

Comprehensive Healthcare Policy Wording

Superior Package (Expat Care)

(Issued in accordance with Decision No. 35/2025-QĐHN-TMIV dated 28th Oct, 2025
by General Director of Tokio Marine Insurance Vietnam Company Limited)

SECTION I – DEFINITIONS

Words and expressions as defined below shall have the same meaning whenever they appear in this Policy Wording, whether shown in lowercase, bold, or capitalized letters or not.

1. Insured

Means an individual who is a legal permanent or temporary resident in Vietnam, whose life or health, are covered under the **Policy/Schedule**, Endorsement or attached in a named list of the Policy, and approved by the Company.

2. Policyholder

The policyholder means an organization legally established and operating in Vietnam, or an individual in Vietnam aged 18 years or older with active legal capacity at the time of entering into the **Policy**, pay the insurance premium and stated as the **Policyholder** in the **Policy**, the Schedule and/or Insurance Certificate or Endorsment (if any). **The policyholder** must have insurable interests for the Insured. For **Group policy**, the **Policyholder** is the legal representative of the group of the insured.

3. Dependents

The lawful spouse (having marriage certificate), children, natural parents, or parents-in-law of the **Insured**.

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

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

All Dependents shall be named in the List of **Insured**.

4. Beneficiary

The beneficiary means the person, organisation designated by the **Policyholder** or the **Insured** to receive partly or all of the benefits as agreed in the **Policy**. The **Beneficiary** is declared in the Application Form and **Policy**. In case, there is no designated Beneficiary, the Company will resolve in accordance with related current laws.

5. Company

Tokio Marine Vietnam Insurance Company Limited.

6. Policy

An written agreement between the **Policyholder** and the **Company** whereby the **Policyholder** shall pay the premiums and the **Company** shall be liable to pay the insurance proceeds to the **Beneficiary** or indemnify the **Insured** in respect of any insured event.

The Schedule, Table of Benefits, Policy Wording and any Endorsements attached or issued from time to time shall be read as one Policy.

7. Table of Benefits

The table shows the insurance benefits entitled to the **Insured**, and specifies the sum insured corresponding to each benefit.

8. Commencement Date

The date specified in the **Policy** hereto on which the **Insured** is first named under this **Policy**.

9. First Effective Date

The first day of a continuous and uninterrupted **Period of Insurance** during which the **Insured** participates in under this **Policy** and any subsequent renewal of the **Policy** unless there is any other agreement.

10. Date of Occurrence of Insured Event

In the case of an **Accident**, the **Date of Occurrence of Insured Event** is the date such **Accident** occurs. In case of any **Illness**, the **Date of Occurrence of Insured Event** is the date that the **Insured** receives medical treatment, or the first day of a hospitalization stay, whichever comes first.

11. Waiting Period

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

Waiting period is applied from the **First effective date**.

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

12. Period of Insurance

The **Period of Insurance** as set forth in the **Policy** and inclusive of both the inception date and expiry date of this period of insurance.

13. Accident

Any sudden or unforeseen event, caused by an external, and visible force during the **Period of Insurance**, directly resulting in the **Insured's Injury** and occurring beyond the **Insured's** control.

Asphyxiation 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** willful or intentional acts.

14. Injury

Any injury occurring during the **Period of Insurance** as a result of an **Accident, Illness** or maternity other than any health neurological deterioration over time or due to aging.

15. Total Permanent Disablement

Is the **Injury** that causes:

- The Insured loses, is completely paralyzed, and cannot recover the function of: both hands; or both legs; or one hand and one leg; or both eyes; or one hand and one eye; or one leg and one eye. In this case, complete loss, complete paralysis, and irrecoverable function of the hand is counted from the wrist upwards; complete loss, complete paralysis, and irreversible loss of leg function from the ankle up; complete and irreversible loss of eye function is understood as complete loss or complete blindness and other cases as listed in the attached table of permanent disability;
- The Insured suffers from a physical injury of 81% or more, as confirmed by a medical authority or the Provincial Medical Council or a legal medical appraisal organization approved by the insurer or branch of foreign non-life insurer.

Certification that the Insured has completely lost body parts (hands, legs, or eyes) may be made immediately after the insurance event occurs or after the end of treatment.

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.

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

16. Partial Permanent Disablement

Injury that makes one or more body parts of the **Insured** incapable of restoring normal function and has no prospect of improvement of such **Injury**. The amount of compensation for each Permanent Disablement will be the amount as a percentage (%) of the Sum Insured stated in the **Table of Benefits**. Subject to the provisions of this Policy, **Partial Permanent Disablement** and the percentage of the total compensation are listed in Appendix 01 attached to this Wording.

17. Illness

A body condition, noticed by a pathological deviation from the normal healthy state of health and its symptom or syndrome is manifested according to the **Doctor's** diagnosis.

18. Hospital

A legitimately recognized medical examination and treatment facility which:

- has capability and facilities for medical diagnosis, treatment, and surgery;
- has conditions for in-patient treatment and has a daily health monitoring system for in-patients.
- not a health recuperation or massage center, or a special treatment place solely for the elderly, alcoholics or drug addicts, or an establishment for mental disorder and leprosy treatment.

19. Clinic

A medical examination and treatment facility lawfully established and operating under the law of the country in which it is located, licensed to operate as a **Clinic**, provides adequate medical facilities and equipment for the diagnosis/examination and treatment of patients under applicable laws.

