



PERISAI

Air Ambulance & Flying Hospital

A proposed national medical aviation network for an archipelagic Indonesia.

STRATEGIC CONCEPT

BRINGING CRITICAL CARE TO EVERY ISLAND

CONCEPT PRESENTATION / AUGUST 2026



The hospital should not always wait for the patient.

Sometimes the hospital must fly to the patient.

01

DOCTORS

02

**MEDICAL
EQUIPMENT**

03

PATIENTS

04

CRITICAL CARE

PERISAI reframes medical aviation as a governed care network - not a fleet in search of missions.

Geography turns access into a time-to-care problem.

17,380
islands reported for 2025

VERIFIED FACT

MAJOR HEADLINE: 17,000+ ISLANDS

BARRIER 01

Distance + water

A referral may require multiple transport modes before specialist care begins.

BARRIER 02

Terrain + access

Mountains and limited runways can constrain movement.

BARRIER 03

Urban congestion

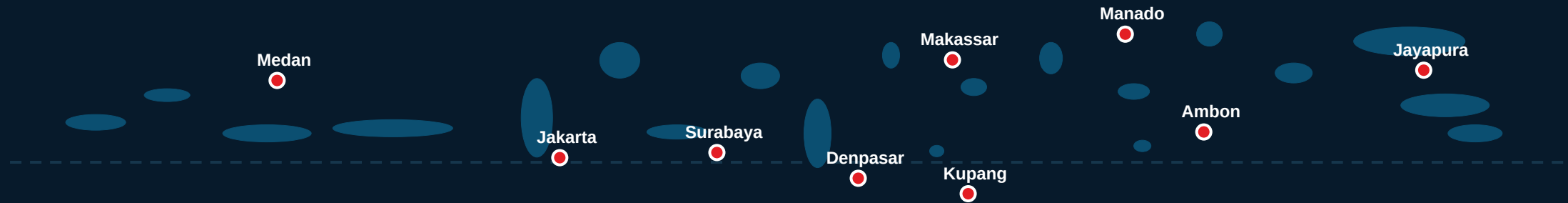
Physical proximity does not guarantee predictable transfer time in major cities.

BARRIER 04

Disaster disruption

Aviation can add logistics capacity when ground access is compromised.

One country demands more than one access model.



PROPOSED HUBS / CONCEPTUAL NETWORK VISUAL

National hub

Regional aviation hubs

Local landing infrastructure

Remote communities

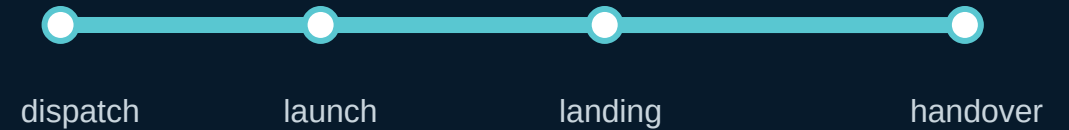
Air value depends on the whole care journey.

