

COMPREHENSIVE HEALTH CARE INSURANCE POLICY WORDING (NEW PAC)

(Issued in accordance with Decision No. 12/2025-QĐHN-TMIV dated 27th Jun, 2025
by General Director of Tokio Marine Insurance Vietnam Company Limited)

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SECTION I - DEFINITIONS

Certain words and expressions in this Policy Wording shall be defined as below:

1. Insured Person

Means the person, organisation designated by the policyholder or the insured to receive partly or all of the benefits as agreed in the personal insurance policy. The beneficiary is declared in the Application Form and Policy. In case, there is no designated beneficiary, the company will resolve in accordance with related current laws..

2. Policyholder

Means an organization legally established and operating in Vietnam, or an individual in Vietnam aged 18 years or older with active legal capacity at the time of entering into the insurance policy, pay the insurance premium and stated as the policyholder in the Policy, the Summary of Insurance Rules, Conditions and Terms and/or Insurance Certificate or Endorsement (if any). The policyholder must have insurable interests for the insured person. For Group policy, the policy holder is the legal representative of the group of the insured

3. Dependents

The Insured Person's legal spouse, parents, and children. The Insured Person's children shall be from 15 days old up to 18 years old or 24 years old if they are enrolled in a vocational training or higher education program and have not been married since the First Effective Date or any subsequent Renewal Date.

Dependents may include other persons as agreed by the Company and the Policyholder as specified in the Schedule or any Endorsements. All Dependents shall be named in the List of Insured Persons.

4. Beneficiary

Means the person, organisation designated by the policyholder or the insured to receive partly or all of the benefits as agreed in the personal insurance policy. The beneficiary is declared in the Application Form and Policy. In case, there is no designated beneficiary, the company will resolve in accordance with related current laws.

5. Company

Tokio Marine Vietnam Insurance Company Limited.

6. Policy

The written agreement between the Policyholder and the Company whereby the Policyholder shall pay the premium payable and the Company shall pay the indemnity to Beneficiary or compensate the insured Person for any insured event. The Schedule, Table of Benefits, Policy Wording and any Endorsements attached or issued from time to time shall be read as one Policy.

7. Table of Benefits

The table shows the benefits available to the Insured Person and specifies the respective Sum Insured or limit of liability applicable to each benefit.

8. First Effective Date

The first day of a continuous and uninterrupted Period of Insurance during which the Insured Person is insured under the Policy or Certificate of Insurance and any subsequent Renewal Policy.

9. Date of Occurrence

In case of an Accident, the Date of Occurrence is the date such Accident occurs. In case of any Sickness, the Date of Occurrence is the date medical services are provided, or the first day of Hospitalization, whichever comes first.

10. Waiting Period

The period during which the relevant benefits are not payable by the Company.

The Waiting Period applicable to any benefit shall be specified in the Schedule or Certificate or any Endorsements.

11. Period of Insurance

The period of insurance is stated in the Schedule and inclusive of both the inception date and expiry date of this period of insurance.

12. Accident

Any sudden or unforeseeable event, caused by an external, violent, and visible means during the Period of Insurance, directly resulting in the Insured Person's Injury and occurring beyond the Insured Person's control.

Suffocation as a result of inhalation of smoke or toxic fumes or gases and drowning shall be deemed an Accident under this Policy, provided that such Accident is not caused by the Insured Person's intentional acts.

13. Injury

Any injury sustained during the Period of Insurance solely resulted from an Accident other than a Sickness, health impairment, neurological deterioration or degeneration over time.

14. Total permanent disablement

An injury caused:

The insured person loses, is completely paralyzed, and cannot recover the function of: both hands; or both legs; or one hand and one leg; or both eyes; or one hand and one eye; or one leg and one eye. In this case, complete loss, complete paralysis, and irrecoverable function of the hand is counted from the wrist upwards; complete loss, complete paralysis, and irreversible loss of leg function from the ankle up; complete and irreversible loss of eye function is understood as complete loss or complete blindness and other cases as listed in the attached table of permanent disability;

- The insured person suffers from a physical injury of 81% or more, as confirmed by a medical authority or the Provincial Medical Council or a legal medical appraisal organization approved by the insurer or branch of foreign non-life insurer.

According to the regulations of this rule, permanent total disability can only be determined after the treatment of the bodily injury has been completed.

15. Partial Permanent Disablement

Any Injury that renders one or more body parts of the Insured Person incapable of restoring normal function and has no prospect of improvement. Partial Permanent Disablement ratings are specified in Appendix I: Table of Compensation and shall be used as the basis for the Company to make payment of the indemnity.

16. Temporary Disablement

Any Injury that renders the Insured unable to perform part or all of his/her daily work for a certain period.

17. Sickness

A physical health condition marked by a pathological deviation from normal healthy condition manifested by symptoms or syndromes as diagnosed by the attending Doctor.

18. Hospital

A legally recognized medical examination and treatment facility, which:

- has capabilities and facilities for diagnosis, treatment and surgery;
- provides certain conditions for inpatient treatment and uses health monitoring system for inpatient;

Hospitals do not include medical facilities with the main purpose of health convalescence & rehabilitation, massage, or a special place with the sole purpose of serving the elderly or helping with alcohol and drug stimulants addiction, or treating mental disorders, or leprosy treatment.

19. Medical Facility

A medical examination and treatment facility, which is legally recognized under the law of the country in which it is located, is licensed to provide inpatient and/or outpatient treatment, and does not include medical facilities with the main purpose of health convalescence & rehabilitation, massage, or a special place with the sole purpose of serving the elderly or helping with alcohol and drug stimulants addiction, or treating mental disorders.

20. Doctor

A legally licensed Doctor is recognized by the law of the country where treatment is provided, and practices within the scope of his/her licensing and trained education in rendering such treatment, but such Doctor is the Insured Person himself/herself, or an immediate family member (spouse, parent/child or sibling) of the Insured Person. A Doctor may be recognized as a Medical Consultant or Specialist.

21. Emergency Treatment

Urgent treatment at a Medical Facility following an Accident or a sign of Sickness may result in a Serious Medical Condition of the Insured Person necessitating urgent treatment in an emergency room and incurring room and board charges, provided that medical documents are stamped and certified by the Medical Facility.

Where the Insured Person is treated at the emergency unit solely for the reason that the Medical Facility is out of its working hours, such treatment shall be deemed as Outpatient Treatment.

22. Serious Medical Condition

A condition where the patient has any life-threatening disease, injury or disorder, with a high risk of death if no emergency treatment is provided.

23. Hospitalization

Admission to a Hospital as an inpatient for at least 24 hours as prescribed in writing by the attending Doctor and room and board charges are charged on the Insured Person by the Hospital. Hospitalization unit is determined on a 24-hour basis or as per hospital bed, which is indicated in the Discharge Certificate or detailed in medical bills.

24. In-patient Treatment

Medical treatment where the Insured Person admits to and stays on a hospital bed overnight. The Discharge Certificate shall be required to claim for this benefit.

25. Day-patient Treatment

Medical treatment where the Insured Person is confined for any treatment on a hospital bed but is not required to stay at the Hospital overnight. The Discharge Certificate or medical bills shall be the basis for the payment of this benefit.

26. Out-patient Treatment

Medical treatment is provided to the Insured Person by a legally licensed Medical Facility without Hospitalization for any treatment and no room and board charges are incurred.

27. Reasonable and Customary Charges

Medically necessary expenses incurred for the diagnosis, monitoring and treatment of a Sickness, Injury or Maternity sustained by the Insured Person, provided that such expenses are customary, reasonable and/or consistent with the Ministry of Health of Vietnam's guidelines for diagnosis and treatment.

