

COMPREHENSIVE HEALTH CARE INSURANCE POLICY WORDING FOR INDIVIDUAL

(Issued in accordance with Decision No. 19-QĐHN-TMIV dated 24/07/2025
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. The Insured

Means the person whose life and health are covered under the Policy and named in the list of Insured attached to the Policy, or Insurance Certificate, the Schedule, Endorsement and approved by the Company.

2. The Policyholder

The policyholder means an entity legally established and operating in Vietnam, or an individual in Vietnam aged 18 years or older with full civil capacity at the time of entering into the policy, who pays the insurance premium and is stated as the policyholder in the Policy, the Schedule and/or Insurance Certificate or Endorsement (if any). The policyholder must have insurable interests in relation to the insured. For Group policy, the Policyholder is an individual who legally and validly represents the group of individuals participating in the Group policy.

3. Dependents

Means the legal spouse, parents, and children of the Insured and named in the list of Insured of one Policy. The insured's legal 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 at the university level or above, and have not been married since the First Joining Date.

Dependents may include other persons as agreed in writing by the Company and the Policyholder as specified in the Certificate, the Schedule or any Endorsements.

4. The Beneficiary

Means persons, organisation designated by the policyholder or the insured to receive all or part of the benefits in the policy. The beneficiary is named in the Application Form and the Policy. In the absence of a designated Beneficiary, the Company will settle in accordance with current legal regulations on inheritance.

Means an organization or individual designated by the Policyholder or the Insured to receive the insurance proceeds as agreed in the Insurance Policy. The Beneficiary is designated by the Policyholder/Insured to receive all or part of the insurance benefits of the Insurance Policy. The Beneficiary is named in the Insurance Application, Insurance Payment Request and in the Insurance Policy. In case there is no Beneficiary designated, the Company will handle it in compliance with relevant laws.

5. The Company

Means 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 for any insured event according to the Policy. The Schedule or the Certificate, 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. Age of the insured

The age of the Insured on the effective date of the Insurance Contract calculated from the birthday immediately preceding the effective date of the Policy.

9. Effective date of first insurance period

The first day of a continuous and uninterrupted Period of Insurance during which the Insured Person is insured under the Policy and any subsequent Renewal Policy, unless there is any other agreement.

10. 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.

11. Waiting Period

The period during which the relevant occurrence are not payable by the Company. Waiting period is applied from the first effective date of the first insurance period.

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

12. 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.

13. Accident

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

Case of 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's intentional actions.

14. Injury

Means any injury sustained during the Period of Insurance solely resulted from an Accident other than a Sickness or health impairment or neurological deterioration or degeneration over time or due to drug poisoning occurring during the Insurance Period.

15. Total permanent disablement

Means an injury caused:

- The insured suffers total loss, 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, total loss, complete paralyzed, 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 total loss or complete blindness and other cases as listed in the attached Table of compensation.
- The insured 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 Company.
- Permanent total disability of one person can only be determined after the treatment of the bodily injury has been completed.

16. Partial Permanent Disablement

Means any Injury that renders one or more body parts of the insured incapable of recover normal functioning 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.

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

Means 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, excluding Doctor who is the insured himself/herself, or an immediate family member (spouse, parent/child or sibling) of the insured. 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 room 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

Is the admission to a Hospital as an inpatient for at least 24 hours as prescribed in writing by the attending Doctor, during which the Hospital charges bed and treatment fees for the insured. The unit of hospitalization is calculated based on the bed occupancy in the detailed hospital billing documents or 24 hours on the discharge papers.

24. In-patient Treatment

Means Medical treatment where the insured at a Hospital as prescribed by a Doctor, which includes the process of admission and staying overnight in a hospital bed. The Discharge certificate shall be required to claim for this benefit.

Inpatient treatment includes day inpatient treatment (which refers to a form of inpatient care that provides examination and treatment during daytime working hours, including weekends and holidays).

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 or stay at the Hospital overnight but not exceed 24 hours. 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 by a legally licensed Medical Facility without Hospitalization for any treatment and no room and board charges are incurred such as in-patient treatment or day-patient treatment.

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

Means any service or supply provided by a Hospital or Doctor, which is necessary to diagnose or treat Injuries, Sickness and services which is considered as:

- appropriate and relevant to 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 or any Doctor; and
- provided at a standard level of service (typically applicable to the majority of clients) (e.g., surgeries, consultation fees, diagnostic service fees) and not considered preferential services.

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.

30. Surgery

Means a scientific method to treat any Injury performed by a legally licensed surgeon through manual surgical operations using medical instruments or equipment at Hospital, including but not limited to laparoscopic and laser surgery, extracorporeal lithotripsy and endoscopic procedures using medical instruments and equipment at Hospital. Surgery shall be determined based on the current Ministry of Health in the respective country.

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 a qualified 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.
- Artificial material implanted or incorporated into the Insured Person's body: 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, artificial hip, knee, artificial joint fluid, crystalline lens and other artificial materials.
- Other specialized medical equipment and instruments which are separately used for each individuals during Surgery only include cartilage blades, planers, ultrasound liver blades, scalpels used in Longo's hemorrhoidectomy, stone extraction baskets in lithotripsy and other similar equipment.
- Prescription glasses, neck brace.

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

This refers to an illness or injury of the insured that existed prior to the First Effective date and:

- The insured has required treatment within 3 years before the First Effective date;
- Symptoms of the illness or injury have appeared or occurred with the insured before the effective date, which the insured was aware of or conscious of, regardless of whether the insured actually sought examination or treatment.

37. 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.

38. Physiotherapy

A treatment method using physical methods (including using water, air, temperature, power, X-rays, ultraviolet rays, infrared rays, ultrasound, radioactive isotopes and manually passive manipulation performed by licensed physiotherapists,...) to relieve pain, restore muscle function or normal daily activities of the insured as prescribed by the treating Doctor (not massage methods of any kind, spa or gait correction exercises).