ILLUSTRATIVE SCENARIO

ROAD JOURNEY



AIR JOURNEY



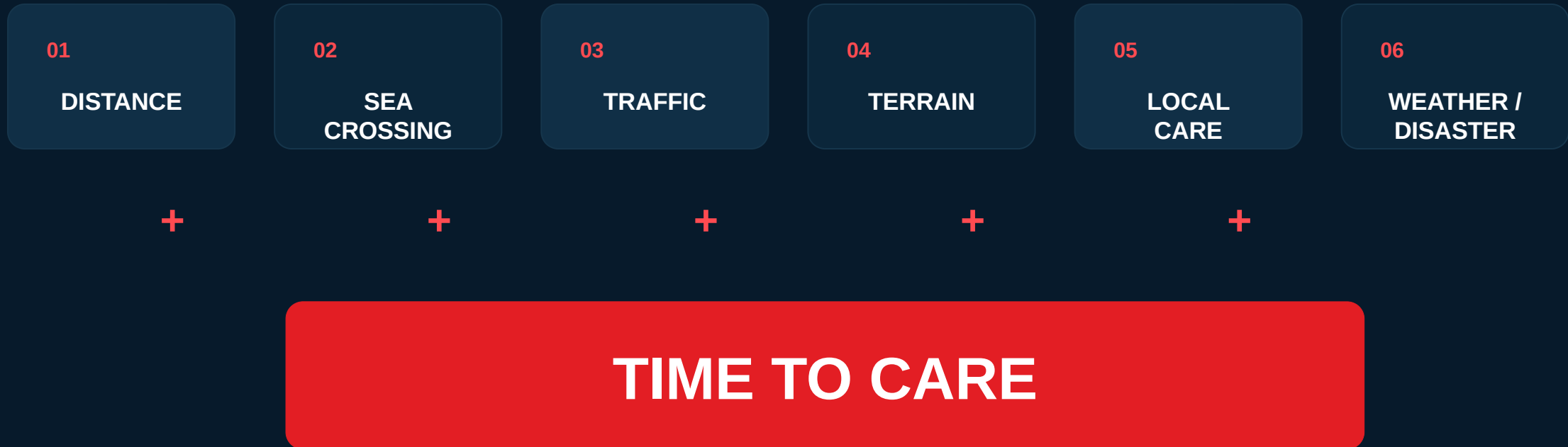
COMPARE THE FULL CHAIN

road distance + traffic + ambulance mobilization

air distance + preparation + cruise + landing + clinical handover

No exact time saving is claimed without route, weather, infrastructure and operating data.

Delay compounds across every boundary between a patient and specialist care.



Move the patient, move the clinician, or move both.

PERISAI is a medical aviation operating system.

01

MEDICAL CONTROL

triage / fit-to-fly / receiving care

02

FLIGHT OPERATIONS

crew / weather / maintenance / routing

03

CARE NETWORK

hospitals / ambulances / specialists / hubs

04

DATA LAYER

tracking / communications / decision-support

RESPONSE

ground
+
eVTOL
+
fixed-wing
+
amphibious

PROPOSED CONCEPT

One intake point can orchestrate five levels of response.



Proposed dispatch logic - response level selected by clinical need, access, weather, aircraft status and regulation.

Medical eVTOL is an emerging use case.

CURRENT MARKET DEVELOPMENT

30 SkyDrive units referenced in a Whitesky MoU

60 Volant eVTOL units reported in a separate 2026 LOI / planned purchase

MARKET SIGNAL - NOT A PERISAI ORDER

PROPOSED MEDICAL CONFIGURATION

- pilot + approved crew
- patient stretcher
- oxygen + monitoring
- airworthy medical equipment
- telemedicine + tracking
- reserve energy + alternates

As of 24 June 2026, Kemenhub said commercial passenger carriage by this class of unmanned eVTOL was not authorized.

Any PERISAI medical configuration requires OEM, payload, reserve, weather and Indonesian approval validation.

N219 could anchor remote-care trials.

BASELINE N219 / EXISTING

AMPHIBIOUS / DEVELOPMENT

PROPOSED PERISAI CONFIGURATIONS



CONCEPTUAL VISUAL - NOT AN ACTUAL N219 OR PERISAI AIRCRAFT

PTDI describes the baseline N219 as a multi-mission platform including Medevac and SAR; an amphibious variant is under development.

Flying Doctor

Medevac

Mobile Clinic

Telemedicine

Disaster Response

Maternal + Child

Public Health

SAR Medical

ONE AIRCRAFT. MULTIPLE MEDICAL MISSIONS.

Baseline certified Dec 2020; the amphibious variant remains under development and is not presented as certified or operational. Proposed modules are not an official PTDI program.

Deploy specialists before deciding on transfer.



01 Signal + triage

local nurse / clinic + medical command

02 Team + diagnostics

Flying Doctor deployment if indicated

03 Stabilize + decide

local care, telemedicine or controlled transfer

Referral follows the best available clinical information - not only the limits of local transport.

Aircraft extend care - not replace hospitals.