28. Medical Necessity

Any service or supply provided by a Hospital or Doctor, which is necessary to diagnose or treat Injuries or Sickness and:

- is appropriate and consistent with the diagnosis and treatment of any Sickness or Injury; and
- is in accordance with generally accepted medical standards; and
- is not for the convenience of the Insured Person or any Doctor; and
- offers a service level as appropriate as possible.

In the case of Hospitalization, this also means that such service is necessary for the treatment of any symptom or medical condition but may not be safely provided in the form of Outpatient Treatment.

29. Prescribed Medicine

Medicine and pharmaceuticals that are sold and used as prescribed by Doctors under applicable laws and exclude supplements, cosmeceuticals, cosmetics, tonics, vitamins and minerals except for the case where any vitamins and minerals are prescribed by Doctors and the cost of such vitamins and minerals is not greater than that Medicine costs for treatment.

In respect of the medicine costs for treatment of a disease included in the Ministry of Health of Vietnam's List of Diseases Requiring Prolonged Treatment, the Company shall make payment according to the Doctors' prescription but not for exceeding 90 days.

30. Surgery

A scientific method to treat any Injury or Sickness, is undertaken by a legally licensed surgeon through manual operations using medical instruments or equipment at Hospitals, including but not limited to laparoscopic and laser surgery, extracorporeal lithotripsy and endoscopic procedures using medical instruments and equipment at Medical Facilities. Surgery shall be determined based on the Ministry of Health of Vietnam's applicable List of Surgical Procedures.

For the purpose of this Policy Wording, Surgery also includes endoscopic procedures performed to treat any Sickness (but excludes endoscopic procedures performed for the diagnosis of gastrointestinal conditions).

31. Organ Transplantation

Surgery is performed to transplant an organ such as heart, lungs, liver, pancreas, kidneys or marrowbone for Insured Person and it is performed at a Hospital by surgeons. The cost of acquisition of the organ and all expenses incurred by the donor shall not be covered under this Policy Wording.

32. Medical Appliance or Part to assist in the treatment

The following medical parts/equipment/instruments:

- Mobility aids: Crutches, canes, walkers, manual wheelchairs, and non-motorized trolleys.
- Surgical aids: Any artificial material implanted or incorporated into the Insured Person's body during a surgery to repair or replace a body part, including stents, heart valves, balloons, discs, screws, slings, pacemakers, crystalline lens and other artificial materials.
- Other specialized medical equipment and instruments which are used for each type of treatment or Surgery only include cartilage blades, planers, ultrasound liver blades, scalpels used in Longo's hemorrhoidectomy, stone extraction baskets in lithotripsy and other similar equipment.

33. Prostheses

Artificial devices that replace body parts as prescribed by the attending Doctor as part of the treatment of any Injury or Sickness and include dentures, artificial limbs, artificial lenses and other prostheses.

34. Rehabilitation Treatment

Part of any inpatient treatment program under the attending Doctor's supervision, which shall be a recognized rehabilitation treatment program and is aimed at restoring the normal status and/or function after an acute injury or condition. Rehabilitation treatment consists of medical therapy, Surgery and any other techniques, including physiotherapy.

35. One Visit

A visit is when a patient is clinically examined by a Doctor, undergoes laboratory tests, diagnostic imaging, functional examination or any other procedures and receives any prescribed medicine at a Medical Facility for the purpose of diagnosis and treatment.

If more than one Doctor involves in the consultation according to the Medical Facility's rules, it is considered one (01) visit.

Where the patient is examined at a department several times a day, it is also considered one visit.

If the patient is required to be examined at other departments (whether prescribed by the attending Doctor or not) at the same Medical Facility, on the same day, it is also considered one visit.

If, due to any objective reasons or professional requirements, such medical examination may not be completed on the first day and shall be continued on the next day, it is also considered one visit.

36. Pre-existing Conditions

Is an illness or disability of the Insured that existed before the First Effective Date and:

- The Insured had to undergo treatment within 3 years before the First Effective Date;

- The symptoms of the illness or disability appeared or occurred to the Insured before the First Effective Date and the Insured knew or was aware of it, regardless of whether the Insured actually examined or treated it or not.

37. Special Diseases

Cancers and tumors of all types, blood pressure, heart/blood vessels, gastritis/stomach ulcers, Digestive tract inflammation/ ulcers, chronic polyarthritis, hepatitis of all types, endometritis, hemorrhoids, stones of all types, cataracts, sinusitis, tonsillitis/ Adenoditis necessitating surgical removal, osteoarthritis, disc herniation, Parkinson's disease, diabetes, bone density/lipid metabolism disorders.

38. Congenital Conditions

Any genetic condition, birth defect, physical abnormality and/or any other deviation from normal development present at birth, which may not have been apparent at that time.

39. Physiotherapy

A treatment method using natural or artificial physical agents, such as water, air, temperature, power, X-rays, ultraviolet rays, infrared rays, ultrasound, radioactive isotopes and manually passive manipulation performed by licensed physiotherapists at a Medical Facility that has a rehabilitation department. Physiotherapy does not include massage, spa treatment and aesthetic surgery.

40. Co-pay

The prorated portion of recoverable expenses for which the Insured Person is liable to pay by himself/herself as agreed by and between the Company and the Policyholder and specified in the Schedule. In respect of each claim, the co-pay is calculated as a percentage (%) of the total amount of recoverable expenses or the sub-limit applicable to the relevant benefit, whichever is less. During the Period of Insurance, the total amount of recoverable expenses after the application of the copay shall not exceed the sub-limit applicable to the relevant benefit as stated in the Table of Benefits.

The benefits, co-pays and medical facilities where such copays are applied shall be specified in the Schedule.

SECTION II – SCOPE OF COVER

I. PERSONAL ACCIDENT

The Company shall pay the Insured Person or the Beneficiary the death/permanent disablement benefit and a daily allowance/salary-based allowance and reimburse any medical expenses incurred by the Insured Person as a result of an Injury due to Accident during the Period of Insurance and any consequences of an Accident occurring within 104 weeks from the date of such Accident occurs up to the amount stated in the Table of Benefits.

1. Death & Permanent Disablement due to Accident:

- a. Death & Total Permanent Disablement due to an Accident: 100% of the Sum Insured specified in Appendix I – Table of Compensation.
- b. Partial Permanent Disablement: A percentage of the Sum Insured under Appendix I – Table of Compensation.

2. Allowance during injury treatment

Where the Insured Person sustains any Injury during the Period of Insurance and suffers a Temporary Disablement as a result of such Injury, the Company agrees to pay a daily allowance/salary-based allowance as specified in the Table of Benefits, but always subject to the terms, conditions and exclusions set forth in this Policy.

Compensation under this benefit shall be based on the actual number of days the Insured Person is absent from work for any treatment following the Accident and the number of days of treatment as prescribed by the attending Doctor.

This allowance shall not be payable in respect of any period immediately following the Insured Person's death or Permanent Disablement.

3. Medical Expenses due to an Accident

The Company shall reimburse all actual and reasonable Medical Expenses incurred for any diagnosis and treatment, including the cost of inpatient treatment, surgery, outpatient treatment, medical supplies, and ambulance services (including emergency medical evacuation services by taxi) subject to the limit stated in the Table of Benefits as a result of the same Accident.