39. 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 or Certificate. 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 or the Certificate.

40. Sub-limit

The maximum compensation limit for each item or benefit specified in the Insurance Benefits Table. In any case, the total compensation amount of the detailed sub-limits shall not exceed the Total Insurance Benefits Limit.

41. Total Limit of Insurance Benefits/Insurance Amount

This is the limit of the Company's insurance benefits for the Insured during the entire insurance period. This limit is specified in the Insurance Benefits Table.

SECTION II – MAIN INSURANCE BENEFIT INPATIENT TREATMENT DUE TO ILLNESS AND ACCIDENT

HOSPITALIZATION AND SURGICAL DUE TO SICKNESS & MATERNITY

The Company shall pay all Reasonable Medical Expenses incurred as a result of a Sickness or Accident causing the Insured Person to be Hospitalized for Inpatient Treatment, Day Treatment and/or Inpatient Surgery, Day Surgery at the Hospital within insurance period.

1. Hospitalization charges

If the Insured Person is confined for Inpatient Treatment within the scope of insurance, the Company shall pay the Insured Person the cost of any reasonable and customary charges or Prescribed Medicine, including the following costs and expenses:

- a. Room & board charges, ICU (Intensive Care Unit), HDU (High Dependency Unit), HDU (High Dependency Unit), CCU (Coronary Care Unit) 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 (This benefit is only insured when specifically stated in the Insurance Benefits Table);
- g. Any other costs and expenses as prescribed by the attending Doctor.

The maximum hospitalization cost shall not exceed the Sub-Limit for each day of treatment specified in the Insurance Benefits Table. The total number of treatment days considered for insurance payment shall not exceed 60 days/year and the total amount shall not exceed the Insurance Amount specified for inpatient treatment benefits.

2. Surgery Expenses

If the Insured Person has to undergo surgery, be hospitalized for inpatient treatment, or receive day treatment within the scope of insurance, The Company shall pay any medical expenses related to any Inpatient Surgery, Day-patient 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. Surgical costs include organ transplantation and body parts ((does not cover the cost of purchasing organs, body parts and the cost of donating organs, body parts). Surgical costs do not include diagnostic procedures.

The payment limit for surgery shall not exceed the maximum limit chosen by the Insured when participating in the insurance and specified in the Insurance Benefits Table.

In case of outpatient surgery, the Insured shall not be paid in this benefit.

3. Other Benefits (Not applicable to Day-patient Treatment, The sub-limits of benefits are listed in detail in the Insurance Benefits Table)

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 or accident.

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

or Injury necessitating Hospitalization for Inpatient Treatment and monitoring, provided that such examination and testing shall be performed within 30 days before the admission day.

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 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 occurring within 30 days from the discharge day.

d. Home Nursing

The Company shall pay the cost of home nursing services performed by a nurse, who is working at a legally licensed medical facilities, 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 (07) days.

e. Emergency Medical Evacuation

The Company shall pay the use of a Medical Facility's ambulance services (excluding air transportation) in the event that the Insured Person is in a Serious Medical Condition from the place where he/she needs to be transferred to the emergency room/department of the nearest Medical Facility with adequate first aid and emergency care conditions or from one Medical Facility to another when Medically Necessary as directed by the treating Physician..

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.

Treatment in the emergency room solely due to reasons outside of the service hours of the Medical Facility/Hospital is considered outpatient treatment.

g. Dental Treatment Due to Accident

If the Insured Person suffers an Accident resulting in damage to a natural and sound tooth requiring treatment in a Hospital, the Company will pay the reasonable expenses necessary for such treatment but not exceeding the Sub-Limit specified in the Schedule of Benefits, provided that the damage is not directly or indirectly caused by biting or chewing.

Natural and sound teeth means teeth that are not false, not decayed, not filled on more than two surfaces, not weakened or loose due to gum disease, not missing a root or undergoing root canal treatment.

Dental Accident Treatment does not include dental implants or replacement of dentures.

h. Funeral Allowance

In the event that the Insured Person dies due to an Illness covered by the insurance, the Company will pay the funeral allowance stated in the Schedule of Benefits

SECTION III – GENERAL EXCLUSIONS

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. For benefits due to the following reasons, the company only accepts payment if the policyholder has had at least 01 health insurance policy with similar benefits with the company for at least 01 year, up to the time of signing this policy:
 - a. Cancer and benign tumors/tumors of all kinds.
 - b. Treatments related to ligament reconstruction, meniscus tears;
 - c. Inflammatory diseases of the central nervous system (brain), systemic atrophy affecting the central nervous system (Huntington's disease, hereditary ataxia, spinal muscular atrophy and related syndromes), extrapyramidal movement disorders (Parkinson's, dystonia, other movement and extrapyramidal disorders), Alzheimer's, Apalic syndrome/dementia, epilepsy, coma, cerebral palsy and other paralytic syndromes.
 - d. Pulmonary failure, pneumothorax, tonsillitis requiring resection, adenoiditis requiring curettage, sinusitis, deviated septum, asthma; otitis media requiring surgery, nasopharyngeal polyposis, removal of the spiral bone.
 - e. Heart disease, hypertension, idiopathic arterial hypertension, cerebrovascular diseases/stroke and their consequences/sequelae, phlebitis and thrombophlebitis, varicose veins of the lower limbs, carpal tunnel syndrome, lymph nodes/vessels, hemorrhoids.
 - f. Hepatitis A, B, C, cirrhosis, liver failure, gallstones, gallbladder disease, gastric and duodenal ulcers.
 - g. Diseases of the glomeruli, renal tubules, kidney and ureteral stones, lower urinary tract stones, renal failure.
 - h. Thyroid disorders, diabetes and pancreatic endocrine disorders, adrenal glands, coma, disorders of other endocrine glands.
 - i. Aplastic anemia, coagulation disorders, neutrophil dysfunction, diseases related to the lymphatic and reticular tissue systems, bone marrow transplantation.
 - j. Lupus erythematosus, systemic sclerosis, multiple sclerosis, progressive lateral sclerosis/amyotrophic lateral sclerosis, muscular dystrophy and complications of these diseases, Penphygus, psoriasis, chronic allergic urticaria (treated with foreign antigens).

