

# PERSONAL ACCIDENT INSURANCE POLICY WORDING

(Issued in accordance with Decision No. 13/2025-QĐHN-TMIV dated 27<sup>th</sup> June 2025  
by General Director of Tokio Marine Insurance Vietnam Company Limited)

## SECTION I - DEFINITIONS

The terms defined below will have the same meaning whenever they appear in any section of the Policy Wording.

### 1. The insured

Means the person whose life and health are covered under the Policy/ Schedule/Endorsement or attached in a named list of the Policy, the Schedule and/or Insurance Certificate or Endorsement and with the approval of 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 insurance policy, pay the insurance premium and 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 policy holder is an individual who legally represents the group of individuals participating in the Group policy.

### 3. Dependents

Means the legal spouse, parents, and children of the insured person and named in the list of the 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 must not be married since the First Joining Date.

Dependents may include other persons as agreed 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 a part or all of the benefits as agreed in the insurance policy. The beneficiary is declared in the Application Form and Policy. In the absence of a designated Beneficiary, the Company will settle in accordance with current legal regulations on inheritance.

### 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 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. 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.

### 8. 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.

### 9. 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.

### 10. 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 permanent disability.

- 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.

### 11. 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.

### 12. Temporary Disablement

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

### 13. 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.

**14. 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.

**15. 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.

**16. 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.

**17. 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

**18. Reasonable and Customary Charges**

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

**19. Medical Necessity**

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

- appropriate and relevant to the diagnosis and treatment of any 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) 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.

**20. Home Nursing**

Means standard home nursing service provided at the residence of the insured by a qualified and licensed nurse, provided to the insured after undergoing surgery due to an Injury and upon discharge from the hospital, and must be prescribed by the treating Doctor.

**21. Emergency Transportation Services**

Means emergency transportation service provided by a licensed entity to transport the insured in a critical condition due to an Accident to the nearest medical facility with appropriate medical care for the insured. Emergency transportation services covered by insurance do not include air transportation services or S.O.S. transportation services.

**22. 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.

**23. 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 working hours, including weekends and holidays).

**24. 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.

**25. 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.

**26. Critical Condition**

This refers to the health status of the insured that, in the opinion of a Doctor, requires emergency treatment to prevent death.

**27. Stimulants**

Stimulants are substances that include narcotics, addictive drugs, or psychotropic substances as defined by State regulations, except when used

for the treatment of illness as prescribed by a Doctor or Medical Facility.

## **SECTION II: COVERAGE**

The Company will pay the insured or the beneficiaries the insurance benefits in the event of death, permanent disability (including Total Permanent Disability and Partial Permanent Disability), temporary disability benefits, and medical expenses incurred due to injuries sustained by the insured during the Insurance period.

The consequences of an Injury occurring within 104 weeks from the date of the Accident will be covered under the benefits stated, provided that at the time the consequences occur, this Insurance Policy remains in effect or has been continuously reinstated with the Company. Continuous reinstatement means there is no interruption between the Insurance Policy issued by the Company for the Insured.

### **1 Death and Permanent Disability due to Accident**

#### **1.1 Death due to Accident**

100% of the Sum Insured specified in Appendix I – Table of Compensation.

#### **1.2 Total Permanent Disability due to Accident**

100% of the Sum Insured specified in Appendix I – Table of Compensation

#### **1.3 Partial Permanent Disability due to Accident**

A percentage of the Sum Insured under Appendix I – Table of Compensation.

### **2 Allowance for Temporary Disability**

In the event the insured suffers an injury during the insurance period resulting in temporary disability, the company agrees to pay salary compensation or daily benefits as specified in the Schedule, provided that all terms, conditions, and exclusions outlined in this policy wording are adhered to.

Compensation under this benefit is based on the actual number of days off required for the treatment of the temporary disability, with the days off needing to be prescribed by a physician.

The company will cease payment of this compensation immediately upon the insured's death or determination of permanent disability.

For salary compensation, the base salary for calculating the compensation will be the insured's salary at the time of treatment.