II. DEATH / TOTAL PERMANENT DISABLEMENT DUE TO SICKNESS & MATERNITY

The Company shall pay the Sum Insured in full to the Beneficiary in the event of the Insured Person's death or Total Permanent Disablement resulting from a Sickness or Maternity and any sudden and unexplained death but not excluded under this Policy.

III. HOSPITALIZATION AND SURGICAL DUE TO SICKNESS & MATERNITY

The Company shall pay all Reasonable Medical Expenses incurred as a result of a Sickness or Maternity necessitating Hospitalization or Surgery up to the limit specified in the Table of Benefits.

1. Hospitalization charges

If the Insured Person is confined for Inpatient Treatment or Day-patient Treatment, the Company shall pay the Insured Person the cost of any medical services or Prescribed Medicine, including the following costs and expenses:

- a. Room & board charges and meals according to the Hospital's treatment standards;
- b. Administrative costs, costs of blood and plasma;
- c. Prescribed Medicine and pharmaceuticals used during the Hospitalization;
- d. Intravenous infusion;
- e. Laboratory tests, electrocardiograms or diagnostic imaging tests such as X-rays, MRI, CT and PET scans (these testing costs shall be prescribed by the attending Doctor as a measure necessary to evaluate the medical condition and shall be included in Hospitalization Expenses);
- f. Hospital accommodation costs incurred by the Insured Person's legal parent or guardian, including the cost of an extra bed in the same room where the Insured Person is under 18 years old;
- g. Any other costs and expenses as prescribed by the attending Doctor.

2. Intensive Care Unit

The Company shall pay any costs and expenses related to patient care at the ICU (Intensive Care Unit), HDU (High Dependency Unit), ITU (Intensive Treatment Unit) or CCU (Coronary Care Unit) as directed by the attending Doctor during the Insured Person's Hospitalization.

3. Surgery Expenses

The Company shall pay any medical expenses related to any Inpatient, Day-patient or Outpatient Surgery, including the cost of medicines used in such Surgery, medical supplies and equipment necessary for such Surgery, operating room costs, surgeons' fees, anesthesia, post-operative recovery and redone surgery costs.

4. Other Benefits (Not applicable to Day-patient Treatment and Maternity Care)

a. Rehabilitation Treatment

The Company shall pay the cost of any Rehabilitation Treatment as part of an inpatient treatment program in case of Hospitalization and/or Surgery following a Sickness.

b. Pre-Hospitalization Treatment

The Company shall reimburse any medical expenses reasonably incurred for the Insured Person's most recent examination and testing, such as X-rays, CT scans and diagnostic imaging tests as prescribed by the attending Doctor and directly related to a Sickness necessitating Hospitalization for Inpatient Treatment and monitoring, provided that such examination and testing shall be performed within the period specified in the Table of Benefits.

c. Post-Hospitalization Treatment

The Company shall pay for any follow-up treatment prescribed by the Insured Person's attending Doctor immediately following the discharge from the Hospital, provided that the period of such follow-up treatment shall not exceed the number of days stated in the Table of Benefits and such follow-up treatment is directly related to the previous Inpatient Treatment of the same Sickness. These costs include the cost of any follow-up examination, testing and Prescribed Medicine.

d. Home Nursing

The Company shall pay the cost of home nursing services performed by a legally licensed nurse at the Insured Person's home immediately following discharge from the Hospital. These services shall be prescribed by the attending Doctor. This cover shall be available for the maximum number of days set out in the Table of Benefits, provided that the Insured Person shall have been hospitalized for at least seven (7) days.

e. Emergency Medical Evacuation

The Company shall pay any expenses actually and reasonably incurred for:

- The use of a Medical Facility's ambulance services or 115 emergency transportation services in the event that the Insured Person is in a Serious Medical Condition following a Sickness and needs to be transferred to an appropriate Medical Facility for Emergency Treatment.
- The use of a taxi where the Insured Person is in a Serious Medical Condition following a Sickness and needs to be transferred to an appropriate Medical Facility for Emergency Treatment up to the amount stated in the Table of Benefits.
- The transportation of the Insured Person where he/she needs to be transferred to another Hospital: The Company shall pay the actual and reasonable cost of transporting the Insured Person from one Hospital to another within the territory of Vietnam if this is necessary for his/her treatment as prescribed by the attending Doctor.

f. Emergency Treatment

The Company shall pay for any emergency medical services rendered at the emergency department of a Hospital or Medical Facility if the Insured Person is in a Serious Medical Condition following a Sickness.

g. Organ Transplantation

The Company shall reimburse the cost of consultation, anesthesia, resuscitation, Surgery and Hospitalization if the Insured Person undergoes an Organ Transplantation at a Hospital.

h. Daily Allowance

The Company shall pay the amount stated in the Table of Benefits in respect of each day of the Insured Person's Hospitalization for Inpatient Treatment, provided that there shall be a Discharge Certificate or medical record indicating the period of treatment or the statement of hospital fees, including room and board charges.

i. Burial Allowance

In case of the Insured Person's death as a consequence of a coverable Sickness, the Company shall pay the burial allowance stated in the Table of Benefits.

5. Maternity Care

(This benefit shall not apply if OPTION 3 - Special Maternity Care is selected)

a. Normal delivery

The Company shall reimburse any medical expenses incurred for the Insured Person's natural childbirth, including but not limited to delivery, general hospital fees and specialists' fees.

b. Caesarean

The Company shall reimburse any medical expenses as prescribed by a Doctor and incurred for the Insured Person's Caesarean, including and not limited to the following expenses: Caesarean delivery, general hospital fees and specialists' fees. Caesarean may only be covered if prescribed by a Doctor as necessary for a difficult or failed natural childbirth and Caesarean at the Insured Person's request or redone Caesarean following the Insured Person's requested Caesarean shall be excluded.

c. Maternity complications

The Company shall reimburse any medical expenses incurred for the Insured Person's Inpatient Treatment as a result of a pregnancy or childbirth complication necessitating obstetric procedures as prescribed by the attending Doctor. Maternity complications include and are not limited to the following:

- Abnormalities in pregnancy that need to be treated as prescribed by the Doctor: fetal growth arrest, stillbirth, threatened miscarriage, miscarriage, molar pregnancy, ectopic pregnancy, placenta previa, placental abruption, threatened premature birth, cesarean scar pregnancy and abortion due to congenital conditions or to protect the mother's life.
- Diseases during pregnancy: gestational diabetes, gestational hypertension and embryotoxicity, excluding profuse and severe vomiting.
- Obstetric complications: postpartum infections of all types, preeclampsia, eclampsia, threatened uterine rupture, uterine rupture, hemorrhage, acute pulmonary edema, amniotic fluid embolism and placental remnants after delivery.
- Any other maternity complications necessitating Hospitalization or Surgery as prescribed by the Doctor.

d. Newborn baby care

The Company shall reimburse the Insured Person for Newborn Care Costs, including the cost of pediatric medications, screening tests, vaccinations and newborn hygiene and any medical expenses incurred for the newborn's Inpatient Treatment, provided that such costs and expenses are related to pathological symptoms that are present at birth or manifest within seven (07) days after birth.

e. Pregnancy check up

The Company shall reimburse the Insured Person for the cost of prenatal and postnatal examination and follow-up examination up to the limit stated in the Table of Benefits.

The Company shall not pay the cost of prenatal screening tests for early detection of fetal anomalies, genetic disorders or intellectual impairment such as fetal anomaly screening tests (the Double Test and Triple Test), and chromosome analysis tests.