- k. Arthritis/polyarthritis, degenerative disease of the spine, vertebral bodies, herniated discs, bone density and structure disorders, gout.
 - l. Stones, polyps, cysts, warts, moles of all kinds, vestibular disorders
2. Any willful act of the Insured Person or the Beneficiary;
 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. The insured person drives a vehicle with a blood alcohol concentration exceeding the level prescribed by traffic safety laws and the insured person is affected by alcohol, beer or other stimulants or addictive substances which is the cause of an accident or illness;
 4. The Insured Person's act of fighting (unless such act can be proved that it is only for legitimate self-defense)
 5. Any self-inflicted Injury or Sickness, suicide or attempted suicide or the insured Person's intentional exposure to danger (except for saving lives);
 6. Consequences of an accident occurring outside the Insurance Period;
 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. Training for any professional sports or participation in professional sports competitions;
 10. Natural disaster such as earthquakes, volcanic activities, tsunamis and radioactive contamination;
 11. Epidemic as announced by the World Health Organization or competent state agency;
 12. 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;
 13. 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;
 14. Tuberculosis; malaria; leprosy; occupational diseases;
 15. Any cancer. This exclusion does not apply if the Insured participates in the Optional benefit- Cancer Medical expense
 16. People who are being treated for injuries or illnesses, people who are permanently disabled/injured over 50% at the time of participation or the effective date of the insurance policy;
 17. Bone marrow failure, leukemia, treatments related to the blood regeneration system such as blood filtration, dialysis, blood exchange, hemodialysis and consequences or complications of these diseases;
 18. Cost of biological and hormonal therapy (including hormone replacement therapy during puberty or perimenopause or menopause in women);
 19. Sexually transmitted diseases (including the following diseases: Chancroid, granuloma inguinale, Gonorrhoea, Syphilis, Tinea cruris, Genital Herpes, Genital warts, Cock's comb disease, Genital HPV, Molluscum contagiosum, Sexually transmitted parasitic diseases, Chlamydia, pubic lice (also known as crab lice), flagellate, Lymphoma of the pelvis (or Genital Lymphoma), Cytomegalovirus infection, Sickness associated with the human immunodeficiency virus (HIV), including AIDS-related syndromes and/or any complications or transformations;
 20. 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;
 21. Routine health checks (inpatient or outpatient), general health checks, medical examinations or medical advice not related to the treatment of illness or injury, including gynaecological/andrological checks (however, gynaecological/andrological checks and tests for the purpose of treatment of illness are still covered), routine tests, routine check-ups for newborns;
 22. All forms of vaccination, vaccines and preventive drugs, periodical antenatal check-ups (except in cases where the Insured Person is vaccinated after an accident or animal or insect bite, or participates in the Additional Benefit: Outpatient treatment due to illness or accident);
 23. Normal vision and hearing examinations, cataract treatments, aging and degeneration-related conditions, treatment of natural/non-pathological deterioration of vision and hearing, refractive errors such as myopia, hyperopia, astigmatism, dry eyes, accommodative eye fatigue, and any corrective or restorative surgery related to degenerative vision and hearing impairments.
 24. Maternity (including cases of complications resulting in childbirth, premature birth) This exclusion does not apply if the Insured participates in the Optional benefit - Maternity Medical Expense.
 25. 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, or The Insured has participated in the Additional benefit - Dental Insurance;
 26. Treatment or Surgery at the Insured Person's request not related to any prescribed treatment or Surgery, medical services including examination, surgery/VIP, as requested by the Insured (except for examination costs at public hospitals and public medical facilities), conventional treatment prescribed by the Ministry of Health of Vietnam or the foreign country);
 27. Examination and testing do not result in a diagnosis or conclusion that there is no disease requiring treatment by the doctor.

28. Plastic Surgery or examination 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;
29. Cosmetic treatments, including treatment of hyperpigmentation (melasma), acnes (excluding warts), 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;
30. Any costs and expenses incurred for the supply, maintenance and repair of Medical Aids, orthopedic devices, hearing or visual aids, machines, devices or equipment personally used by the Insured Person for the diagnosis of diseases or assistance in medical treatment (pacemaker, heart valve stent, nebulizer, Longo hemorrhoidectomy, stone basket...) and prosthetic devices. Surgical aids including discs and screws, shall be covered under the Medical Expenses due to an Accident benefit.
31. 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 20% of the total cost of the prescription;
32. 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;
33. Weight control treatment (weight gain or loss), malnutrition, rickets and obesity.
34. Treatment of mental illnesses, mental and behavioral disorders, memory impairment, neurasthenia, physical weakness (without a specific pathological cause), fatigue, insomnia (including sleep disorders), nervous tension syndrome (stress), mental retarded, attention deficit disorder, autism, snoring and sleep apnea, fatigue and/or related conditions;
35. 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.
36. Events that have Waiting Period of occurring during the Waiting Period
37. Costs and treatments, treatment indications existing prior to the First Effective Date;
38. Injuries and illnesses caused by nuclear factors or exposure to radioactive substances;
39. Any experimental treatment or treatment not scientifically recognized;
40. The insured person is missing (except in cases where the Court has decided to declare the insured person dead due to an accident during the insurance period);
41. Any costs arising from or related to the treatment room/bed are specified by the medical facility as Private Room or VIP Room/bed or similar types of treatment rooms/beds. In this case, the Company will only consider settling insurance claims at the lowest price of a Single Room/Standard Bed for 01 (one) person in each treatment specialty;
42. The insured dies suddenly or dies of unknown causes or dies of an undetermined cause;
43. Treatment of biochemical and metabolic abnormalities of the body such as hyperlipidemia, high liver enzymes, low calcium levels or similar conditions related to biochemical and metabolic abnormalities of the body.
44. 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 or any stimulant;
45. 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;
46. Costs of organ transplantation such as donation, receipt, purchase, transport, preservation of organs. However, this Policy covers medical expenses for organ transplantation;
47. Any Injury caused by the performance of police or military service;
48. Costs related to Surgery, Treatment of Injuries, Illnesses using stem cell transplantation such as costs of stem cell extraction, processing, transplantation, maintenance treatment after transplantation and consequences of this treatment;
49. Outpatient treatment services except in cases where the Insured participates in the optional benefit "Outpatient Treatment due to sickness, accident".