PATIENT-FIRST SEQUENCE

- remote consultation
- team + equipment launch
- on-site diagnosis / stabilization
- referral decision
- **controlled transfer + handover**

CARE PACKAGE

01

People

doctor / nurse / paramedic

02

Diagnostics

portable, mission-approved equipment

03

Connectivity

telemedicine / radio / tracking

04

Governance

protocols / consent / documentation

PROPOSED PERISAI OPERATING MODEL

Every launch requires accountable agreement.



CONCEPTUAL VISUAL - PROPOSED COMMAND ENVIRONMENT

01

Intake

location / patient
/ urgency

02

Clinical

triage / fit-to-fly

03

Flight ops

crew / weather /
aircraft

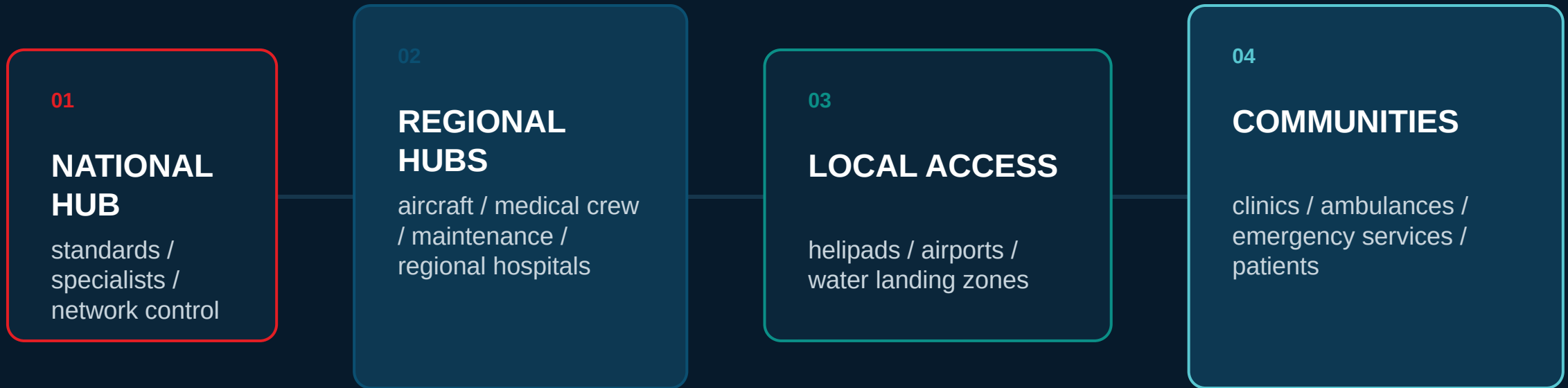
04

Handover

acceptance /
specialist

AI supports dispatch and prioritization; it does not autonomously diagnose or override accountable clinicians and flight operations.

Build a network, not a collection of isolated bases.



PROPOSED HUB-AND-SPOKE ARCHITECTURE

Scale through shared standards, data and partners - not aircraft count.

Can a Jakarta air bridge improve transfer?

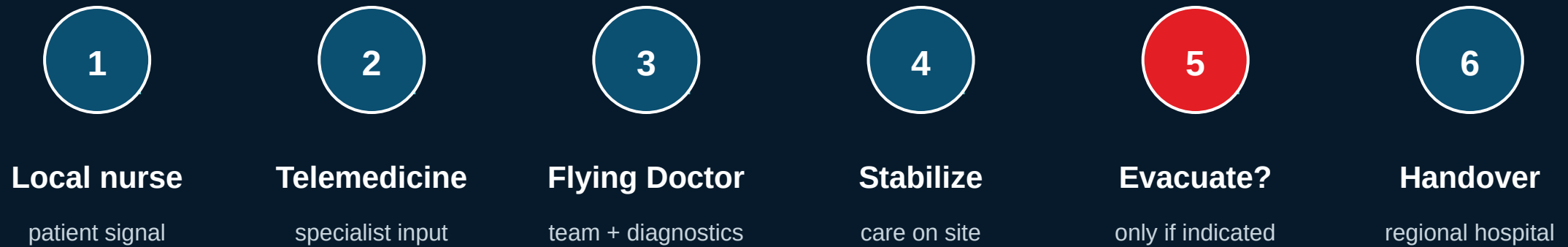
ILLUSTRATIVE SCENARIO



VALIDATE demand pattern landing access mobilization time weather dispatch rate clinical handover

Success criterion: measurable improvement against a defined ground baseline - with no compromise in safety or clinical governance.