### **3 Medical Expenses due to Accident**

The company will pay for actual and reasonable medical expenses for diagnosis and treatment, including inpatient treatment, surgery, outpatient treatment, medical supplies, home nursing services, and emergency transportation services. This also includes dental treatment costs if necessary for the restoration of natural teeth damaged due to the accident, within the limits specified in the Schedule.

## **SECTION III: GENERAL EXCLUSIONS**

The Company will not compensate for any of the following costs or benefits of the policy for losses or liabilities arising from the following events:

1. Acts of God such as earthquakes, volcanic activities, tsunamis and radioactive contamination;
2. 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;
3. Participation in air transport activities (other than as a fare-paying passenger) or participation in military maneuvers or training, or combats of armed forces;
4. Participation in training or competing in professional sports;
5. The insured'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;
6. Any self-inflicted Injury or Sickness, suicide or attempted suicide or the insured's intentional exposure to danger (except for saving lives);
7. Intentional acts of the insured or the beneficiary;
8. Injuries caused by the performance of duties as a police or military officer;
9. Any Injury caused by food and drink poisoning;
10. The insured'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 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;
11. Sudden death, illness, diseases, maternity, occupational diseases, and consequences arising during the treatment of illness, diseases, and maternity;
12. Injuries caused by insanity or mental disorders;
13. Pre-existing conditions;
14. Congenital disabilities and any conditions arising from or caused by them;
15. The insured is affected by stimulants, narcotics, drugs not prescribed by a qualified physician, alcohol, or beer, and this influence is the cause of the accident;
16. The insured is affected by alcohol, unless the claimant can reasonably prove that alcohol was not a contributing factor to the injury;
17. Injuries to any insured caused by fighting, except in cases of self-defense;
18. Exclusion of products classified as organic substances, dietary supplements, cosmetics, and nutritional milk;

19. Costs related to organ transplantation, including donation, receipt, purchase, transportation, and preservation of organs. However, this insurance contract covers medical expenses for the transplantation of organs into the body;
20. Experimental treatments and treatments not recognized or authorized by the competent state authority.

#### SECTION IV – SPECIAL CONDITIONS

##### 1. Missing Due to Accident

If the body of the insured is not found within two (2) years from the date of disappearance due to the sinking, capsizing, or falling of an aircraft or other means of transportation, whether by land, air, or water, on which the insured was present at the time of the accident, and such situations are covered by the policy, then the insured will be considered to have died due to Injuries caused by an insured accident at the time of disappearance, sinking, or capsizing mentioned above. However, if at any time thereafter the insured is discovered to be alive, the compensation already paid must be immediately refunded to the Company by the insured.

##### 2. Exposure to Climate and Weather Conditions

If, after sustaining injuries, the insured is exposed to climate and weather factors, and this exposure directly leads to death or permanent injury that is eligible for coverage, such death or permanent injury will be considered a consequence of the original injury and will be compensated according to this wording.

##### 3. Overall Compensation Limit

The total maximum liability of the Company for all Insured Persons on the same flight, vehicle, or train shall not exceed VND 25,000,000,000 or the total compensation payable to those insured, whichever is the lesser amount.

If the total amount of all claims for injuries made by the insured on the same trip exceeds this overall limit, the Company's liability to the insured will be proportionally divided according to the insurance benefits for each insured person.

#### SECTION V: GENERAL CONDITIONS

##### 1. Entire Agreement

The Policy Wording, the 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/The Insured shall be valid upon the approval by the Company's authorized person through the issuance of Endorsements 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

The geographical scope of coverage under this policy is the territory of the Socialist Republic of Vietnam, unless otherwise agreed upon and stated in the summary of the insurance contract.

##### 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
  - The insured 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 is over 80 years old (calculated according to the last birthday);
- 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 of the insurance claim, the insured has another active insurance policy covering the same costs and losses being claimed with the Company, the insured has the right to claim under any active insurance policy. In cases where medical expenses have been paid by another policy, this Policy will only cover the amounts not paid under that other insurance policy or as specified in any other agreement outlined in the Schedule.