SECTION IV – GENERAL CONDITIONS

1. Entire Agreement

The Policy Wording, the Schedule, the 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 69 years old (calculated according to the last birthday); and

- Insured person over 65 years old only is covered provided that he/she has been insured with the Company for at least 2 consecutive years.
- In case of a person under 15 years old, the Company accepts insurance with the condition that he/she participates in the same insurance Policy with the Father and/or Mother or the Father/Mother has participated in at least one type of health insurance with the Company. The insurance program of the dependent person shall only be applied at the same level or lower than the program of the Father or Mother. Unless otherwise agreed.
- Individual who meets the conditions of a Dependent as defined in the Policy.
- 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 percentage of permanent disablement or loss of work ability 50% or more; Percentage of permanent disablement is determined according to written confirmation from competent professional authority and/or legal license;
 - At the time of renewal, the Insured Person is over 69 years old;
 - People who have or are suffering from one of the following diseases or conditions: Parkinson's, Alzheimer's, Motor neuron disease, Multiple sclerosis, Muscular dystrophy, Myasthenia gravis, Epilepsy, Hydrocephalus, Cerebral palsy, Paraplegia, Schizophrenia, Schizoaffective disorder, Delusional disorder, Mental disorder, Dementia, Intellectual disability, Down syndrome, Leprosy.
 - People who have or are suffering from one of the following serious diseases:
 - Cancer;
 - Brain surgery;
 - Stroke, Cerebral hemorrhage, Atherosclerosis;
 - Chronic obstructive pulmonary disease (COPD), Pneumonectomy, Cor pulmonale;
 - Myocardial infarction, Aortic surgery, Heart valve surgery, Heart transplant;
 - Decompensated cirrhosis, Liver failure, End-stage renal failure, Renal medullary cysts;
 - Bone marrow transplantation, Bone marrow failure;
 - In a coma or vegetative state
- Persons are under inpatient treatment for accident or disease;
 - a. 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 of the insurance claim, the Insured is covered by another insurance policy in force for the same expenses and losses claimed with the Company, the Insured shall be entitled to claim under any insurance policy in force. In the event that the medical expenses have been paid under another policy, this insurance policy shall only pay to the Insured the amounts not paid under that other policy or as otherwise agreed upon in the insurance policy.

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:

Insured risk	Waiting period from first effective date participating Insured Benefit	Insured
Treatment of pre-existing diseases	365 days	Applicable to all Insured Persons
Death, permanent total disability due to pre-existing disease	365 days	
Maternity (Normal delivery, Caesarean section)	270 days	

Death due to Marternity	270 days	
Maternity (Pregnancy complications)	90 days	
Death, Permanent Total Disability due to Normal Diseases	90 days	
Normal Diseases	30 days	
Insured risks caused by other accidents	Not applicable	
Death, Permanent Total Disability due to accident	Not applicable	
Upper respiratory tract infections (Tonsillitis, Acute or chronic adenoiditis/hypertrophy, Lower respiratory tract infections, Bronchitis, bronchiolitis, bronchopneumonia, pneumonia)	90 days	Only applicable to the Insured from 15 days old to under 5 years old

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. Optional Extensions

The Policy also considers the non-application of the Waiting Periods regulated above and/or extension of certain exclusions under article 6 SECTION IV – GENERAL CONDITIONS and/or extend coverage to certain exclusions in 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.

9. Applicable laws

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

10. 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.

11. Currency

In case the insurance event occurs oversea and the claimable amount is denominated in a currency other than Vietnam Dong, It is noted and agreed that the rule of applying the exchange rate if the payment transaction is by a currency other than currency stated in policy schedule, it shall be converted to Vietnam Dong by the selling rate at the claim settlement and shown in the Claim Announcement Form.

Subject to selling rate following the Joint Stock Commercial Bank for Foreign Trade of Vietnam (Vietcombank) or the selling rate announced by any other legal credit institution if the exchange rate is not announced by Vietcombank.

SECTION V – CLAIM PROCEDURE

1. Time for Notice of Insured Event and Claim

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 Documentation

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.

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.

This claim procedure does not change the terms and conditions of the Insurance Contract. The required documents may vary depending on the actual situation.

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.

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.

5. Right of Recovery

In the event that the Company has advanced, paid or authorized an advance, payment for an insurance claim which is not covered by the Insurance Contract or exceeds the maximum annual limit of the Insurance Contract or is related to a fraudulent insurance claim, the Company reserves the right to recover the amount advanced, paid or advanced, overpaid from the Policyholder/Insured.