6. Cancer Treatment Limit

The Company shall reimburse any reasonable Medical Expenses directly related to the Insured Person's cancer treatment subject to other sub-limits specified in Section III. MEDICAL EXPENSES FOR HOSPITALIZATION AND SURGERY DUE TO SICKNESS & MATERNITY and up to the Sum Insured stated in the Table of Benefits.

SECTION III – GENERAL EXCLUSIONS

(Applicable to the entire Policy)

The Company shall have no responsibility to pay for the following treatment, medical conditions and activities and any costs or expenses as a result of, or in connection with such treatment, medical conditions and activities are excluded under this Policy:

1. Any willful act of the Insured Person or the Beneficiary;
2. Any self-inflicted Injury or Sickness, suicide or attempted suicide or the insured Person's intentional exposure to danger (except for saving lives);
3. The Insured Person's violation of applicable laws, violation of regulations on labor safety or violation of traffic laws, including but not limited to driving a vehicle without a valid driver's license (where a driver's license is required for such vehicle), racing (either legal or illegal), driving on restricted roads or in restricted areas or passing other vehicles in no-passing zones, driving in the wrong direction of one-way streets or of two-way roads separated by concrete median barriers, running a red light or failing to obey traffic controllers' instructions, driving at night without lights as prescribed or exceeding the regulated speed. Where the Insured Person is tested with a blood or breath alcohol content while driving, this exclusion applies only when the alcohol content is over 50 milligrams per 100 milliliters of blood or 0.25 milligrams per one liter of exhaled air;
4. Treatment of alcoholism, drug addiction, or use, abuse or addiction of any substance and any Injury or Sickness arising directly or indirectly from such use, abuse or addiction;
5. Any Outpatient, Inpatient, Day-patient Treatment related to dental care. This exclusion shall not apply to the dental care benefits listed in the Table of Benefits; emergency treatment of any Injury of natural teeth following an Accident, provided that such Injury is not directly or indirectly caused by biting or chewing;
6. The Insured Person's act of fighting (unless such act can be proved that it is only for legitimate self-defense);
7. Any treatment or medication not prescribed by a Doctor;
8. Participation in air transport activities (other than as a fare-paying passenger) or participation in military maneuvers or training, or combats of armed forces;
9. Acts of God such as earthquakes, volcanic activities, tsunamis and radioactive contamination;
10. War, civil war, strike, terrorism, riot, civil commotion, rebellion, civil activities or any act of any person acting on or on behalf of or in connection with any organization actively directed towards the overthrow or to the influencing of any government or ruling body by violence;
11. Training for any professional sports or participation in professional sports competitions;
12. The Insured Person's participation in cave exploration, mountaineering, rock climbing, potholing, adventure skydiving, parachuting, bungee jumping, hot air ballooning, roller-coaster riding, deep-sea diving, water sports activities that require the use of compressed air or oxygen, road racing, racing of any kind by any motor vehicle or equipment, and any organized and sponsored professional sporting activity, or as a result of any activity required from or a ship or oil rig platform, or at a similar offshore location;
13. Tuberculosis; malaria; occupational diseases;
14. Treatment of sexually transmitted diseases (including the following diseases: Chancroid, granuloma inguinale, Gonorrhea, Syphilis, Genital Herpes, Genital warts, Molluscum contagiosum, pubic lice (also known as crab lice), Sickness associated with the human immunodeficiency virus (HIV), including AIDS-related syndromes and/or any complications or transformations;
15. Treatment of and/or surgery for hereditary diseases, congenital malformations and anomalies, genetic disorders, any complications or consequences related thereto and surgical indications prior to the inception date, including but not limited to congenital heart diseases, Down syndrome, cleft lips, cleft palates, hydrocephalus, anal stenosis, phimosis and congenital deviated septums;

16. Medical check-ups, including gynecological/ andrological exams (however, gynecological/ andrological exams for the purpose of medical treatment are covered under this insurance), periodical tests, well-baby exams, all forms of vaccination, vaccines and preventive drugs, periodical antenatal check-ups;
17. Normal vision and hearing screening tests, treatment of natural/non-pathological hearing and vision impairment (such as refractive errors: nearsightedness, farsightedness and astigmatism) and any Corrective and Restorative Surgery for hearing and vision degeneration;
18. Treatment or Surgery at the Insured Person's request not related to any prescribed treatment or Surgery, conventional treatment prescribed by the Ministry of Health of Vietnam or the foreign country (including Caesarean at the request of the Insured Person or his/her representative);
19. Plastic Surgery or treatment and any Complications of Plastic Surgery or treatment, Orthopedic Surgery or Rehabilitation Treatment that is not a follow-up treatment to a Covered Sickness or Injury;
20. Cosmetic treatments, including treatment of hyperpigmentation (melasma), acnes, pimples, or hair loss, etc. are excluded under the Outpatient Treatment benefit. Where the Insured Person suffers from these conditions and needs Inpatient Treatment, the Inpatient Treatment due to Sickness benefit shall be payable;
21. Any costs and expenses incurred for the supply, maintenance and repair of Medical Aids, orthopedic devices, hearing or visual aids, crutches or wheelchairs, machines, devices or equipment personally used by the Insured Person for the diagnosis of diseases or assistance in medical treatment (pacemakers, heart valve stents, nebulizers, scalpels used in Longo's hemorrhoidectomy, stone extraction baskets, etc.) and Prostheses. Surgical aids including discs and screws, shall be covered under the Medical Expenses due to an Accident benefit.
22. Products are classified as vitamins, minerals, nutritional/nutrient supplements and organic substances, dietary supplements, cosmetics, unless such vitamins and minerals are prescribed for the treatment of vitamin deficiency diseases or any supportive treatment, provided that the cost of such vitamins and minerals is not greater than that of therapeutic medicine;
23. Family planning measures, consequences of any abortion due to psychological or social reasons, infertility treatment, intrauterine insemination, treatment of impotence or erectile dysfunction or gender reassignment and any consequences or complications therefrom;
24. Fertility-related tests or treatments, assisted conception, contraceptives, even if such medications are prescribed for a purpose other than self-contraception or any other any treatment not scientifically recognized, sterilization including any reversal of previous sterilization procedures;
25. Weight control treatment (weight gain or loss), obesity;
26. Treatment of mental illnesses, memory impairment, neurasthenia, physical weakness (without a specific pathological cause), fatigue, insomnia (including sleep disorders), stress, mental retarded, autism;
27. Any costs and expenses incurred for acquiring, including donating, receiving, purchasing, transporting and preserving organs for Organ Transplants. However, medical expenses incurred for an Organ Transplantation shall not be reimbursable;
28. Any costs and expenses related to the blood regeneration system such as kidney dialysis, hemodiafiltration, exchange transfusion and hemodialysis;
29. Any experimental treatment or treatment not scientifically recognized;
30. Treatment at a Medical Facility that is not licensed to provide medical examination and treatment and/or fails to provide financial documents/invoices as prescribed by applicable laws and regulations;
31. Special Disease, Pre-Existing Conditions and Maternity Care during the Waiting Period;
32. Any Injury caused by food and drink poisoning;
33. Any Injury caused by the performance of police or military service;
34. Any costs or expenses related to Surgery and treatment of Injuries and Sickness by stem cell transplantation, such as the cost of extraction, processing and transplantation, post-transplantation maintenance treatment, consequences of this treatment method;
35. Outpatient Treatment services other than those resulting from an Accident. This exclusion shall not apply if the "Outpatient Treatment" optional benefit is selected.
36. Any cancer that has been treated or diagnosed by a Doctor prior to the First Effective Date.

