អង្គរ ជេនេរ៉ាល់ អ៊ិនសួរេន ម.ក

ANGKOR GENERAL INSURANCE PLC.

PERSONAL ACCIDENT INSURANCE POLICY WORDING

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PART 1: DEFINITION

In this Policy:

Accident or Accidental refers to a sudden, unforeseen and fortuitous event which results in the Insured suffering death or Permanent Disablement.

Benefit refers to the respective benefit(s), as stated in the Policy, the Certificate of Insurance and/or Endorsement payable by the Company under the terms, exclusions, and conditions of this Policy in respect of each event or loss covered by this Policy.

Beneficiary (ies) refers the person that the Insured has nominated to receive the Insurance Benefit payable under this Policy upon the Insured's death. The nomination must be registered with the Company.

Company/Insurer refers to **ANGKOR GENERAL INSURANCE PLC**.

Child/Children refers to Insured 's natural or step or legally adopted unmarried child or children that are not in full time employment, aged between forty-five (45) days to seventeen (17) years of age [or under twenty-three (23) years old if still studying full-time in a recognised institution of higher learning.

Certificate of Insurance refers to document which forms part of the Policy which specifies the Insured, Interest Insured, policy number and other details, issued by the Company and as may be amended, supplemented and/or replaced from time to time.

Communicable Disease refers to any disease which can be transmitted by means of any substance or agent from any organism to another organism where:

a) the substance or agent includes, but is not limited to, a virus, bacterium, parasite or other organism or any variation thereof, whether deemed living or not;

b) the method of transmission, whether direct or indirect, includes but is not limited to, airborne transmission, bodily fluid transmission, transmission from or to any surface or object, solid, liquid or gas or between organisms; and

c) the disease, substance or agent can cause or threaten bodily injury, illness, emotional distress or damage to human health, human welfare or property damage.

Death refers to accidental death arising directly or indirectly by Accidental means.

Effective Date refers to the date on which the Policy comes into force.

Event refers to the occurrence of a covered accidental risk, which is the requirement for providing benefits to the insured.

Hospital refers to an establishment duly constituted and registered as a hospital for the care and treatment of sick and injured persons, and which:

a) has organized facilities for diagnosis, treatment and major surgery;
b) provides twenty-four (24) hours a day nursing services by registered nurses;
c) is under the supervision of a physician; and
d) is not primarily a clinic, a place for custodial care, alcoholics or drug addicts, a nursing or convalescent home or home for the aged or similar establishment.

Hospitalisation refers to admission to a Hospital as an inpatient and for at least twenty-

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four (24) hours in a row, admission in a Hospital as a registered patient for an overnight stay upon recommendation by a Doctor.

Illness refers to sickness or disease which is marked by a pathological deviation from the normal healthy state as verified by a Doctor.

Injury refers to bodily injury to the Insured caused solely and directly by accidental means (excluding any sickness, disease or medical disorder).

Insured refers to the person named on the Certificate of Insurance as the Insured and must be a Cambodian citizen, permanent resident of Cambodia or resident legally employed and residing in Cambodia.

Medical Expenses refers to expenses reasonably and necessarily incurred within the Period of Insurance of sustaining Injury and paid by the Insured to a legally, qualified medical practitioner, dentist, registered nurse, hospital or ambulance service, medical, surgical, X-ray, CT Scan, hospital or nursing treatment, including the costs or prescribed medical supplies and ambulance hire, but excluding the cost of dental treatment unless such treatment is for Injury to sound and natural teeth.

Medically Necessary refers to the medical service or Treatment, which in the opinion of a qualified Medical Practitioner is appropriate and consistent with the diagnosis and which in accordance with generally accepted medical standards could not have been omitted without adversely affecting the Insured's condition or the quality of medical care rendered.

Personal Effects refers to hand carried bag, wallet or purse in the Insured's possession together with the contents therein and/or valuables or jewellery carried or worn by the Insured.

Pre-existing Condition(s) refers to an Illness about which the Insured is considered to have a reasonable knowledge, based on any of the following occurring before the Effective Date of Insurance:

a) The Insured had received or is receiving treatment;

b) Medical advice, diagnosis, care or treatment has been recommended;

c) Clear and distinct symptoms are or were evident; or

d) The condition would have been apparent to a reasonable person in such circumstances

Policy refers to this document together with the Certificate of Insurance, renewal declarations, endorsements and/or any alteration approved by the Company (whichever applicable).

Period of Insurance refers to the period of insurance as specified in the Certificate of Insurance, or any renewal period for which the appropriate premiums are paid.

Permanent refers lasting 12 consecutive months and at the expiry of that period, being certified by a duly qualified doctor as beyond hope of improvement.