The first mission may be information and stabilization - not evacuation.



BRING SPECIALIST CAPABILITY CLOSER TO COMMUNITIES

PROPOSED CARE PATHWAY

Aviation restores access when routes fail.

earthquake

tsunami

volcanic eruption

flood

landslide

forest fire

maritime incident

mass casualty

MOVE INTO THE ZONE

- medical teams
- portable diagnostics
- medicines + supplies
- communications
- blood products*
- rescue support

MOVE OUT

stabilized patients
medical teams
mission data

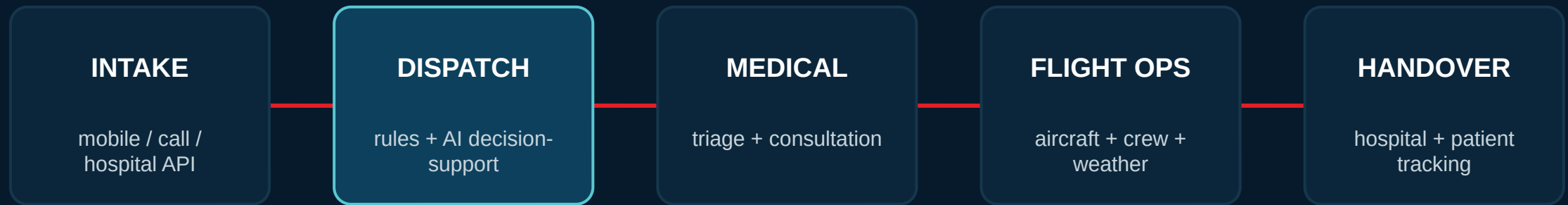
*Only where legally, clinically and operationally approved. Integration with national responders is conceptual until formally agreed.

Three tiers connect local response to specialist care.



Proposed referral architecture - partnership and service-level design required.

A shared mission picture connects patient need, clinical control and flight operations.



INTEGRATION LAYER



***Only where lawful, consented, secure and necessary. AI remains decision-support.**

Three control functions agree before launch.

01

MEDICAL CONTROL

- clinical triage
- fit-to-fly
- equipment selection
- receiving hospital

02

FLIGHT OPERATIONS

- crew + aircraft
- maintenance status
- weather + NOTAM
- reserves + alternates

03

MISSION CONTROL

- intake + dispatch
- tracking + comms
- family coordination
- documentation

GO / NO-GO: clinical need x aviation safety x network readiness

Blend readiness with mission revenue.