SECTION IV – GENERAL CONDITIONS

1. Entire Agreement

The Policy Wording, Policy Schedule, certificate, proposal & declaration, quotation, and endorsements shall be read as one contract and these policy documents must be read in conjunction with one another.

Any change of terms and conditions requested by the Policyholder/Insured shall be valid upon the approval by the Company's authorized person in form of endorsement issued and/or intended to issued and attached, and/or intended to be attached to the Policy by the Company. If any word or expression to which a specific meaning has been ascribed in any part of the Policy shall bear such meaning wherever it may appear. In case of a conflict of terms, conditions, and expression, the latest agreement in writing between two parties shall prevail unless otherwise agreed between two parties on solving such a conflict.

2. Geographical Scope

This Policy covers any costs and expenses related to an Injury, Sickness or Maternity sustained by the Insured Person within the territory of Vietnam unless otherwise specified in the Policy Schedule.

3. Eligibility

- a. Anyone who meets the following conditions shall be eligible for this insurance:
 - Age: From 15 days old to 80 years old (calculated according to the last birthday); and
 - Insured person over 70 years old only is covered provided that he/she has been insured with the Company for at least 2 consecutive years.
 - Individual who meets the conditions of a Dependent as defined in the Policy Schedule.
- b. The Company shall not provide cover and/or shall not be liable to:
 - Persons suffering from mental illness, down syndrome, or leprosy;
 - Persons with a permanent disablement rating or loss of work ability 50% or more;
 - At the time of renewal, the Insured Person is over 80 years old.
- c. If the Company may discover the ineligibility after the inception date, the Company shall have the right to cancel the coverage for such an ineligible person and refund the earned premiums minus policy administration and management fee.

4. Other Insurance

If at the time a claim is made under this insurance, other insurance exists that would cover the same loss, damage or expenses, the Insured Person may choose to claim under either effective policy. Where any medical expenses have been paid under other insurance, this Policy shall only cover any amount unrecoverable by the operation of such other insurance or as otherwise agreed upon in the Schedule.

5. Fraud

Upon the execution of the Policy, the Company shall provide sufficient information related to the Policy, explain the conditions and terms of the Policy to the Policyholder; The Policyholder shall give complete information in connection with the subject matter insured to the Company. The parties shall be liable for the accuracy and truthfulness of such information. The Company shall keep any information provided by the Policyholder confidential.

The Company reserves the right to unilaterally terminate the performance of the Policy and collect the premium corresponding to the time of termination when the Policyholder commits one of the following acts:

- Intentionally providing any fraudulent information when entering into the Policy in order to receive any indemnity or compensation;
- Failing to notify any circumstances that may increase either the insured risk or the Company's liability during the performance of the Policy at the Company's request.

Where the Company intentionally provides any inaccurate information in order to enter into the Policy, the Policyholder has the right to unilaterally terminate the performance of the Policy; The Company shall compensate the Policyholder in respect of any loss caused by the provision of such inaccurate information.

6. Period of Insurance and Waiting Period

The Period of Insurance shall commence from the effective date stated in the Policy. Any benefit shall not be payable until the first premium payment or subsequent premium installments have been made.

No benefit shall be payable during the Waiting Period specified below:

- 30 days from the First Effective Date in case of common Sickness (applicable only to Death/Total Permanent Disablement due to Sickness);
- 90 days from the First Effective Date in case of maternity complications;
- 270 days from the First Effective Date in case of childbirth;
- 365 days from the First Effective Date in case of Pre-Existing Conditions;
- 90 days from the First Effective Date in case of Special Sickness;

If the Insured Person is to be treated for a pregnancy complication during the 90-day waiting period or gives birth during the 270-day waiting period, the amount payable shall be based on the proportion of the number of days from the First Effective Date to the date of occurrence of the insured event, to 90 days or 270 days, respectively. This provision applies only if stated in the Policy.

7. Policy Termination

Where the termination of the Policy is requested by either party, the requesting party shall notify the other party thereof in writing 30 days in advance from the date it intends to terminate the Policy. Such termination shall be subject to the provisions of the Law on Insurance Business and the Civil Code and shall be either of the following two cases:

- If the Policy is terminated at the Policyholder's request, the Company shall refund 80% of the premium in respect of the unexpired period of insurance, provided that no claim has been made.
- If the Policy is terminated as requested by the Company, the Company shall refund 100% of the premium in respect of the unexpired period of insurance if no claim has been made.

8. Guarantee of Renewal

The Company warrants that this Policy shall be renewed at the expiry of the Period of Insurance subject to fulfillment of the following conditions:

- The Company receives the confirmation of the request for renewal by the expiry date of the Policy at the latest;
- The premium payable in respect of the renewal policy shall be paid on time as specified in the renewal policy or in accordance with applicable laws;
- At the expiry of the Period of Insurance, based on the loss ratio, the Company has the right to adjust the benefits and increase/decrease the premium rate accordingly.

9. Optional Extensions

The Policy also considers the non-application of the Waiting Periods regulated above and/or extension of certain exclusions under SECTION III – GENERAL EXCLUSIONS and/or modification of certain definitions in SECTION I – DEFINITIONS, subject to the Company's approval and the Policyholder's agreement to pay an additional premium (if any) for such extension or modification. Such extension or modification, if any, shall be detailed in the Schedule Policy and any Endorsements.

10. Applicable laws

The Policy shall be construed and governed by the laws of Vietnam.

11. Medical Assessment

The Company reserves the right to request the Insured Person to undergo certain laboratory tests or medical assessments at its own expense if it is found that a claim is directly or indirectly related to an exclusion. The Insured Person is obliged to cooperate in such assessment, otherwise, the Company may reject the relevant claim.

In addition, the Company has the right to request that an autopsy be performed in case of death if it does not violate any applicable laws and/or does not affect any beliefs and customs.

SECTION V – CLAIM PROCEDURE

1. Time Limit for Making Claims

The time limit for making a claim under this Policy shall be one year from the Date of Occurrence of the insured event. The period of force majeure events or other objective obstacles shall not be included in the time limit for making claims.

Where the Policyholder proves that he/she had not been aware of the Date of Occurrence of the insured event, the time limit specified above shall be counted from the date the Insured Person becomes aware of the Occurrence of the insured event.

2. Claim Documents

To protect the Policyholder/Insured' interests, within 90 days or other period as mutually agreed (if any), from the Date of Occurrence of the insured event, the Policyholder or the Insured shall notify the Company in writing of the event in respect of which a claim may be made.

2.1 After a notice of claim is received, the Company shall request the Policyholder or the Insured to provide the following claim documents:

- Fulfilled Claim Form (as per the latest template provided by the Company)
- Evidenced documents about the eligibility of the Insured: Policy Schedule, Identity Card/ Citizen ID/ Birth Certificate/ The Insured's Passport

- Evidenced documents about the insured event for which a claim arises: Accident report with confirmation of local authority or policemen where the Insured's accident happened (in case of a serious accident) or Incident report of the Insured (in other cases)
- Valid invoices, documents, and evidence related to medical examination and treatment (including a detailed list of expenses incurred)

The form and method of providing claim documents and dossiers to the Company will be specified in accordance with the Claim Handling Guidelines which are published on the Company's website or e-commerce application applicable as of the time of claim submission.

2.2 If any claim documents are made originally in a foreign language, the Company may request and instruct the Insured to have such documents translated, notarized, certified, or legalized at the Insured's expense to ensure compliance with the law of Vietnam.