20. Doctor

A legally licensed **Doctor** as recognized by the law of the country where he/she is practicing within the scope of the license and the trained major but the doctor must not be the **Insured**, or lineal relatives (parents, spouse, children, or sibling) of the **Insured**. A **Doctor** may be recognized as a medical consultant or a specialist.

21. Emergency treatment

Urgent treatment at a medical facility following an **Accident** or a sign of **Illness** may result in a **Serious Medical Condition** of the **Insured** incurring room and board charges, provided that medical documents are stamped and certified by the medical facility.

Where the **Insured** is treated at the emergency unit solely for the reason that the medical facility is out of its working hours, such treatment shall be deemed as **Emergency treatment**.

22. Critical Condition

A condition where a **Insured** has any life-threatening disease, injury, or disorder and faces a high risk of death if no **Emergency treatment** is provided.

23. Hospitalization

A patient necessarily stays at least 24 hours at the **Hospital** or an overnight stay regardless of whether the total duration reaches 24 hours for medical treatment until discharge, including childbirth or treatment during pregnancy. Where the **Hospital** cannot issue the Admission and/or Discharge Certificate, medical documents which clearly show the duration of treatment or the list of hospital expenses, including any room and board charges shall be the basis for the payment of this benefit.

24. In-patient Treatment

Means medical treatment where the **Insured** admits and stays at a **Hospital** overnight. The Hospital Discharge Certificate is required to claim for this benefit.

25. Day-patient Treatment

Medical treatment when the **Insured** is hospitalized for treatment/surgery with room and board expenses incurred but is not required to stay at the **Hospital** overnight. The Hospital Discharge Certificate or the list of hospital expenses, including any room and board charges shall be the basis for the payment of this benefit.

26. Out-patient Treatment

Medical treatment at a legally licensed medical facility without **Hospitalization** and with no room and board charges incurred as **In-patient Treatment** or **Day-patient Treatment**.

27. Medical Necessity

Any service or supply provided by a medical facility or **Doctor**, which is necessary to diagnose or treat any **Injury** or **Illness** and is:

- appropriate and consistent with the diagnosis and treatment of any symptom, **Injury** or **Illness**; and
- in accordance with generally accepted standards of medical practice; and
- not for the convenience or at the request of the **Insured** or the **Doctor**.

28. Prescribed Drugs

Medications which are prescribed by **Doctor** and in compliance with applicable legal regulations, including dietary supplements, biopharmaceuticals, cosmeceuticals, and products used for the treatment of the **Insured's Injury** or **Illness**.

29. Surgery

A scientific method to treat any **Injury**, **Illness**, which is undertaken by a legally licensed surgeon that performing manual operations using medical instruments or equipment at a medical facility, including but not limited to laparoscopic and laser surgery, extracorporeal lithotripsy, and minor surgery for treatment using medical instruments at medical facilities.

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).

30. Medical parts or devices for treatment support

The following medical parts/equipment/instruments:

- Mobility/movement aids: Including crutches, canes, walkers, manual wheelchairs, and non-motorized trolleys.
- Surgical aids: Any artificial substitute material implanted or incorporated into the **Insured's** body during a **Surgery** to repair or replace a part of an organ in the body, including stents, heart valves, PTCA's, discs, screws, slings, pacemakers, crystalline lens and other artificial substitute materials.
- Other specialized medical equipment and devices which have specific characteristics are used only for each type of treatment or surgery, are single-use and non-depreciable, and include cartilage blades, planning blade, ultrasound liver blades, scalpels used in Longo's hemorrhoidectomy, polypectomy snare in Nephrolithotomy **Surgery** and similar categories.

31. Prostheses

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

32. Physiotherapy

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

This treatment shall be performed by a licensed physiotherapist at a **Hospital** or **Clinic**.

33. Traditional Eastern Medicine

A traditional medicine treatment method that does not involve the use of medication, including practices such as massage, acupressure, therapeutic exercise, qigong, acupuncture, moxibustion, cupping therapy, thread embedding, bloodletting, scraping therapy, and other techniques as specified in the professional technical list of traditional medicine

34. One Medical Examination/Treatment/Visit

One Medical Examination/Treatment/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.

35. Special Diseases

Diseases including cancer, tumors of all kinds, hypertension, cardiovascular diseases, stomach ulcers, chronic osteoarthritis, intestinal ulcers, hepatitis, endometritis, hemorrhoids, kidney stones and gallstones, tuberculosis, cataracts and sinusitis.

36. Pre-existing disease

A **Pre-existing disease** is a medical condition **Illness** or **Injury** of the **Insured** that:

- Has been diagnosed or treated before the effective date or the date of the most recent reinstatement (nearest) of the policy.
- Existed prior to the First Effective Date of the Policy, this Pre-existing Condition had manifested signs or symptoms within 36 months before the Effective Date or the most recent reinstatement date of the Policy, and was reasonably recognizable by the Insured or by any ordinary person.
- The determination of a pre-existing disease shall be based on medical records or legally established medical facilities, medical documents issued by the Ministry of Health and competent authorities, or information provided by the **Policyholder**, the **Insured** on the insurance claim or the supplementary information form.

37. Congenital Condition

Any genetic condition, congenital defects, body abnormalities that was formed in the fetus during the mother's pregnancy and manifested at birth, but may not be clearly evident at that time.