##### 5. Violation of Information Disclosure Obligations

When entering into the insurance policy, the Company is responsible for providing complete information related to the insurance policy and explaining the insurance conditions and terms to the policyholder. The policyholder is responsible for providing complete information related to the insured subject matter to the Company. Both parties are accountable for the accuracy and honesty of that information. The Company is obligated to keep confidential the information provided by the Policyholder.

In the event that the policyholder or the insured intentionally provides incomplete information or false information to enter into the insurance policy for the purpose of claiming compensation or insurance payment, the Company has the right to cancel the insurance policy. The Company is not obligated to pay the insurance benefit and must refund the premium to the policyholder after deducting administrative management costs.

##### 6. 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.

##### 7. Choice of Extended Coverage

The insurance policy also considers the possibility of not applying and/or extending certain exclusion cases listed in SECTION III – GENERAL EXCLUSIONS and/or modifying certain definitions in SECTION I - DEFINITIONS, provided that the Company approves and the Policyholder agrees to pay any additional premium (if applicable) as required by the Company for this extension or modification of coverage. Any such extensions or changes will be detailed in the insurance contract and any amendments.

## **8. Currency**

Any benefit payable and premium shall be paid in Vietnam Dong.

In case the insurance event occurs overseas 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 the currency stated in the 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 the 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.

## **9. Rights and Obligations of Each Party**

### **9.1. Rights and Obligations of the Company**

#### **9.1.1. The Company shall have the rights:**

- a. Collect insurance premiums under contractual terms and conditions;
- b. Request the policyholder to provide full and accurate information related to conclusion and execution of the insurance contract;
- c. Revoke the insurance contract as per clause 2 of Article 22 or unilaterally terminate the insurance contract under Article 26 herein;
- d. 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;
- e. Request the policyholder to apply loss prevention and control measures under this Law and other regulatory provisions of relevant law;
- f. 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;
- g. Other rights prescribed by law.

#### **9.1.2. The Company shall have the obligations:**

- a. Provide the policyholder with proposal and questionnaire related to insurable risks, insured subject matters, rules, terms and conditions of insurance;
- b. 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;
- c. Provide the policyholder with the proof of conclusion of the insurance contract prescribed in Article 18 herein;
- d. Issue premium invoices to the policyholder as agreed upon in the insurance contract and stipulated in regulatory provisions of relevant law;
- e. Pay indemnity and insurance in case of policy event that occurs;
- f. Give written explanations as to why payment of any insurance claim or coverage is rejected;
- g. 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;
- h. Store and retain insurance contract-related documents and records under law;
- i. 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;
- j. Other obligations prescribed by law.

### **9.2. Rights and obligations of Purchasers of insurance**

#### **9.2.1. The Policyholder shall have the rights:**

- a. Decide on the insurer or the foreign non-life insurer's branch with which the policyholder may conclude the insurance contract;
- b. 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;
- c. 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;
- d. 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;
- e. Revoke the insurance contract under clause 3 of Article 22 and 35 or unilaterally terminate the insurance contract under Article 26 herein;
- f. 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;
- g. Transfer the insurance contract under contractual terms and conditions or as provided by law;
- h. Other rights stipulated by law.

#### **9.2.2. The Policyholder shall have the obligations:**

- a. 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;

- b. 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;
- c. Pay insurance premiums in full and on time under contractual terms and conditions;
- d. 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;
- e. 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;
- f. Apply loss prevention and control measures in accordance with this Law and other regulatory provisions of relevant law;
- g. Other obligations prescribed by law.

#### 10. Applicable laws

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

#### 11. Medical Examination

The Company has the right to require the insured to undergo additional tests or medical examinations at the Company's expense if it deems a claim for compensation to be directly or indirectly related to an exclusion point in the insurance coverage. The insured is obliged to cooperate in this examination; otherwise, the Company has the right to reject the related claim.

Additionally, the Company has the right to request an autopsy in the event of the insured's death, provided that this does not violate current laws and/or does not affect religious beliefs and cultural customs.