2.3 The Insured may be required to undergo a medical examination upon the reasonable request of and at the expense of the Company whenever deemed necessary. The Company has the right to request an autopsy in the event of death if it does not violate applicable laws and regulations and/or does not affect any folk belief and customs.

3. Claim Settlement

The benefits payable may be paid to the Insured Person, the Beneficiary or the Insured Person's legal heir.

All the benefits payable shall be paid in Vietnam Dong. Where the claim is made in a currency other than Vietnam Dong, the amount payable shall be converted into Vietnamese Dong at the selling rate of the Joint Stock Commercial Bank for Foreign Trade of Vietnam at the time of payment.

Any amount payable to the Insured Person under the Policy shall be paid by the Company to the Insured Person or the Beneficiary and the receipt of such amount by the Insured Person or the Beneficiary shall discharge the Company from its liability for the respective claim.

The Insured Person shall manage any information related to the amount paid in respect of each benefit. The Company shall have no obligation to give notice of the application of the limits of liability under the Policy. Any claim made after the maximum limit of liability has been exhausted shall be rejected.

4. Time limit for claim settlement, and paying insurance proceeds:

Unless otherwise agreed, the time limit for settling a claim will be within 15 working days from the date the Company receives a completed and valid claim dossier requesting the indemnity or insurance payment. In case the dossier requires further investigation or verification, the time limit for settling a claim shall be extended and informed to the claimant.

The time limit for paying insurance proceeds: within 5 working days from the date the Company sends a notice on the acceptance of claim payment.

5. Right of Recovery

Where a claim has been paid by the Company or on the Company's behalf and such claim is not covered by this insurance or exceeds the annual aggregate limit specified in the Policy or is in connection with a fraudulent claim, the Company reserves the right to recover any amount paid or overpaid from the Policyholder/the Insured Person.

6. Time Limit for Filing Lawsuits

The time limit for filing any lawsuit with respect to the Policy shall be three (3) years from the occurrence of the relevant dispute.

SECTION VI – RIGHTS AND OBLIGATIONS OF THE PARTIES

1. Rights and obligations of the Company

- Rights of the Company**
 - To collect the premium payable as agreed in the Policy.
 - To request the Policyholder/the Insured Person to provide complete and accurate information pertaining to the conclusion and performance of the Policy.
 - To unilaterally cancel the performance of the Policy in accordance with the Law on Insurance Business.
 - To refuse to make payment to the Beneficiary or indemnify the Insured Person in respect of any event for which the Company is not liable or which is excluded under the Policy.
 - To request the Policyholder to take measures to prevent and reduce losses in accordance with applicable laws and regulations.
 - To have any other rights as prescribed by the law.
- Obligations of the Company**
 - To explain the terms and conditions of this insurance and the rights and obligations of the Policyholder/the Insured Person to the Policyholder.
 - To issue the Policy to the Policyholder immediately after the conclusion of the Policy.
 - To make timely payment to the Beneficiary or indemnify the Insured Person upon the occurrence of an insured event.
 - To explain in writing the reason for its refusal to make payment to the Beneficiary or to indemnify the Insured Person.
 - To have any other obligations as prescribed by the law.

2. Rights and obligations of the Policyholder/the Insured Person

- Rights of the Policyholder/the Insured Person**
 - To request the Company to explain the terms and conditions of this insurance and issue the Schedule Policy.
 - To unilaterally terminate the performance of the Policy if the Company intentionally provides any inaccurate information in order to conclude the Policy or if the Company refuses to reduce the premium in respect of the unexpired Period of Insurance from the time when there is any change in the factors used as the basis for calculating the premium payable, thereby leading to a reduction in the insured risk.
 - To request the Company to make payment to the Beneficiary or indemnify the Insured Person as agreed in the Policy upon the occurrence of an insured event.
 - To have any other rights as prescribed by the law.

b. Obligations of the Policyholder/the Insured Person

- To pay the premium payable in full within the specified time limit and under the terms of payment as agreed in the Schedule Policy;
- To declare any details related to the Policy completely and accurately at the request of the Company;
- To notify any circumstances that may increase the insured risk or the Company's liability during the performance of the Schedule Policy at the Company's request.
- To notify the Company of the occurrence of any insured as specified herein.
- To take measures to prevent and reduce losses in accordance with applicable laws.
- To have any other obligations as prescribed by the law.

SECTION VII – DISPUTES RESOLUTION

Any dispute related to this Policy shall be settled by negotiation between the Company and the Policyholder. If both parties fail to amicably negotiate to reach a mutual agreement, then within 30 days from the date of such dispute, it shall be referred to the dispute resolution body as mentioned in the Schedule.

SECTION VIII - OPTIONAL BENEFITS

The optional benefits below are payable only if stated in the Policy or Certificate of Insurance or any Endorsements (if any).

OPTIONAL BENEFIT 1: OUTPATIENT TREATMENT DUE TO SICKNESS

In consideration of the Policyholder's payment of an additional premium, the Company agrees to reimburse any Medical Expenses reasonably incurred for Outpatient Treatment subject to the limits specified in the Table of Benefits:

- a. Medical examination and treatment expenses
 - Cost of medical examination by a Doctor;
 - Cost of Prescribed Medicine;
 - Cost of X-ray scans, subclinical and laboratory tests as instructed by the Doctor and necessary for the diagnosis and treatment of the relevant Sickness.
 - Any other costs and expenses as prescribed by the Doctor.
- b. Physiotherapy. The Company shall pay the cost of any Physiotherapy/spinal nerve therapy as prescribed by the attending Doctor at the Medical Facility subject to the sub-limit stated in the Table of Benefits and not including any massage therapy or gait training.
- c. Oriental treatment: The Company shall pay the cost of any Oriental treatment as prescribed by the attending Doctor at the Medical Facility subject to the sub-limit specified in the Table of Benefits.
- d. Basic dental treatment: (This benefit shall not apply if OPTIONAL BENEFIT 2: Separate Dental Care is selected)
The Company shall pay the following basic dental treatment expenses incurred at the Medical Facility, including:
 - Examination and diagnosis;
 - Prescribed Medicine;
 - Tooth cleaning and polishing;
 - X-ray imaging;
 - Treatment of gingivitis and periodontitis;
 - Normal fillings (using composite, amalgam, Fuji or any equivalent material);
 - Root canal treatment;
 - Extraction of decayed, impacted or buried teeth or misaligned wisdom teeth, extraction of dental roots or solid odontomas, apicoectomy or root canal treatment (without Surgery).
-

OPTIONAL BENEFIT 2: BASIC DENTAL CARE 2

The reimbursable expenses are specified in the Basic Dental Care benefit under OPTIONAL BENEFIT 1: OUTPATIENT TREATMENT DUE TO SICKNESS. The sum insured under this benefit shall not be included in the maximum limit applicable to the Outpatient Treatment benefit.

OPTIONAL BENEFIT 3: SPECIAL DENTAL CARE

Option 1: Cover for the cost of dentures for teeth damaged by Accident

This benefit shall be payable only when the Personal Accident benefit is selected and shall not be included in the maximum limit applicable to the Personal Accident benefit.

If an Accident occurs, resulting in any injury to a healthy and natural tooth necessitating dental treatment within seven (7) days from the date of the Accident at a Medical Facility, the Company shall reimburse any covered medical expenses actually incurred in connection with such dental treatment, including the cost of dental care consultation, hemostasis, tooth extraction, root canal removal and dental crowns subject to the maximum limit specified in the Table of Benefits.