38. Complications of Pregnancy

The Company shall cover medical expenses incurred for the Insured during In-patient Treatment due to complications arising during pregnancy or childbirth, which require obstetric procedures as prescribed by a Physician. Maternity complications include, but are not limited to, the following cases:

- Abnormalities during pregnancy as diagnosed by a **Doctor**: Fetal growth stoppage, stillbirth, threatened miscarriage, miscarriage, heterotopic pregnancy, placenta previa, abruption placenta, threatened premature delivery, cesarean scar pregnancy, abortion due to **Congenital condition** of the fetus or when abortion is necessary to protect the life of the mother..
- Pathological diseases arising during pregnancy period: gestational diabetes mellitus, gestational hypertension, pregnancy toxemia excluding excessive vomiting, severe vomiting.
- Obstetric complications: postnatal infections of all kinds, pre-eclampsia, eclampsia, threatened uterine rupture, postpartum hemorrhage, acute pulmonary edema, amniotic fluid embolism, retained placenta in the uterus after delivery..
- Other pregnancy-related complications as above reasons.

39. Covered Expenses

Reasonable and customary charges for a service of **Medical Necessity** prescribed by a **Doctor** and for which the **Company** agrees to pay the **Insured**.

40. Co-payment

The prorated portion of covered expenses for which both the **Company** and the **Insured** are liable. The co-payment is calculated as a percentage (%) of the total covered expenses, or of the sub-limit of the respective covered benefits. The maximum limit of covered expenses after applying the co-payment is equal to the limit applicable to the respective benefit as stated in the **Table of Benefits**.

41. Sub-limit

The maximum amount payable in respect of each benefit is listed in the **Table of Benefits**. However, the aggregate of all sub-limits cannot exceed the maximum sum insured of each insurance plan.

42. Repatriation

The return to the country, territory, or place where the **Insured** resides or is national.

43. Professional Sports

Any sport from which the **Insured's** main and/or regular source of income is derived.

SECTION II – SCOPE OF COVER

This Policy Wording shall compensate the **Insured** for any medical expenses and emergency medical evacuation and repatriation expenses incurred as a result of an **Accident** or **Illness** during the **Period of Insurance**.

A. MEDICAL EXPENSES DUE TO ACCIDENT

1. Medical Expenses due to Accident

The **Company** shall pay any **Covered Expenses** incurred within twenty-four (24) months from the occurrence of an **Accident** for any medical diagnosis and treatment, **Surgery**, **Hospitalization** and nursing including costs of medical supplies and ambulance service charges.

2. Emergency Medical Evacuation and Repatriation

2.1. Arrangement and Payment of Emergency Medical Evacuation

The **Company** shall pay any costs and expenses necessarily incurred for the transportation by any means and medical care during transportation, communications, and all usual ancillary services required to relocate the **Insured** in a **Critical Condition** to the nearest **Hospital** where appropriate medical care is available, within the territory limit applicable to the chosen insurance plan. The **Company** shall reimburse the cost of an economy class return airline ticket incurred by the person accompanying the **Insured**.

2.2. Arrangement and Payment of Repatriation expenses

After the **Insured** has been transported by emergency medical services, The **Company** shall pay any costs and expenses necessarily, reasonably, and unavoidably incurred for the **Repatriation** of the **Insured** following an Emergency Medical Evacuation provided that the **Company** has received prior written notice and given written consent for the **Insured**. This benefit does not apply to territory limits of Vietnam.

2.3. Arrangement and Payment of Mortal Remains Repatriation expenses

The **Company** shall pay any costs and expenses necessarily, reasonably and unavoidably incurred for the **Repatriation** of the **Insured's** mortal remains from the place of death to his place of residence or his home country within the Territorial Scope applicable to the chosen plan or to a burial or cremation site near the place of death as requested by the **Insured's** family. This benefit does not apply to territory limits of Vietnam.

B. MEDICAL EXPENSES DUE TO ILLNESS

1. In-patient Treatment due to Illness

The **Company** shall pay any **Covered Expenses** resulting from **Hospitalization**, including **Surgery** and **Day-patient Treatment** as a result of the **Insured's Illness** during the **Period of Insurance**. The scope of cover of the benefits is listed below:

1.1. Room and Board

The **Company** shall pay any standard room and board charges incurred during **In-patient Treatment** or **Day-patient Treatment**, including hospital clothing and meals (provided by the **Hospital** for a standard room).

1.2. Intensive Care Unit

The **Company** shall pay any costs of patient care in an ICU (Intensive Care Unit), HDU (High Dependency Unit), CCU (Coronary Care Unit) as prescribed by the attending **Doctor** during **Hospitalization**.

1.3. Hospital Miscellaneous Treatment Expenses

If the **Insured** is hospitalized, the **Company** shall compensate the **Insured** for any costs and expenses of medical services, drugs and medicine provided by the **Hospital** as prescribed by the attending **Doctor**, including the following costs and expenses:

- a) **Prescribed Drugs** and medicine consumed during **Hospitalization**;
- b) Ordinary splints and plaster casts;
- c) Laboratory testing;
- d) Electrocardiogram;
- e) Physiotherapy;
- f) X-ray therapy, radium therapy, radium and isotopes;
- g) X-ray examination, MRI, CT, PET or similar technology;
- h) Intravenous infusion;
- i) Administrative costs and costs of blood or blood plasma
- j) Other expenses as prescribed by the attending **Doctor**.