CUSTOMERS

government

hospital groups

insurers

remote industries

tourism + maritime

medical assistance

COMMERCIAL ENGINE

Readiness contracts

+

Mission fees

+

Network services

subscription / standby / telemedicine /
managed operations

VALIDATE FIRST

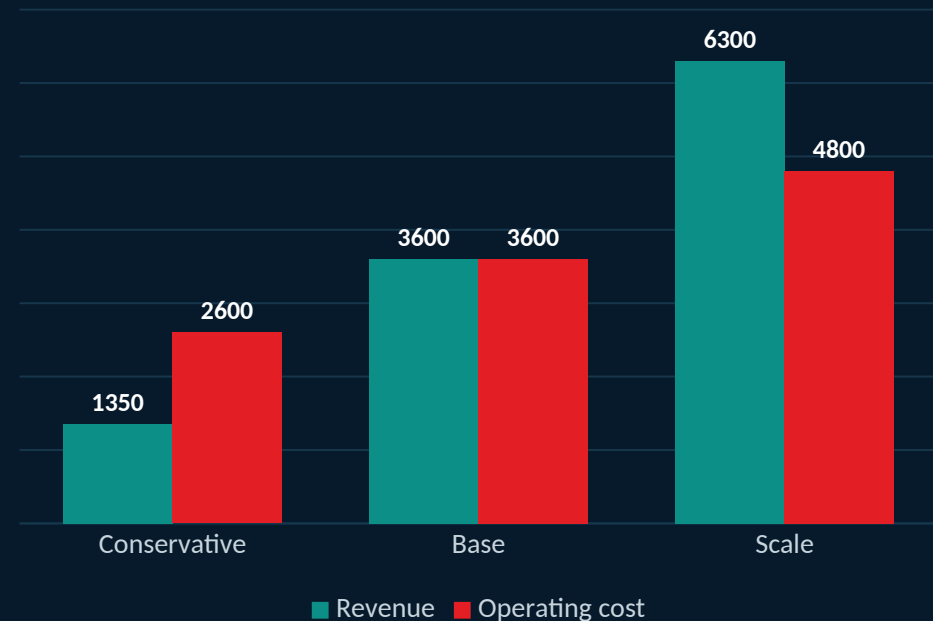
- payer willingness
- mission mix
- asset availability
- clinical staffing
- maintenance burden
- contract risk allocation

Proposed commercial architecture - no revenue or contract is confirmed.

Unit economics expose break-even.

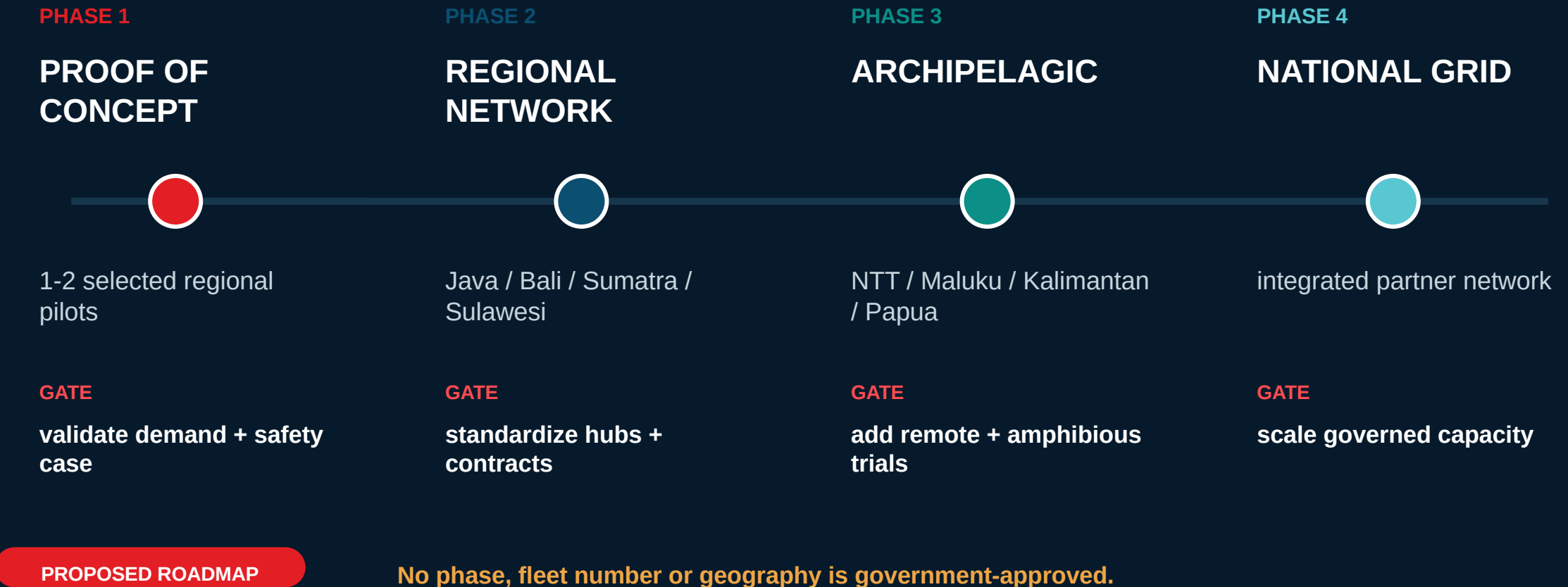
ILLUSTRATIVE ASSUMPTIONS - STRATEGIC MODELLING ONLY