6. Time Limit for Filing Lawsuits

The time limit for filing any lawsuit with respect to the Policy shall be three (03) years from the occurrence of the relevant dispute.

SECTION VI – RIGHTS AND OBLIGATIONS OF THE PARTIES

1. Rights and obligations of the Company

a. The Company shall have the rights:

- Collect insurance premiums under contractual terms and conditions;
- Request the policyholder to provide full and accurate information related to conclusion and execution of the insurance contract;
- Revoke the insurance contract as per clause 2 of Article 22 or unilaterally terminate the insurance contract under Article 26 herein;
- Reject payment of insurance claims or insurance if insurance claims fall outside of the limit of insured liability or fall within the scope of application of the disclaimer clause as provided in the insurance contract;
- Request the policyholder to apply loss prevention and control measures under this Law and other regulatory provisions of relevant law;
- Request the third party to repay the amount that the insurer or the foreign non-life insurer's branch pay as indemnity or coverage to the insured in case of loss or damage to property; economic interests or contractual or lawful obligations; civil liability that the third party causes;
- Other rights prescribed by law.

b. The Company shall have the obligations:

- Provide the policyholder with proposal and questionnaire related to insurable risks, insured subject matters, rules, terms and conditions of insurance;

- Give the policyholder with clear and full explanations about insurance benefits, clauses on disclaimer of insured liability, rights and obligations of the policyholder when concluding the insurance contract;
- Provide the policyholder with the proof of conclusion of the insurance contract prescribed in Article 18 herein;
- Issue premium invoices to the policyholder as agreed upon in the insurance contract and stipulated in regulatory provisions of relevant law;
- Pay indemnity and insurance in case of policy event that occurs;
- Give written explanations as to why payment of any insurance claim or coverage is rejected;
- Cooperate with the policyholder on settling third-party claims for compensation for any losses falling within the limit of insured liability in case of any policy event that occurs;
- Store and retain insurance contract-related documents and records under law;
- Ensure confidentiality and security for information provided by the policyholder or the insured, except as requested by competent regulatory authorities or agreed by the policyholder or the insured;
- Other obligations prescribed by law.

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

a. The Policyholder shall have the rights:

- Decide on the insurer or the foreign non-life insurer's branch with which the policyholder may conclude the insurance contract;
- Request the insurer or the foreign non-life insurer's branch to provide proposal and questionnaire related to risks covered against, subject matters insured, rules, terms and conditions of insurance, and interpret contractual terms and conditions;
- Request the insurer or the foreign non-life insurer's branch to provide proof of conclusion of the insurance contract referred to in Article 18 herein;
- Request the insurer or the foreign non-life insurer's branch to issue premium invoices as agreed upon in the insurance contract and stipulated in regulatory provisions of relevant law;
- Revoke the insurance contract under clause 3 of Article 22 and 35 or unilaterally terminate the insurance contract under Article 26 herein;
- Request the insurer or the foreign non-life insurer's branch to pay insurance claims or coverage or indemnity in case of any policy event that occurs;
- Transfer the insurance contract under contractual terms and conditions or as provided by law;
- Other rights stipulated by law.

b. The Policyholder shall have the obligations:

- Provide all full and accurate information related to the insurance contract upon the request of the insurer or the foreign non-life insurer's branch;
- Carefully read and understand policy terms and conditions, rights and obligations of the policyholder when entering into the insurance contract, and other contents of the insurance contract;
- Pay insurance premiums in full and on time under contractual terms and conditions;
- Inform the insurer or the foreign non-life insurer's branch of cases in which it is likely to assume aggregated or alleviated risks or additional liability during the contract term as agreed upon in the insurance contract;
- Inform the insurer or the foreign non-life insurer's branch of occurrence of any policy event as agreed upon in the insurance contract; cooperate with the insurer or the foreign non-life insurer's branch on insurance loss assessment;
- Apply loss prevention and control measures in accordance with this Law and other regulatory provisions of relevant law;
- Other obligations prescribed by 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, ACCIDENT

1. Benefit

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, tests, diagnostic imaging, exploratory procedures, and common medical consumables as prescribed by the doctor;
- Cost of Prescribed Medicine;
- Cost of outpatient procedures, outpatient surgery, diagnostic endoscopy as defined by the Wording

b. Physical Therapy: The Company shall pay for the costs of Physical Therapy/Chiropractic Treatment as prescribed by the treating Physician at the Medical Facilities and according to the Sub-Limits on the Insurance Benefits Table, not including massage, kneading or gait correction methods.

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. Vaccination costs (excluding coverage for any expenses arising from vaccine-related adverse effects): The Company will pay for vaccination costs as prescribed by a Doctor up to twice a year according to the Sub-Limit specified in the Insurance Benefits Table.

2. Notes

- Geographical Coverage: As specified in the Table of Insurance Benefits
- This benefit limit is independent of the main insurance limit
- This benefit is subject to the general terms, conditions and exclusions specified in the Insurance Policy

OPTIONAL BENEFIT 2: PERSONAL ACCIDENT

The Company will pay the Insured or the Beneficiary the insurance benefits due to death, permanent disability (including Permanent Total Disability and Permanent Partial Disability) caused to the Insured during the Insurance Period and the consequences of an Accident occurring within 104 weeks from the date of the Accident up to the amount stated in the Insurance Benefits Table.

1. Death or Total Permanent Disablement due to Accident

Death/Permanent total disability due to Accident: Pay 100% of the insurance amount according to the Table of Compensation in this Insurance Policy.

Permanent Partial Disability: Pay according to the percentage of the Insurance Amount according to the Disability Insurance Payment Rate Table of this Insurance Policy.