1.4. Surgery Expenses

The **Company** shall pay medical expenses related to In-patient **Surgery**, Day-patient **Surgery**, or Out-patient **Surgery**, including the cost of medications used during the procedure, medical supplies, necessary surgical equipment, operating theater fees, post-operative room charges, surgeon's fees, customary costs for pre-operative diagnosis, anesthesia services, post-operative recovery, and expenses for any redone surgery.

1.5. Pre-hospitalization Treatment Expenses

The **Company** shall pay any costs of consultation, diagnosis, **Prescribed Drugs** and laboratory testing necessary as prescribed by the attending **Doctor** and directly related to the **Insured's Illness** that requires **Hospitalization** for monitoring, provided that such consultation, diagnosis and examination shall be performed within thirty (30) days prior to the hospitalization or as shown in the **Policy** or the **Table of Benefits**.

Any costs and expenses related to **Maternity Care** or **Day-patient Treatment** are not covered by this benefit.

1.6. Post-hospitalization Treatment Expenses

The **Company** shall pay for any costs and expenses of any follow-up treatment prescribed by the attending **Doctor** incurred within ninety (90) days or otherwise specified in the **Policy** or the **Table of Benefits**, provided that such costs and expenses shall be directly related to the previous **Hospitalization** for the treatment of the **Insured's Illness**. These include any costs and expenses of consultation, diagnosis, **Prescribed Drugs** and laboratory testing.

Any costs and expenses related to postnatal examination or treatment or **Maternity Care** are not covered by this benefit.

1.7. Home Nursing

The **Company** shall pay any costs and expenses of home nursing services as prescribed by the attending **Doctor** within a period not exceeding the time limit outlined in the **Policy** or the **Table of Benefits** after the discharge from the **Hospitalization** (provided that the duration of the **Hospitalization** is at least seven (07) days). Home nursing shall be provided by a legally licensed nurse at the **Insured's** place of residence.

1.8. Organ Transplantation

The **Company** shall pay any costs and expenses incurred for the surgical transplantation of heart, lung, liver, pancreas, kidney or bone marrow to the **Insured** performed at a **Hospital** by a **Doctor**.

The cost of acquisition of the organ and all costs and expenses incurred by the donor are not covered by this Policy Wording.

1.9. Emergency Treatment

The **Company** shall pay any costs or expenses incurred within 24 hours in emergency room of a **Hospital** or **Clinic** for the emergency treatment of the **Insured's Critical Condition**.

2. Out-patient Treatment

In consideration of the **Insured's** payment of an additional premium, the **Company** agrees to provide coverage for any **Out-patient Treatment** as a result of the **Insured's Illness** (excluding pregnancy-related treatment) subject to the sum insured specified in the **Policy**:

2.1 Medical Examination and Treatment

- a) Medical examination by a **Doctor**;
- b) Prescribed Drugs by **Doctor**.
- c) X-ray or laboratory testing as prescribed by a **Doctor** and necessary for disease diagnosis and treatment;
- d) Other expenses as prescribed by a **Doctor**.
- e) Administrative expenses

2.2 Physiotherapy:

The **Company** shall pay any costs and expenses of **Physiotherapy**/spinal nerve therapy as prescribed by the attending **Doctor** at the medical facility subject to the sub-limit stated in the **Table of Benefits**.

2.3 Oriental Treatment

The **Company** shall pay any costs of Oriental treatment as prescribed by the attending **Doctor** at the medical facility subject to the sub-limit specified in the **Table of Benefits**.

3. Emergency Medical Evacuation and Repatriation

See Part 2 – Emergency Medical Evacuation and Repatriation, SECTION II – SCOPE OF COVER, A. MEDICAL EXPENSES DUE TO ACCIDENT of this Policy Wording.

SECTION III – GENERAL CONDITIONS

1. Eligibility

The eligibility condition of age applied for the **Insured** and his **Dependents** is from fifteen (15) days old to seventy-five (75) years old. Where the **Insured** or a **Dependent** attains the age of seventy-five (75) during the **Period of Insurance**, the coverage provided to the **Insured** or the **Dependent** shall continue until the expiry of the **Period of Insurance** and shall in no case be renewed for subsequent periods.

The following shall not be eligible for this insurance:

- Any person who currently suffers from mental illness or leprosy;
- Any person who is permanently disabled from 50% upward;
- Any person who is under treatment for any disease or injury.

2. Waiting Period

The applicable benefit shall not be paid in the following cases unless otherwise stated in the **Policy**:

2.1 Pre-existing Diseases: Twelve (12) months from the **First Effective Date**.

2.2 Special Diseases: Ninety (90) days from the **First Effective Date**.

2.3 Maternity Care:

- a) Ninety (90) days from the **First Effective Date** in case of miscarriage, premature birth, or treatment of any **Complication of Pregnancy** covered by this insurance.
- b) Two hundred and seventy (270) days from the **First Effective Date** in the case of childbirth.

3. Termination

3.1 The **Policyholder** may terminate this **Policy** by giving 30 days prior written notice to the **Company's** office. In such case, provided that no claim has been paid or is payable and no event, which is likely to give rise to a claim under this **Policy**, has occurred, the **Company** shall refund 80% of the premium in respect of the remaining **Period of Insurance**.

