**

XX  
 XXXX  
 XX  
 XXXX  
 XX  
 XXXX  
 XX  
 XXXX  
 XX  
 XXXX  
 XX  
 XXXX  
 XX  
 XXXX  
 XX  
 XXXX

**konten menggunakan bahasa indonesia**

konten menggunakan bahasa indonesia

1. konten menggunakan bahasa indonesia
- 2.1 konten menggunakan bahasa indonesia
- 2.2 konten menggunakan bahasa indonesia
3. konten menggunakan Bahasa indonesia

-----

***Terjemahan ini dibuat berdasarkan dokumen berbahasa Inggris. Jika terdapat perbedaan penafsiran dalam versi Bahasa Indonesia ini, maka versi Bahasa Inggris yang akan dijadikan sebagai acuan.***

**INDUSTRIAL ALL RISKS POLICY**

konten menggunakan bahasa inggris

**PT xxx**

XX  
 XXXX  
 XX  
 XXXX  
 XX  
 XXXX  
 XX  
 XXXX  
 XX  
 XXXX  
 XX  
 XXXX  
 XX  
 XXXX  
 XX  
 XXXX

**konten menggunakan bahasa inggris**

konten menggunakan bahasa inggris

1. konten menggunakan bahasa inggris
- 2.1 konten menggunakan bahasa inggris
- 2.2 konten menggunakan bahasa inggris
3. konten menggunakan Bahasa inggris

-----