#### 12. 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.

### 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 becomes aware of the Occurrence of the insured event.

#### 2. Claim Documents

2.1. Upon receiving a notice of claim, the Company will request the Policyholder or the insured to provide the following documentation for the claim, which including:

- A fully completed insurance claim form (according to the Company's updated template)
- Documentation proving the insured object: Schedule, ID card/Citizen ID/Birth certificate/Passport of the insured
- Documentation proving the occurrence of the insured event that necessitates the claim: Accident report confirmed by local authorities or police where the insured person was involved (in cases of serious traffic accidents) or a written statement from the insured in other cases
- Valid invoices, receipts, and evidence related to medical examination and treatment (including a detailed breakdown of incurred expenses)
- Any documents needed to clarify/prove the above materials to assist the Company in verifying the claim if necessary.

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 insurance benefits payable may be paid to the insured, the Beneficiary or the insured's legal heir.

The insured is responsible for managing information related to the amounts paid for each benefit. The Company is not responsible for notifying the use of the coverage limits of the insurance contract. Claims submitted after payments have reached the maximum limit of liability will 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 complete and valid claim dossier requesting the 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**

In the event that the Company has paid or authorized payment for a claim that is not within the scope of coverage of the Insurance Policy or exceeds the total maximum limit per year of the Insurance Policy, or is related to a fraudulent claim, the Company reserves the right to recover the amount that has been paid or overpaid from the Policyholder/the Insured .

**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 – 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.

**APPENDIX I – TABLE OF COMPENSATION**

<b>No.</b>	<b>Insured Event</b>	<b>Payment ratio</b>
	<b>Death/ Total permanent disablement</b>	<b>Sum Insured (%)</b>
1.	Death due to Accident	100%
2.	Total permanent disablement	100%
3.	Additional Total permanent disablement	
3.1	Total and permanent loss of vision in one eye.	100%
3.2	Total disability due to amputation or permanent loss of function in:	100%
	a) one leg	
	b) one hand	
	c) the arm above the elbow.	
	d) the arm at or below the elbow.	
	e) the leg above the knee.	
	f) the leg at or below the knee.	
	<b>PERMANENT PARTIAL DISABILITY</b>	
1.	Permanent total loss.	50%
	a) vision in one eye, unless there is still light perception.	
	b) lens of an eye	
2.	Total disability resulting from amputation or total and permanent loss of use of:	
	a) the thumb and four fingers of one hand.	50%
	b) the four fingers of one hand.	40%
	c) the thumb (2 phalanges)	25%
	d) the thumb (1 phalange)	10%
	e) the index finger (3 phalanges)	15%
	f) the index finger (2 phalanges)	8%
	g) the index finger (1 phalange)	4%
	h) the middle finger (3 phalanges)	10%
	i) the middle finger (2 phalanges)	4%
	j) the middle finger (1 phalanges)	2%
	k) the ring finger (3 phalanges)	8%
	l) the ring finger (2 phalanges)	4%
	m) the ring finger (1 phalange)	2%
	n) the little finger (3 phalanges)	6%
	o) the little finger (2 phalanges)	3%
	p) the little finger (1 phalange)	2%
	q) All the toes of one foot	17%

	r) the big toe (2 phalanges)	5%
	s) the big toe (1 phalanges)	2%
	t) any other toe	3%
3.	Total and permanent loss of:	
	a) hearing in two ears	75%
	b) hearing in one ear	15%
	c) speech	20%

- The company will pay insurance for any permanent disability not listed in the table, regardless of the insured's occupation or nature of work, based on the conclusion of the Medical Evaluation Council. The cost of the medical evaluation will be borne by the insured.
- The total amount of compensation payable for any injuries resulting from the same accident will be calculated by summing the percentage rates, but not exceeding 100% of Sum Insured. After that, the company will have no further responsibility under the insurance policy for any subsequent injuries to the same insured.
- If any claim is paid for the loss or loss of use of an entire body part, then claims for any part of that same body part will not be compensated.
- The certification of the insured 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 cases where the consequences of an insured accident are aggravated by pre-existing illnesses or injuries of the insured, or if the treatment of the injury is not timely and does not follow the instructions of the medical facility, the company will only pay the insurance amount as it would for similar injuries in a normally healthy person receiving reasonable treatment.