3.2 The **Company** may terminate this **Policy** by giving 30 days prior written notice to the **Policyholder**. In such case, the **Company** shall refund 100% of the premium in respect of the remaining **Period of Insurance**.

4. Governing Law

This **Policy** and the Policy Wording shall be construed and governed by the law of Vietnam.

5. Statute of Limitations for Filing a lawsuit

The Statute of Limitations for filing a lawsuit with respect to this **Policy** is three (03) years from the occurrence of a dispute between the **Company** and the **Policyholder**/the **Insured**.

SECTION IV – RIGHTS AND OBLIGATIONS OF THE PARTIES

I. Rights and obligations of the Company

1. Rights of the Company

- a) To collect the premiums as agreed in the **Policy**.
- b) To request the **Policyholder**/the **Insured** to provide complete and accurate information pertaining to the conclusion and performance of the **Policy**.
- c) To unilaterally suspend the performance of the **Policy** in accordance with the Law on Insurance Business.
- d) To refuse to make payment of insurance proceeds to the **Beneficiary** or refuse to indemnify the **Insured** in respect of any event

of not being covered or of exclusions as stated in the Policy Wording.

- e) To request the **Policyholder** to take measures to prevent and reduce losses in accordance with the law.
- f) Request the third party to reimburse the amount that the **Company** has compensated to the Insured/Beneficiary for property damage; economic interests or obligations under a contract or legal requirements; civil liability caused by the third party.
- g) To have other rights as prescribed by the law.

2. **Obligations of the Company**

- a) Provide the **Policyholder** with the insurance application form, the questionnaire related to the insured risks and subject matter, as well as the rules, conditions, and terms of the insurance.
- b) To explain the terms and conditions of this insurance and the rights and obligations of the **Policyholder**/the **Insured** to the **Policyholder** at the time of entering into a contract.
- c) To issue the **Policy** to the **Policyholder** immediately after the **Policy** is entered into the execution of the Policy.
- d) To issue an insurance premium invoice to the **Policyholder** in accordance with the agreement in the Insurance Contract and relevant legal regulations.
- e) To make timely payment of insurance proceeds to the **Beneficiary** or indemnify the **Insured** upon occurrence of an insured event.
- f) To explain in writing the reason for refusal to make payment of insurance proceeds to the **Beneficiary** or to indemnify the **Insured**.
- g) To coordinate with the **Policyholder** to settle third-party claims for damages covered under the insurance liability when an insured event occurs.
- h) Retention of **insurance contract** records shall be carried out in accordance with the provisions of law.
- i) Confidentiality of information provided by the **Policyholder** and the Insured shall be maintained, except where disclosure is required by a competent state authority or upon the consent of the **Policyholder** or the **Insured**.
- j) To have other obligations as prescribed by the law.

II. **Rights and obligations of the Policyholder/the Insured**

1. **Rights of the Policyholder/the Insured**

- a) To request the **Company** to provide the insurance application form, the questionnaire related to the insured risks and subject matter, the rules, conditions, and terms of the insurance, and to explain those conditions and terms.
- b) To request the **Company** to provide legal evidence of the conclusion of the insurance contract as prescribed by law.
- c) To request the Company to issue an insurance premium invoice in accordance with the agreement in the Insurance Contract and relevant legal regulations.
- d) To unilaterally suspend the performance of the **Policy** if the **Company** intentionally provides any inaccurate information in order to conclude the **Policy** or if the **Company** refuses to reduce the premium in respect of the remaining **Period of Insurance** from the time when there is any change in the factors used as the basis for calculating the premiums, thereby leading to a reduction in the insured risk;
- e) To ask the **Company** to make payment of insurance proceeds to the **Beneficiary** or indemnify the **Insured** as agreed in the Policy Wording upon occurrence of an insured event;
- f) To transfer the Insurance Contract in accordance with the agreement stated in the Insurance Contract or as prescribed by law.
- g) To have other rights as prescribed by the law.

2. **Obligations of the Policyholder/the Insured**

- a) To fully and honestly declare all information related to the Insurance Contract as required by the Company.
- b) To read and fully understand the insurance terms and conditions, the rights and obligations of the Policyholder upon entering into the Insurance Contract, and other contents of the Insurance Contract
- c) To pay the premiums in full within the specified time limit and under the terms of payment as agreed in the **Policy**;
- d) To notify any circumstances that may increase the insured risk or additionally give rise to the **Company's** liability during the performance of the **Policy** at the request of the **Company**;
- e) To notify the **Company** of the occurrence of any insured event under Part 1 – Notice and claim time limit in SECTION V – CLAIM PROCEDURE hereunder;
- f) To take measures to prevent and minimize losses in accordance with the law;
- g) To have any other obligations as prescribed by the law.

SECTION V – CLAIM PROCEDURE

1. **Notice and claim time limit**

1.1 The **Insured** shall notify the **Company** of any event which may give rise to a claim within thirty (30) days from the **Date of Occurrence of Insured Event**.

1.2 The time limit for submitting a claim dossier and requesting insurance payment under the **Insurance Contract** is **one (01) year** from the **Date of Occurrence of Insured Event**. The duration of any force majeure event or objective obstacle shall not be counted within this time limit.