No	Insured Event	Percentage of
		Sum Insured Payable (%)
DEATH		100
TOTAL PERMANENT DISABLEMENT According to the provisions of Clause 1, Article 12 of Circular No. 67/2023/TT-BTC		100
ADDITIONAL INCREASED PERMANENT TOTAL DISABILITY BENEFITS		100
1	Complete and incurable mental disorder	100
2	Complete loss of chewing and speaking function	100
3	Removal of one entire lung and part of the other lung	100
PARTIAL PERMANENT DISABILITY		
HEAD		
1	Removal of part of the upper jaw or part of the lower jaw from 1/3 to ½ lost from the upper branch down	32
2	Hemispherectomy	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 down on the other side	68
5	Removal of the entire upper jaw and part of the lower jaw from the upper ramus downwards on the same side	60
6	Removal of the entire upper or lower jaw	60
7	Cut off ¾ of the tongue, leaving 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	Removing a small part of the tongue (less than 1/3) affects pronunciation	8
11	Cut or press the vocal cords	10
12	Lacrimal sac removal	13
13	Completely deaf in one ear..	28
14	Completely deaf in both ears	64
15	Mastoidectomy	28
16	Cut ear rims on both sides	24
17	One side ear lobe cut	12
18	Complete rhinoplasty	32
	UPPER LIMB	
19	Lost thumb	25
20	Lost a whole joint of thumb	10
21	Lost index finger	17
22	Missing 2nd and 3rd vertebrae	8
23	Missing 3rd burner	7
24	Loss of the entire middle or ring finger	14
25	Middle finger missing 2nd and 3rd phalanges	8
26	Middle finger missing 3rd joint	4
27	Lost 1 thumb and 1 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	Missing 1 index finger and 1 middle finger	26
33	Loss of an entire middle finger or ring finger (including the metacarpal)	16
34	Lost both little finger and metacarpal	14
35	Lost the little finger	10
36	Missing 2nd and 3rd vertebrae	7
37	Missing 3rd burner	4
	LOWER LIMBS	
38	Complete paralysis of the lateral popliteal nerve	32
39	Complete paralysis of the popliteal nerve in ..	24
40	Missing most of the patella, which is broken into many pieces and greatly limiting the ability to extend the lower leg across the thigh.	40
41	Missing most of the patella but still able to move the limb	20

42	Short lower limbs by at least 5 cm.	30
43	Shortened lower limbs from 3-5 cm	20
44	Loss of all 5 toes	40
45	Loss of 4 toes including the thumb	34
46	Loss of 1 thumb segment	14
47	Lost a thumb joint	8
48	Missing 1 finger outside the thumb	10
49	Loss of tibia and fibula causing pseudoarthrosis of the lower leg	32
50	Fibula loss	20
51	Cut the outer or inner ankle	10
52	Lost 4 fingers except thumb	32
53	Lost 3 fingers, 3-4-5	22
54	Lost 3 fingers, 1-2-3	26
55	Lost 1 thumb and 2nd finger	18
56	Stiff hip	40
57	Stiff knee	28
	SPINAL COLUMN	
58	Anterior or posterior discectomy	26
59	Posterior archectomy of one vertebra	28
60	Posterior archectomy of 2 – 3 or more vertebrae	40
	CHEST	
61	Resection of 1-2 ribs	14
62	Resection of 3 ribs (each rib removed over 3 ribs increases by 5%)	20
63	Resection of each rib segment (each rib removed increases by 3%)	7
64	Resection of an entire lung	60
65	Resection of multiple pulmonary pleura on both sides, DTS reduced by more than 50%	56
66	Resection of multiple pulmonary pleura on one side	44
67	Pleural resection	24
68	Resection of a lobe of lung	32
	BELLY	
69	Cut off total gastrectomy	64
70	$\frac{3}{4}$ or $\frac{2}{3}$ resection with vagus nerve resection	32
71	Cut almost all of the small intestine (less than 1 m remaining)	64
72	Small Intestine Resection	36
73	Total Colectomy	64
74	Colectomy	44

75	Simple right hepatectomy	60
76	Simple left hepatectomy	52
77	Half of a lobe resection	48
78	1/3 of a lobe resection	32
79	Lower 1/3 resection of the liver lobe	24
80	Cholecystectomy	21
81	Splenectomy	36
82	Tail of pancreas and spleen resection	52
83	Pancreatectomy with pancreaticojejunostomy	32
84	Appendectomy	12
85	Esophagectomy, esophagectomy with gastric bypass	40
	URINARY AND REPRODUCTIVE ORGANS	
86	Removal of 1 kidney, remaining kidney normal	44
87	Removal of 1 kidney, remaining kidney damaged or diseased	60
88	Removal of part of the left or right kidney	28
89	Removal of the ureter	24
90	Loss of penis and 2 testicles in a childless person under 55	60
91	Loss of penis and 2 testicles in a childless person under 55	48
92	Loss of penis and both testicles in people over 55 years ol	32
93	Unilateral hysterectomy and oophorectomy in people under 45 years old who have not had children	52
94	Unilateral hysterectomy and oophorectomy in people under 45 years old who have had children	28
95	Unilateral hysterectomy and oophorectomy in people over 45 years old	22
96	Unilateral mastectomy in women under 45 years old	20
97	Bilateral mastectomy in women under 45 years old	40
98	Unilateral mastectomy in women over 45 years old	14
99	Bilateral mastectomy in women over 45 years old	28
100	Partial cystectomy	24
101	Bartholin gland cystectomy	5
102	Complete vaginal resection	14
103	Complete unilateral or bilateral salpingo-oophorectomy	17
104	Abdominal hysterectomy without tubal or oophorectomy	20
105	Ovariectomy with omentum	16
106	Unipotentiary orchiectomy	8
107	Bipotentiary orchiectomy	11

- In case of multiple Disabilities in the same body part, the total amount paid for the Disabilities shall not exceed the percentage

of loss of that body part.