IDR million / month	Conservative	Base	Scale
Missions	30	80	140
Price / mission	45	45	45
Revenue	1,350	3,600	6,300
Operating cost	2,600	3,600	4,800
Contribution	-1,250	0	1,500

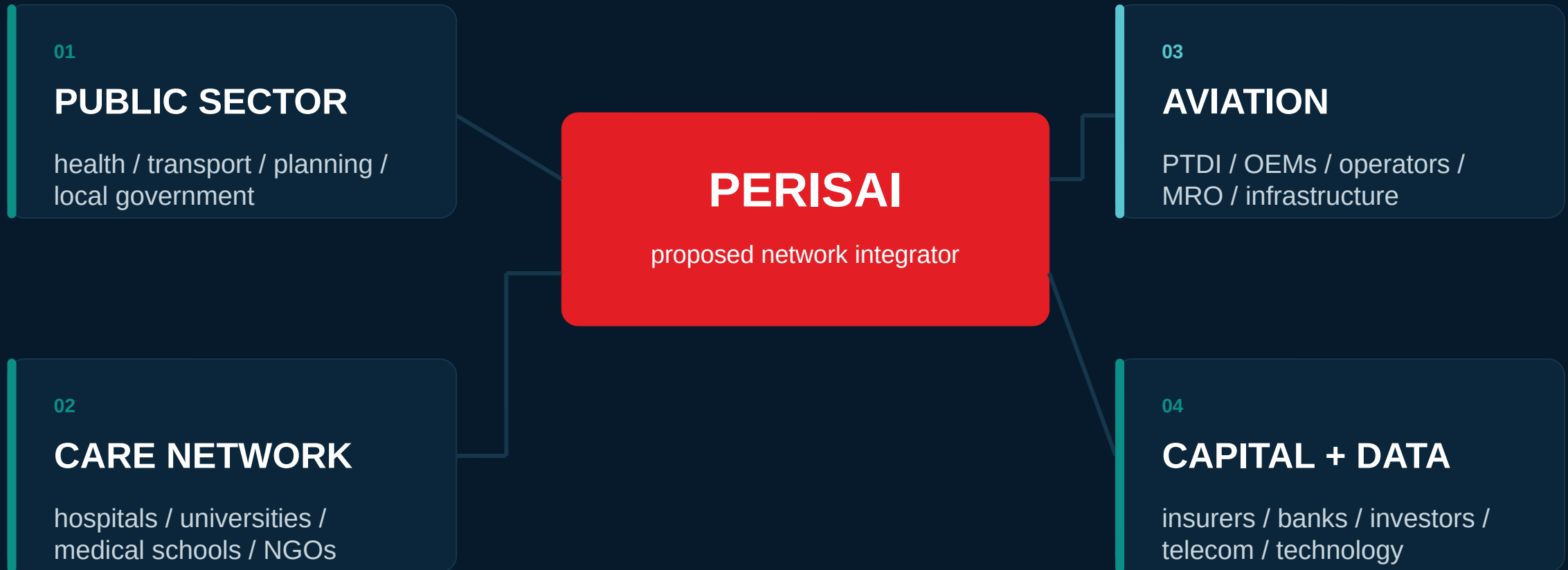


Formula shown: revenue = missions x price; cost = IDR 2,000m fixed + IDR 20m variable per mission. Excludes financing, tax and capex. Replace every input during diligence.

Scale only after clinical and economic gates.



PERISAI needs accountable partners.



POTENTIAL PARTNERS ONLY - NO AGREEMENTS OR ENDORSEMENTS IMPLIED

Regulation is part of the product, not a final checklist.