In cases where the **Insured** or the **Beneficiary** can prove that they were unaware of the occurrence of the insured event, the above-mentioned time limit shall be calculated from the date the **Insured** or the **Beneficiary** becomes aware of the event.

In cases where a third party requests the **Policyholder** to compensate for damages covered under the insurance liability as agreed in the **Insurance Contract**, the time limit shall be calculated from the date the third party makes such request.

2. Claim documents

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

- Fulfilled Claim Form (as per the latest template provided by the Company)
- Evidenced documents about the eligibility of the Insured: Policy Schedule, Identity Card/ Citizen ID/ Birth Certificate/ The Insured's Passport
- Evidenced documents about the insured event for which a claim arises: Accident report with confirmation of local authority or policemen where the Insured's accident happened (in case of a serious accident) or Incident report of the Insured (in other cases)
- Valid invoices, documents, and evidence related to medical examination and treatment (including a detailed list of expenses incurred)

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

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

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

3. Claim payment

3.1 If any **Covered Expenses** are incurred by the **Insured** during the **Period of Insurance**, the **Company** shall pay the benefit payable subject to the terms of the Policy Wording. The benefit payable may be paid to the **Insured** or his heir-at-law.

3.2 Any benefit payable shall be paid in Vietnam Dong. Where the claimable amount is denominated in a currency other than Vietnam Dong, it shall be converted to Vietnam Dong at the selling rate announced by the Joint Stock Commercial Bank for Foreign Trade of Vietnam at the time of payment.

3.3 Any amount payable to the **Insured** under the **Policy** shall be paid by the **Company** to the **Insured** and the **Insured's** receipt of such amount shall discharge the **Company** from any liability in respect of the relevant claim.

3.4 Where the **Insured** is protected against the same **Injury** or **Illness** under multiple **Policies** issued by the **Company**, the **Company** shall pay any medical expenses actually incurred but not exceeding the limit for medical expenses of all **Policies** issued by the **Company**.

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

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

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

5. Right of recovery

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

6. Burden of proof

Where in the **Company's** opinion that a claim may not be paid as it is excluded by this **Policy**, but the **Insured** disagrees with the Company's decision, the **Insured** has the burden of proof to demonstrate that such claim is covered by this insurance.

SECTION VI – GENERAL EXCLUSIONS

The following treatment, expenses, medical conditions or following activities and any costs or expenses as a result of, or in connection with such treatment, medical conditions or such activities are not covered under the **Policy** and the **Company** shall not be liable for:

1. Any **Injury** caused to the **Insured** while participating in or training for:
 - a) skydiving
 - b) hang gliding
 - c) racing of any kind (other than on foot) or any engine speed or endurance testing
 - d) caving, rock climbing or cliff climbing where guides or ropes are needed
 - e) water sports activities where compressed air or oxygen is needed.
 - f) any professional sport.
2. Special illnesses, pre-existing diseases, and pre-existing injuries during **Waiting Period**.

3. Expenses that are not **Medical Necessity** and/or costs or expenses or any part thereof that are not reasonable and customary charges.
4. Medical services or drugs not prescribed by the attending **Doctor**.
5. Any treatment or laboratory testing related to gonorrhea, syphilis or AIDS/HIV.
6. **Medical parts or devices for treatment support**, which is only applicable to Part B – MEDICAL EXPENSES DUE TO ILLNESS – SECTION II – SCOPE OF COVER (unless otherwise covered as specified in the **Policy**).
7. Testing or treatment of any mental illness or disorder (refer to Chapter V of the ICD codes), physical exhaustion without a specific pathological cause, developmental delay, or autism.
8. Any self-inflicted **Injury** or **Illness**, suicide or attempted suicide or the **Insured's** intentional exposure to danger (except for saving human lives).
9. Treatment for alcohol or drug addiction, or the use, abuse, or addiction to any substance; and any Injury or Illness arising directly or indirectly from the use of alcoholic substances, narcotics, or any addictive (or stimulating substances)
10. The **Insured** violates applicable laws, regulations on labor safety, or traffic laws that include but are 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 on one-way streets or of two-way roads with 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** has positive test results with a blood or breath alcohol content while driving, this exclusion applies only when the alcohol level is over 50 milligrams per 100 milliliters of blood or 0.25 milligrams per one liter of exhaled air.
11. Cosmetic **Surgery** or cosmetic treatment or any **Injury** or **Illness** arising from such reconstructive **Surgery** or treatment unless such **Surgery** is intended for the reconstruction of an organ that sustained **Injury** due to an accident during the **Period of Insurance** as specified in the **Policy**.
12. . Health check-ups, including gynecological/urological examinations (however, gynecological/urological consultations and tests conducted for the purpose of medical treatment are still covered by insurance), routine screenings, regular check-ups for newborns, all forms of immunizations and vaccinations (including those related to accidents), preventive medications, routine prenatal check-ups, and medical examinations prior to travel or employment
13. **Congenital Conditions**
14. Pregnancy or childbirth, including prenatal and postnatal care. This exclusion shall not apply if the **Insured**:
 - has any **Complication of Pregnancy** or premature birth due to an **Accident**, or
 - has bought the "Maternity care" optional benefit.
15. Any testing or treatment in relation to fertility, assisted conception, gender reassignment, contraception, contraceptives, even if they are prescribed for any purposes other than contraception or any scientifically unrecognized treatment or sterilization including any reversal of previous sterilization procedures.
16. Dental treatment. This exclusion shall not apply if the **Insured**:
 - receives any treatment of natural and healthy teeth damaged by an **Accident**, or
 - has registered for the "Dental Treatment" benefit.
17. Treatment of obesity (including disease-induced obesity) and any weight control program.
18. Any loss, liability or expense directly or indirectly arising from:
 - ionizing radiations from or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel
 - the radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof
 - any weapon or device employing atomic or nuclear fission and/or fusion or other like reaction or radioactive force or matter
 - 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
 - any chemical, biological, bio-chemical, or electromagnetic weapon.
19. Death, **Illness** or **Injury** arising from or as a consequence of war, civil war, strike, terrorism, mutiny, civil commotion or any act of any person acting 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 force.
20. The **Company** shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the **Company** to any sanction, prohibition or restriction implemented according to resolutions of the United Nations or the trade and economic sanctions, laws or regulations of the European Union, the United Kingdom, or the United States of America.
21. Any actual or alleged liability for any claim(s) in respect of any loss(es) arising directly or indirectly from or in consequence of asbestos in any form or quantity.
22. Nuclear energy risks:
This **Policy** shall exclude all nuclear energy risks