- If the Insured dies (within 24 months from the date of Disability) after receiving the compensation for Permanent Partial Disability insurance benefits, the Company will pay the remaining insurance amount if the compensation for death is more than the compensation received under the Permanent Partial Disability section above.
- Disability cases not listed here will be compensated according to the percentage of the level of Disability based on similar cases listed, regardless of the occupation of the Insured or according to the conclusion of the Medical Examination Council at the provincial/municipal level or higher.
- Injuries resulting in loss of use of limbs or parts of limbs shall be treated similarly to injuries resulting from amputation.
- Certification of complete paralysis and the inability to recover the function of the body parts or total blindness or physical injury of 81% or more shall be made no earlier than 180 days from the date of the insurance event or from the date the pathology is diagnosed.
- In case the consequences of an Accident covered by insurance are aggravated due to the Insured Person's pre-existing illness or the Injury is not treated promptly and not according to the instructions of the Medical Facility, the Company will only pay the insurance money as for the same type of Injury in a person with normal health who is treated properly.

2. Note

- Geographical Coverage: As specified in the Insurance Benefits Table
- This benefit limit is independent of the main insurance limit
- This benefit is subject to the general terms, conditions, and exclusions specified in the Insurance Contract.

OPTIONAL BENEFIT 3: DEATH AND PERMANENT DISABILITY DUE TO SICKNESS/DISEASE OR MATERNITY

1. Benefit

On the basis of the additional premium paid by the Insured, the Company will pay 100% of the insurance amount stated in the Insurance Benefits Table of the Insurance Contract if the Insured dies or suffers a Total Permanent Disability within the scope of insurance and is caused by Illness/Disease (excluding Cancer) or Maternity (only if this benefit is extended and stated in the Insurance Contract) occurring during the Insurance Term.

This optional benefit does not apply to Insureds aged 65 and over.

2. Note

- Geographical scope: As specified in the Insurance Benefits Table
- Life insurance limit is independent of the main insurance limit
- This benefit is subject to the general provisions and exclusions specified in the Insurance Rules

OPTIONAL BENEFIT 4: BASIC DENTAL CARE

1. Benefit

On the basis of the additional premium paid by the Insured, the Company will pay the Insured for medical expenses for dental treatment including:

- Examination and diagnosis;
- Medicines as prescribed by the Doctor
- Scaling and polishing teeth;
- X-ray;
- Treatment of periodontal diseases, gingivitis;
- Filling/filling teeth with conventional materials (amalgam or composite, fuji or equivalent materials);
- Root canal treatment;
- Extraction of diseased/damaged teeth, teeth that do not grow or are covered by gums, impacted wisdom teeth; extraction of tooth roots, root canal treatment, hard tooth tumor removal, tooth root resection (not accompanied by Surgery).

The additional limit is according to the benefits specifically specified in the Insurance Benefits Table and/or the Insurance Contract.

2. Note

- Scope of Coverage: As specified in the Insurance Benefits Table
- This benefit is only applicable when the Insured participates in the Outpatient Insurance benefit but will not be counted towards the Maximum Limit of the Outpatient Benefit
- This benefit is subject to the general terms, conditions, and exclusions specified in the Insurance Contract

OPTIONAL BENEFIT 5: MATERNITY CARE

1. Benefit

Based on the additional premium paid by the Insured, the Company will pay the Insured for medical expenses related to maternity care including:

a. Normal Delivery

The Company shall pay for medical expenses incurred for the normal delivery of the Insured Person including but not limited to the following: midwifery, general hospital fees, and specialist doctor fees.

b. Caesarean section

The Company shall pay for medical expenses as prescribed by the Doctor arising from the Insured Person's caesarean section, including but not limited to the following expenses: Surgery, general hospital fees, and specialist doctors. The caesarean section procedure is only covered if it is prescribed by the Doctor as necessary for a difficult birth or a failed normal birth that requires a caesarean section, excluding caesarean sections requested by the Insured Person or re-caesarean sections due to a previous request for caesarean section.

c. Pregnancy complications

The Company shall pay for the medical expenses incurred by the Insured Person during inpatient treatment due to complications during pregnancy, or during childbirth requiring obstetric procedures as prescribed by a Doctor. Maternity complications include but are not limited to the following cases:

- Abnormalities during pregnancy that require treatment as prescribed by a doctor: fetal growth arrest, stillbirth, threatened miscarriage, miscarriage, hydatidiform mole, ectopic pregnancy, placenta previa, abruptio placentae, threatened premature birth, incisional pregnancy, abortion due to congenital conditions of the fetus or abortion to protect the mother's life.
- Pathologies arising from pregnancy: gestational diabetes, gestational hypertension, pregnancy poisoning excluding hyperemesis gravidarum, severe vomiting.
- Obstetric complications: various types of postpartum infections, preeclampsia, eclampsia, threatened uterine rupture, uterine rupture, hemorrhage, acute pulmonary edema, amniotic embolism, retained placenta in the uterus after birth.
- Other pregnancy complications requiring Hospitalization or Surgery as directed by a Physician.

d. Childcare

The Company shall pay the Insured Person for expenses including the costs of pediatric medications, pediatric tests, vaccinations, baby hygiene costs and inpatient medical expenses for newborns provided that these expenses are related to pathological symptoms that appear at birth or manifest within 7 days after birth.

e. Pregnancy check-up

The Company shall pay for the cost of prenatal examination and re-examination before and after birth for the Insured according to the Sub-limit stated in the Insurance Benefits Table.

The Company shall not cover the cost of prenatal screening tests to detect early fetal malformations, genetic diseases or intellectual disabilities such as fetal malformation tests (Double Test, Triple Test), chromosome tests.