The Company shall not reimburse any medical expenses related to the realignment or restoration of teeth, the use of precious metal materials or orthodontic dental treatment of any kind or dental surgery performed at a Medical Facility unless this is the only possible pain relief method;

In addition, the Company shall not pay any medical expenses related to the treatment of the following tooth injuries:

- Injuries sustained while eating and drinking;
- Injuries during the natural erosion of teeth;
- Injuries while brushing or using any oral hygiene practice.

Option 2: Cover for the cost of dentures with pathological teeth

This benefit shall be payable only when the Basic Dental Treatment or Separate Dental Care benefit is selected.

The Company shall pay the cost of dentures incurred at a Medical facility, including the cost of reconditioning or repairing bridges, dental crowns, porcelain crowns and dentures.

OPTIONAL BENEFIT 4: SPECIAL MATERNITY CARE

The reimbursable expenses are specified in the Maternity Care benefit under the MEDICAL EXPENSES FOR CONFINEMENT AND SURGERY DUE TO SICKNESS & MATERNITY section. This benefit shall not be included in the maximum limit applicable to the Inpatient Treatment benefit.

OPTIONAL BENEFIT 5: SALARY ALLOWANCE DURING TREATMENT FOR SICKNESS (not applicable to children under 18 years old)

This benefit shall not be included in the maximum limit applicable to the Inpatient Treatment benefit.

This benefit shall not apply to the Insured Person's pregnancy or childbirth.

It is agreed that the Insured Person shall be entitled to a cash allowance during his/her inpatient and/or outpatient treatment period, which shall not exceed the period specified in the Table of Benefits. Payment under this benefit shall be based on the actual number of days the Insured Person is absent from work for the treatment of his/her Sickness and the number of days of treatment as prescribed by the attending Doctor. The amount of such cash allowance/person/day (including Saturdays, Sundays, and public holidays) shall be calculated as follows: *(Maximum Limit of Compensation/person)/number of days this benefit is payable as specified in the Table of Benefits x actual number of days the Insured Person is absent from work.*

OPTIONAL BENEFIT 6: CHILD EDUCATION SUPPORTING FUND

Where the Accidental Death benefit is payable, the Company shall pay the Insured Person's child(ren) under 18 years old a Children's Education Allowance subject to the sum insured shown in the Policy Schedule. This allowance (payable to each Insured Person) shall in no event exceed the sum insured stated in the Table of Benefits.

OPTIONAL BENEFIT 7: HEALTH CHECK - UP

This benefit shall not be included in the maximum limit applicable to the Outpatient Treatment benefit.

The Company shall reimburse the cost of one periodic health checkup/exam in respect of each year of insurance up to the sum insured applicable to this benefit as stated in the Table of Benefits, provided that such periodic health checkup/exam is carried out at a Medical Facility that is legally operating and licensed to provide this service.

SECTION IX – COMPULSORY CLAUSES

1. War and civil war exclusion

This Policy does not cover any liability assumed by the Insured for loss or damage directly or indirectly occasioned by, happening through or in consequence of war, invasion, acts of foreign enemies, hostilities or war-like operations (whether war be declared or not), civil war, mutiny, military rising, insurrection, rebellion, revolution, military or usurped power, martial law, confiscation or nationalisation or requisition or destruction of or damage to property by or under the order of any Government or public or local authority.

2. Terrorism exclusion endorsement (NMA 2921)

Notwithstanding any provision to the contrary within this Agreement or any endorsement thereto it is agreed that this Agreement excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this endorsement, an act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

This endorsement also excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing or in any way relating to any act of terrorism.

If the Company alleges that by reason of this exclusion, any loss, damage, cost, or expense is not covered by this Policy the burden of proving the contrary shall be upon the Insured Person.

In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

3. Sanction exclusion

No (re)insurer shall be deemed to provide cover and no (re)insurer shall be liable to pay any claim or provide any benefit hereunder to the extent and for such period that the provision of such cover, payment of such claim or provision of such benefit would expose that (re)insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or the United States of America.

4. Total asbestos exclusion clause

It is hereby understood and agreed that this policy shall not apply to and does not cover any actual or alleged liability whatsoever for any claim or claims in respect of loss or losses directly or indirectly arising out of, resulting from, or in consequence of asbestos in whatever form or quantity.

5. Institute radioactive contamination, chemical, biological, biochemical, and electromagnetic weapons exclusion clause - 10/11/2003

This clause shall be paramount and shall override anything contained in this insurance inconsistent therewith

1. In no case shall this insurance cover loss damage liability or expense directly or indirectly caused by or contributed to by or arising from:
- 1.1 ionising radiations from or contamination by radioactivity from nuclear fuel or any nuclear waste or the combustion of nuclear fuel
 - 1.2 the radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof
 - 1.3 any weapon or device employing atomic or nuclear fission and/or fusion or other like reaction or radioactive force or matter
 - 1.4 the radioactive, toxic, explosive or other hazardous or contaminating properties of any radioactive matter. The exclusion in this sub-clause does not extend to radioactive isotopes, other than nuclear fuel, when such isotopes are being prepared, carried, stored, or used for commercial, agricultural, medical, scientific or other similar peaceful purposes
 - 1.5 any chemical, biological, bio-chemical, or electromagnetic weapon

6. Nuclear energy risks exclusion

This policy shall exclude all Nuclear Energy Risks.

- I. All Property, on the site of a nuclear power station.
Nuclear Reactors, reactor buildings, and plants and equipment therein on any site other than a nuclear power station.
- II. All Property, on any site (including but not limited to the sites referred to in I above), used or having been used for:
 - a) The generation of nuclear energy; or
 - b) The Production, Use or Storage of Nuclear Material.
- III. Any other Property eligible for insurance by the relevant local Nuclear Insurance Pool and/or Association but only to the extent of the requirements of that local Pool and/or Association.
- IV. The supply of goods and services to any of the sites, is described in I to III above.

DEFINITIONS

"Nuclear Material" means:

- (i) Nuclear fuel, other than natural uranium and depleted uranium, capable of producing energy by a self-sustaining chain process of nuclear fission outside a Nuclear Reactor, either alone or in combination with some other material; and
- (ii) Radioactive Products or Waste.

"Radioactive Products or Waste" means any radioactive material produced in, or any material made radioactive by exposure to the radiation incidental to the production or utilization of nuclear fuel, but does not include radioisotopes that have reached the final stage of fabrication to be used for any scientific, medical, agricultural, commercial or industrial purpose.

"Nuclear Installation" means:

- (i) Any Nuclear Reactor;
- (ii) Any factory using nuclear fuel for the production of Nuclear Material, or any factory for the processing of Nuclear Material, including any factory for the reprocessing of irradiated nuclear fuel; and
- (iii) Any facility where Nuclear Material is stored, other than storage incidental to the carriage of such material.

"Nuclear Reactor" means any structure containing nuclear fuel in such an arrangement that a self-sustaining chain process of nuclear fission can occur therein without an additional source of neutrons.

"Production, Use or Storage of Nuclear Material" means the production, manufacture, enrichment, conditioning, processing, reprocessing, use, storage, handling and disposal of Nuclear Material.

"Property" shall mean all land, buildings, structures, plant, equipment, vehicles, contents (including but not limited to liquids and gases) and all materials of whatever description whether fixed or not.

"High Radioactivity Zone or Area" means:

- (i) For nuclear power stations and Nuclear Reactors, the vessel or structure which immediately contains the core (including its supports and shrouding) and all the contents thereof, the fuel elements, the control rods, and the irradiated fuel store; and
- (ii) For non-reactor Nuclear Installations, any area where the level of radioactivity requires the provision of a biological shield.