- I. All property on the site of a nuclear power station.
Nuclear reactors, reactor buildings and plant 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, described in (I) or (III) above.
23. Direct or indirect consequences resulting from the Insured's involvement in fighting, unless it can be proven that such involvement was solely for the purpose of legitimate self-defense.
 24. Experimental treatments and treatments not scientifically recognize.
 25. Injuries caused by food and beverage poisoning.
 26. Expenses related to surgery, treatment of injury or illness using stem cell therapy, including costs for stem cell extraction, processing, transplantation, post-transplant maintenance treatment, and any consequences resulting from such treatment.
 27. Participation in aviation activities (except as a passenger), involvement in military training exercises, or engagement in armed forces combat operations.
 28. Vision examinations (unless conducted as part of a medical treatment process at a healthcare facility), routine hearing tests, treatment of natural degeneration or non-pathological causes of hearing or vision loss (such as refractive errors: myopia, hyperopia, astigmatism), and any corrective or restorative surgeries for degenerative hearing or visual impairments.
 29. Costs related to the provision, maintenance, and repair of **prosthetic** devices and equipment.

SECTION VII – OPTIONAL BENEFITS

The following optional benefits are integrated into and form an integral part of the Policy Wording only if they are outlined in the **Policy** or the **Policy** Schedule.

1. Dental treatment

The **Company** shall pay any **Covered Expenses** incurred for dental-related treatment (under schemes of **In-patient treatment, Surgery, Day-patient treatment, and Out-patient treatment**) listed in either of the two options below, subject to the sub-limit applicable to each coverage and the annual limit of this benefit as stated in the **Policy** or the **Table of Benefits**:

- **Option 1: Premier dental treatment**
 - Check-up, consultation, and diagnosis of pathological conditions.
 - Tooth cleaning and polishing.
 - Fillings (using composite, amalgam, Fuji or any equivalent material).
 - Laboratory testing, diagnostic testing, X-ray examination and **Prescribed Drugs**.
 - Removal of decayed teeth, impacted, buried or unerupted teeth, roots or solid adontomes, apicoectomy or root canal treatment.
 - Treatment of gingivitis and periodontitis.
 - Costs of special dental treatment and dentures: New or repair of dental bridges, dental crowns, dentures.
- **Option 2: Basic dental treatment**
 - Check-up, consultation, and diagnosis of pathological conditions..
 - Tooth cleaning and polishing.
 - Fillings (using composite, amalgam, Fuji or any equivalent material).
 - Laboratory testing, diagnostic testing, X-ray examination and **Prescribed Drugs**.
 - Removal of decayed teeth, impacted, buried or unerupted teeth, roots or solid adontomes, apicoectomy or root canal treatment.
 - Treatment of gingivitis and periodontitis.

2. Maternity care

The **Company** shall pay any **Covered Expenses** related to maternity and **Complications of Pregnancy** subject to the sub-limit of each benefit but not exceeding the maximum sum insured afforded to these benefits as shown in the **Table of Benefits**. The **Waiting Period** applicable to this Maternity Care benefit is set forth in Part 2 - Waiting Period - SECTION III - GENERAL CONDITIONS or a shorter period as specified in the **Policy**.

Covered Expenses include:

- Normal delivery costs, including delivery costs, hospital miscellaneous expenses, specialist fees and other related medical expenses.
- Cesarean section costs, including costs of cesarean section procedures, hospital miscellaneous expenses, specialist fees and other related medical expenses.
- Treatment of **Complications of Pregnancy**: Room and board charges, examination and treatment costs, and expenses.

- Costs for mother's care before and after giving birth at the **Hospital**.
- New-born baby care costs and expenses: The **Company** shall pay such expenses, including but not limited to costs and expenses of new-born baby care medicine, new-born baby testing, vaccination, infant hygiene and in-patient treatment, provided that such expenses are related to pathological symptoms that are present at birth or manifest within seven (07) days after birth.