AVIATION

- aircraft certification
- operator approval
- crew licensing
- maintenance + airworthiness
- weather + reserves

MEDICAL

- clinical governance
- fit-to-fly + consent
- equipment approval
- medicines + devices
- liability + insurance

INFRASTRUCTURE + DATA

- helipad / vertiport
- water landing zones
- airspace integration
- privacy + cybersecurity
- emergency procedures

REGULATORY PATHWAY REQUIRES VALIDATION WITH THE RELEVANT INDONESIAN AUTHORITIES AND CERTIFIED AVIATION / MEDICAL SPECIALISTS.

Balance access, safety, reliability and cost.

01

TIME TO CARE

- dispatch time
- clinical handover
- transfer time
- patient stabilization

02

RELIABILITY

- mission completion
- aircraft availability
- crew availability
- cancellation rate

03

SAFETY

- safety events
- protocol compliance
- maintenance release
- data incidents

04

ACCESS + ECONOMICS

- islands / population covered
- hospitals connected
- cost per mission
- fleet utilization

Baselines, definitions, targets and data ownership must be agreed before any impact claim is made.

National context is not a PERISAI mandate.

GOVERNMENT CONTEXT

Indonesia's Ministry of Defence reported a presidential instruction in November 2025 to procure an air-ambulance module for the A400M.

This indicates broader recognition of medical and humanitarian airlift capability.

PERISAI IMPLICATION

Build a complementary civilian and partner network around defined care missions, regional access and governed operations.

No government endorsement, policy status or formal integration is implied.

CONTEXT IS NOT A MANDATE. THE NEXT STEP IS VALIDATED CO-DESIGN.

Evidence and standards come before scale.

YEAR 1

DESIGN + PILOT



clinical protocols /
regulator
engagement / route
evidence

YEAR 2

PROVE



mission reliability /
payer model / safety
case

YEAR 3

REPLICATE



second region / shared
platform / hub standard

YEAR 4

CONNECT



inter-regional
referrals / specialist
network

YEAR 5

SCALE



multi-region partner
grid / national
readiness options

FUTURE TARGET: a governed medical aviation network that partners can expand without weakening safety or clinical quality.

Diligence comes before operational claims.

PRIMARY SOURCES USED

BPS 2025	17,380-island national geography figure
PT DIRGANTARA INDONESIA	N219 multi-mission and amphibious-development context
MINISTRY OF DEFENCE	A400M air-ambulance-module direction
LIPUTAN6 + ANTARA	2026 Indonesian eVTOL market developments

DILIGENCE WORKSTREAMS

clinical service design	aviation certification pathway
route + demand evidence	OEM payload / range validation
infrastructure + weather study	commercial + procurement model
data protection + cybersecurity	partner governance + insurance

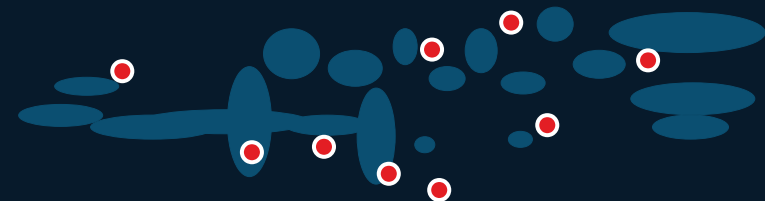
Full URLs and slide-level provenance are included in speaker notes.



PERISAI

Bringing Critical Care to Every Island.

Partner to validate the care model, safety case, pilot geography and commercial pathway.



PARTNER WITH PERISAI

EXPLORE THE NETWORK / VALIDATE A PILOT / BUILD THE PARTNERSHIP

CONCEPT DISCLAIMER

PERISAI is a strategic concept. Aircraft configurations, routes, fleet, economics, response times, partnerships and capabilities are illustrative unless explicitly verified. Implementation requires aviation certification, medical governance, regulatory approval, OEM validation, infrastructure, insurance and operating partners. This is not a government policy document or official program.