2. Note

- Geographical Coverage: As specified in the Insurance Benefits Table
- Maternity coverage is independent of the main coverage
- This benefit is subject to the general terms, conditions, and exclusions specified in the Insurance Policy

OPTIONAL BENEFIT 6: CANCER TREATMENT

1. Benefit

On the basis of the additional premium paid by the Insured, the Company will pay the Insured for medical expenses related to Cancer with the following specific provisions:

Insurance benefits are paid according to the provisions below in the event that the Doctor concludes and has a treatment regimen for the Insured with cancer as defined, the Company will pay compensation in the event that the Insured has Cancer with the condition that the diagnosis must be based on histological evidence of a malignant tumor and must be confirmed by the Doctor. Cancer in this Insurance Policy also includes malignant leukemia, lymphoma and sarcoma.

a. Hospitalization

If the Insured Person is hospitalized within the scope of insurance, the Company will pay the Insured Person for the costs of medical services or drugs as prescribed by the Doctor, including the following costs:

- Beds, rooms, special care rooms ICU (Intensive Care Unit), HDU (High Dependency Unit), HDU (High Dependency Unit), CCU (Coronary Care Unit), meals according to treatment standards at the Hospital;
- Administrative costs, blood and plasma costs;
- Medicines as prescribed by the Doctor;
- Intravenous infusion;
- Tests, electrocardiograms or imaging diagnostics such as X-ray, MRI, CT, PET (these test costs must be prescribed by the Doctor as necessary measures to assess the condition of the disease and must be part of the Hospitalization cost)
- Accommodation costs for parents or legal guardians, including the cost of an additional bed in the same room in case the Insured Person under 18 years old must be Hospitalized (this Benefit is only covered when there are specific regulations on the Insurance Benefits Table)

b. Surgery

If the Insured Person has to undergo surgery, be hospitalized for inpatient treatment, or receive same-day treatment within the scope of insurance, the Company will pay for medical expenses related to an inpatient surgery or same-day surgery, including the cost of medicine used in the surgery, medical supplies, equipment necessary for the surgery, operating room costs, surgeon costs, anesthesia and post-operative recovery costs, and re-surgery costs. Surgery costs include organ and body part transplant surgery (the cost of purchasing organs, body parts, and the cost of donating organs and body parts are not covered).

c. Out-patient treatment due to cancer

The Company agrees to insure reasonable medical expenses for outpatient treatment due to illness or accident during the insurance period with the liability limit clearly stated in the Insurance Benefits Table, including:

- Medical examination and treatment costs:
 - Costs of doctor's examination, tests, diagnostic imaging, exploratory procedures, common medical consumables as prescribed by the Doctor, costs of paraclinical examination.
 - Costs of medicines as prescribed by the Doctor;
 - Costs of diagnostic endoscopy, chemotherapy, radiotherapy;
 - Other reasonable medical expenses.
 - Physical therapy: The Company shall pay for physical therapy/spinal nerve therapy costs as prescribed by the treating Doctor at medical facilities and according to the Sub-limit on the Insurance Benefits Table, provided that physical therapy is not a massage, kneading or gait correction method.

Sub-limits according to benefits are specifically specified in the Insurance Benefits Table.

d. Death due to cancer

In case the Insured dies within the scope of insurance, the Company shall pay the full Sum Insured stated in the Insurance Policy.

Note: Death due to cancer benefit is paid at 100% of the insurance amount, minus any cancer claims already paid. The total amount of compensation paid shall not exceed the insurance amount.

2. Note

- Geographical Coverage: As specified in the Insurance Benefits Table
- Cancer Limit is independent of the main insurance limit
- This benefit is subject to the general terms, conditions, and exclusions specified in the Insurance Contract.

OPTIONAL BENEFIT 5: HOSPITALIZATION ALLOWANCE

1. Benefit

On the basis that the Insured has paid the additional insurance premium, in case the Insured is treated for a disability due to a consequence of an Accident and must be hospitalized for treatment or inpatient treatment due to illness covered under this Insurance Contract, the Company will pay an amount for each day of treatment as stated in the Insurance Contract.

The maximum payment amount for an Insured per year will not exceed the Sub-Limit of this Benefit specified in the Insurance Benefits Table. The maximum time limit for payment of hospitalization allowance within an Insurance Period shall not exceed 60 days.

The number of days entitled to the allowance is based on the actual number of days off for inpatient treatment due to illness or accident. The number of days off is based on the instructions of the treating Doctor.

The daily allowance (including Sundays and holidays) is calculated as follows: The allowance amount/day is specified in the attached Benefits Table (x) the number of days of treatment as prescribed by the Doctor. The Hospitalization Benefit will end when the Insured Person is discharged from the hospital. The discharge certificate is a necessary document to settle this benefit. The Company will not pay this Hospitalization Benefit for Day Treatment and Outpatient Surgery.

2. Note

- Geographical scope: As specified in the Insurance Benefits Table
- Hospitalization benefit coverage limit is independent of the main insurance limit
- This benefit is subject to the general terms, conditions, and exclusions specified in the Insurance Contract

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

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 -

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.

7. Exclusion of Pandemic Declared by WHO

- This shall exclude any claim in any way arising from or caused by an infectious or contagious disease, an outbreak of which has been declared by the World Health Organization (WHO) as a Public Health Emergency of International Concern (PHEIC).
- This exclusion shall apply to claims made after the date of any such declaration, except in cases where a qualified physician has provided a relevant diagnosis prior to the date of the declaration.
- This exclusion will remain in effect until the WHO cancels or withdraws any related PHEIC.
- "Infectious or contagious disease" means any illness capable of being transmitted from an infected person, animal, or species to another person, animal, or species by any means.