APPENDIX I – TABLE OF COMPENSATION

No.	Injury	Percentage of Sum Insured (%)
	Total Permanent Disablement	
1	Total Permanent Disablement as definition	100
2	Adding cases of total and permanent disability	
2.1	Total blindness and permanent loss of vision in one eye	100
2.2	Complete and incurable mental disorder	
2.3	Complete loss of chewing and speaking function	
2.4	Removal of an entire lung and part of the other lung	100
2.5	Total and permanent disablement due to amputation or permanent loss of use one leg or one hand	100
	PARTIAL PERMANENT DISABLEMENT	
	HEAD	

1	Remove part of the upper jaw bone or a part of the lower jaw bone from 1/3 to missing from the high branch or less	32
2	Removal of cerebral hemispheres	48
3	Removal of part or all of a lobe of the brain	40
4	Removal of the entire upper jaw bone and part of the lower jaw bone from the upper branch or lower on the other side	68
5	Removal of the entire upper jaw bone and part of the lower jaw bone from the top down on the same side	60
6	Removal of the entire upper or lower jaw	60
7	Remove of the tongue with the base of the tongue (from the V spine outwards)	64
8	Cut off 2/3 from the tip of the tongue	44
9	Removing 1/3 of the tongue affects pronunciation	16
10	Removal of a small part of the tongue (less than 1/3) that affects pronunciation	8
11	Cut or press the strings	10
12	Cut off the tear bag	13
13	Completely deaf in 1 ear	28
14	Completely deaf in 2 ears	64
15	Mastectomy	28
16	Cut the earlobes on both sides	24
17	Cut one ear lobe	12
18	Complete nose cut	32
	UPPER LIMB	
19	Totally lost thumb	25
20	Lose 1 knuckle	10
21	Lost index finger	17
22	Lose 2 segments 2 and 3	8
23	Burn loss 3	7
24	Loss of middle or ring finger	14
25	The middle finger is missing 2 segments 2 and 3	8
26	Middle finger missing 3	4
27	Lost 1 thumb and 1 other finger	26
28	Lost 1 thumb and 2 other fingers	30
29	4 fingers of 1 hand	40
30	Thumb and 4 fingers of 1 hand	50
31	Lost 1 index finger and 2 other fingers	30
32	Lost 1 index finger and 1 middle finger	26
33	Loss of 1 middle or ring finger (including knuckles)	16
34	Lost both pinky and knuckles	14
35	Lost even pinky	10
36	Lose 2 segments 2 and 3	7
37	Burn loss 3	4
	LOWER LIMB	

38	Complete paralysis of the external popliteal nerve	32
39	Complete paralysis of the medial popliteal nerve..	24
40	Loss of most of the patella, breaking into pieces and greatly limiting the ability to extend the leg above the thigh.	40
41	Loss of most of the kneecap but still able to move the limbs	20
42	Shorter lower limb at least 5cm..	30
43	Shorter lower limb from 3-5 cm ..	20
44	Lost all 5 toes	40
45	Lost 4 fingers and thumb	34
46	Lost 1 thumb	14
47	Lose 1 knuckle	8
48	Loss of 1 finger other than thumb	10
49	Loss of tibia and fibula causes a pseudo-joint of the lower leg	32
50	Loss of fibula	20
51	Cut the outer or inner ankle	10
52	Lost 4 fingers except thumb	32
53	Missing 3 fingers, 3-4-5	22
54	Loss of 3 fingers, 1-2-3	26
55	Loss of 1 thumb and 2 finger	18
56	Stiff hip	40
57	Stiffness of the knee joint	28
	SPINE	
58	Anterior or posterior intervertebral disc ablation	26
59	Removal of the posterior arch of a vertebra	28
60	Removal of the posterior arch of 2-3 or more vertebrae	40
	CHEST	
61	Remove 1-2 ribs	14
62	Resection from 3 ribs (each rib resection over 3 ribs increases by 5%)	20
63	Per-rib resection (increase of 3% per rib resection)	7
64	Total removal of one lung	60
65	Multiple hydropneumonia resection on both sides, DTS reduced by more than 50%	56
66	Multiple hydropneumonia on 1 side	44
67	Cut the pleura into	24
68	Remove 1 lobe of lung	32
	STOMACH	
69	Removal of the entire stomach	64
70	Cut or 2/3 with vagus nerve ablation	32
71	Resection of most of the small intestine (less than 1 m left)	64
72	Small bowel resection	36
73	Total colon resection	64
74	Colon resection	44

75	Resection of the right liver is simple	60
76	Resection of the left liver alone	52
77	Resection of of a lobe of the liver	48
78	Resection of 1/3 of a lobe of the liver	32
79	Inferior resection of one-third of the lobe of the liver	24
80	Gallbladder removal	21
81	Removal of the spleen	36
82	Removal of tail of pancreas, spleen	52
83	Pancreatectomy with jejunostomy	32
84	Appendectomy	12
85	Esophagectomy, esophagectomy with gastric bypass	40
	URINARY AND GENITAL ORGANS	
86	Remove 1 kidney, the other kidney is normal	44
87	Remove 1 kidney, the remaining kidney is damaged or pathological	60
88	Partial removal of left or right kidney	28
89	Ureterectomy	24
90	Loss of penis and 2 testicles in a childless person under 55 years old	60
91	Loss of penis and 2 testicles in people under 55 years old who already have children	48
92	Loss of penis and 2 testicles in people over 55 years old	32
93	Unilateral hysterectomy and ovary removal in childless women under 45 years of age	52
94	Removal of the uterus and ovaries on one side in a person under 45 years old who has had a child	28
95	Hysterectomy and unilateral ovary removal in people over 45 years old	22
96	Mastectomy in women under 45 years old on one side	20
97	Mastectomy in women under 45 years old on both sides	40
98	Mastectomy in women over 45 years old on one side	14
99	Mastectomy in women over 45 years old on both sides	28
100	Cut a part of the bladder	24
101	Resection of the gland, bartholin's adenoma	5
102	Totally cut open vagina	14
103	Complete removal of the fallopian tubes and ovaries on one or both sides	17
104	Abdominal hysterectomy without tubes or ovaries	20
105	Removal of ovaries with omentum	16
106	1 testicle removed	8
107	Removal of 2 testicles	11

- In the event of multiple Injuries in the same body part, the total amount paid for the Injuries cannot exceed the percentage of loss of that body part.
- If the Insured Person dies (within 24 months from the date of Injury) after receiving the indemnity of the Partial Permanent Disablement, the Company will pay the remaining sum insured if the limit of death is more than the amount stated in the above Partial Permanent Disablement received.
- Injury cases not listed here will be compensated as a percentage of the degree of Injury based on similar cases listed, regardless of the Insured's occupation or opinion of the Medical Assessment Council of the province/city or higher levels.
- Disability Injuries of limbs or parts of limbs will be assessed similarly to injuries resulting from cut out.
- The certification of the insured person having completely lost a body part (hand, leg, or eye) can be done immediately after the insurance event occurs or after the treatment has concluded.

- The certification of complete and irreversible paralysis of body parts, complete blindness, or bodily injury of 81% or more, or other cases of permanent disability, shall be conducted no earlier than 180 days from the date of the insured event or from the date the medical condition is diagnosed.
- In the event that the consequences of the insured Injury are aggravated by the Insured's Pre-existing Condition or the untimely and uninsured treatment of the Injury as directed by the Medical Facility, the Company will only compensate as for a similar Injury in a reasonably healthy person.