In addition to the exclusions set out in SECTION VI – GENERAL EXCLUSIONS, the following special exclusions apply to this maternity care benefit:

- Gender selection and infertility treatment.
- Cesarean section at the **Insured's** request.
- Any costs and expenses at the request of the **Insured**.
- Routine antenatal check-up expenses

3. Death and Total Permanent Disablement due to Accident

The **Company** shall pay 100% of the sum insured as specified in the **Policy** or the **Table of Benefits** in case of the **Insured's** death or **Total Permanent Disablement** within 24 (twenty-four) months from the date of an **Accident**, provided that such **Accident** occurs during the **Period of Insurance**, except for the exclusions specified in SECTION VI – GENERAL EXCLUSIONS.

If as a result of an **Accident**, the **Insured** is exposed to any climatic factors, and such exposure directly results in the **Insured's** death or **Total Permanent Disablement** coverable by this **Policy**, such death or **Total Permanent Disability** shall be deemed to be the result of the **Accident** and shall be covered under this **Policy**.

If the **Insured's** body is not found within two (02) years from the date of disappearance or from the submersion or sinking of the aircraft or other vehicle whether traveling on road or waterway on which the **Insured** was carried at the time of his **Injury** and such event is covered under the **Policy**, the **Insured** shall be deemed to have died as a result of **Injury** caused by an **Accident** covered under the **Policy** on the date of such disappearance, submersion or sinking. However, if the **Insured** is found alive at any time thereafter, the amount paid shall be immediately returned to the **Company**.

4. Death and Total Permanent Disablement due to Illness or maternity

The **Company** shall pay 100% of the sum insured as specified in the **Policy** or the **Table of Benefits** in case of the **Insured's** death or **Total Permanent Disablement** during the **Period of Insurance** as a result of any **Illness** or **maternity** (only if Maternity Care benefit is covered under the **Policy**), except for the exclusions specified in SECTION VI – GENERAL EXCLUSIONS.

This coverage takes effect after the expiry of the **Waiting Period** specified in Part 2 – Waiting Period in SECTION III – GENERAL CONDITIONS provided that this benefit is covered under the **Policy**.

This benefit does not apply if the **Insured's** age is 70 or older.

5. Partial Permanent Disablement due to Accident

The **Company** shall pay the **Insured** in respect of any accidental **Partial Permanent Disablement** during the **Period of Insurance** and the consequence of the **Accident (Partial Permanent Disablement)** occurs within 24 (twenty-four) months from the occurrence of the **Accident**.

6. Allowances for job loss, reduced income during the period of treatment due to Accident

It is agreed that the **Insured** shall receive an allowance for the period of **In-patient Treatment** and/or **Out-patient Treatment** not exceeding the period prescribed by the **Policy**. The allowance under this extension is calculated based on the actual number of days the **Insured** is absent from work for any **In-patient/Out-patient Treatment** due to **Accident**. The number of days off work shall be specified by the attending **Doctor** and confirmed by the **Policyholder's** human resources department. The allowance/person/day (including Saturday, Sunday and public holidays) shall be calculated as follows:

$(\text{Monthly salary}) / 30 (\text{days}) \times \text{actual number of days off work}$

Or

$(\text{Maximum limit of liability/person}) / \text{number of days off work covered as specified in the Policy Schedule} \times \text{actual number of days off work}$
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7. Daily allowance during in-patient treatment due to Illness

The **Company** shall pay the amount shown in the **Table of Benefits** for each night of **In-patient Treatment** due to **Illness**.

APPENDIX 01 – TABLE OF COMPENSATION SCALE

Note:

- The percentage (%) of the Sum Insured is paid for each Permanent Disablement listed in the table below.
- For Partial Permanent Disablement not listed in the table below, the percentage (%) of the Sum Insured is determined by the Company to be consistent with the percentage (%) of the listed Permanent Disablement regardless of occupation, nature of work of the Insured. The Company agrees that in the event the Insured does not accept the rate offered by the Company, the Company will base on the conclusion of the State Medical Examination Council on the rate of decrease in working capacity as a basis for payment.

	Injury	Percentage (%) of Sum Insured
	Total Permanent Disablement	
1.	Total and permanent disablement	100%
2.	Additional Total Permanent Disablement	100%
2.1	Permanent total disability, unable to work or engage in any occupation	100%
2.2	Total and permanent loss of all sight in one or both eyes	100%
3.	Total and permanent disablement due to amputation or permanent loss of use: a) one limb b) one hand c) arm above the elbow d) arm at or below the elbow e) leg above the knee f) leg at or below the knee	100%
	Partial Permanent Disablement	
1.	Total and permanent loss of: a) sight in one eye except perception of light b) lens of one eye	50%
2.	Total loss by physical severance or total and permanent loss of use of: a) thumb and four fingers of one hand b) four fingers of one hand c) thumb (two phalanges) d) thumb (one phalanx) e) index finger (three phalanges) f) index finger (two phalanges) g) index finger (one phalanx) h) middle finger (three phalanges) i) middle finger (two phalanges) j) middle finger (one phalanx) k) ring finger (three phalanges) l) ring finger (two phalanges) m) ring finger (one phalanx) n) little finger (three phalanges) o) little finger (two phalanges) p) little finger (one phalanx) q) all toes of one foot r) great toe (two phalanges) s) great toe (one phalanx) t) any other toe	50% 40% 25% 10% 15% 8% 4% 10% 4% 2% 8% 4% 2% 6% 3% 2% 17% 5% 2% 3%
3.	Total and permanent loss of: a) hearing in two ears b) hearing in one ear c) speech	75% 15% 50%