Permanent Total Disablement refers disability which has lasted at least 12 months which entirely prevents the Insured from engaging in the Insured's usual occupation, profession, business or employment solely due to accident.

Rehabilitation refers to medically necessary treatment aimed at restoring independent activities of daily living and normal and/or function of the Insured following an accident.

Smart Device refers to an electronic device, such as smart phone, tablet, personal digital assistant, notebook computers or laptops and other similar items.

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Snatch Theft or Attempted Snatch Theft refers to the act of forcefully stealing or attempt thereof, from the Insured. For the purpose of this Certificate of Insurance, Snatch Theft or Attempted Snatch Theft is included to cover pickpocket, robbery or attempted robbery and snatch grab – situation where the Insured's possessions are grabbed, or attempted to be, from the Insured.

PART 2: INTEREST INSURED

The subject matter of the Policy is pecuniary interest related but not limited to the Insured's health, Injury and life of Insured under Group Personal Accident, subject to the terms and conditions of the Policy.

PART 3: COVERAGE

3.1. BASIC COVER

3.1.1. **Accidental Death** – Benefit Amount as stated in the Certificate of Insurance.

3.1.2. **Accidental Permanent Disablement** - The following percentages of the Benefit Amount as stated in the Certificate of Insurance.

The company shall pay up to the scale of compensation as stated in the Scale of Permanent Disablement Benefits Table.

3.2. ADDITIONAL BENEFITS (OPTIONAL)

These Benefits are not applicable for Child (from item 3.2.6 to item 3.2.8).

3.2.1 Accidental Medical Expenses (With Additional Premium)
the Benefit Amount as stated in the Certificate of Insurance (there is no limit on number of accidents, but the total claim amount is up to the maximum annual limit of Medical Expenses stated in the Certificate of Insurance), commences within 365 days from date of Accident.

3.2.2 Rehabilitation Expenses Due to Accident (Free of Charge)
The Company shall reimburse the Insured up to the limit of Benefit Amount per any one Accident as stated in the Certificate of Insurance, for the actual cost of Rehabilitation expenses due to Accident necessarily and reasonably incurred, requiring physical therapy and assistance in independent living to restore them,

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as much as Medically Necessary or practically able, within 365 days from date of Accident.
The benefit is limited to the maximum of thirty (30) visits in any one annual Period of Insurance.

3.2.3 Lifestyle Modification Expenses (Free of Charge)

The Company shall reimburse the Insured up to the limit of the Benefit Amount for the actual cost necessarily incurred by the Insured in modifying the Insured's home, motor vehicle or relocating the Insured to a suitable home in the event the Insured suffers Total and Permanent Disability due to an Accident, provided that the said modifications are required and is essential for the purpose of enabling the Insured to cope with the disability and aiding the Insured's mobility.

The Company shall also reimburse the Insured for the actual cost of purchasing a wheelchair, artificial arm or leg and crutches provided always that such medical equipment is necessary to assist in the Insured's mobility and are recommended by the attending specialist physician/surgeon.

The total payable under section shall not exceed the specified Benefit Amount as stated in the Certificate of Insurance.

3.2.4 Bereavement Allowance (Free of Charge)

If during the Period of Insurance, the Insured has sustained Injury which results in Death, within 365 days from the date of Accident, the Company shall pay a lump sum payment of the Benefit Amount as per specified in the Certificate of Insurance.

3.2.5 Hospital Confinement Daily Allowance (Free of Charge)

The Company shall pay the Benefit Amount for each complete twenty-four (24) hours if the Insured is hospitalized for treatment or surgery due to Accident, Illness and Disease up to seven (07) days per any one Event as per specified in the Certificate of Insurance.

3.2.6 Child Education Fund (Free of Charge)

If any Benefit Amount becomes payable under 3.1.1. (Accidental Death) of this benefit, the Company shall pay a lump sum payment of the Benefit Amount as stated in the Certificate of Insurance under this item with maximum 02 children.

3.2.7 Relief Assistance due to COVID-19 (Free of Charge)

If the Insured is hospitalized or passes away due to COVID-19 during the Period of Insurance, the Company will pay to the Insured a lump sum payment of Benefit Amount.
The Company shall not pay this Benefit if the Insured is tested positive for COVID-19 during the first thirty (30) days from the Effective Date of Insurance

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of the first year Policy or latest Reinstatement date of this Policy, whichever is later.
This Benefit is limited to one (1) claim in any one annual Period of Insurance.

3.2.8 Snatch theft (Free of Charge)

The Company shall compensate the Insured for loss or damage to the Insured's Personal Effects and necessary expenses incurred for the replacement of the personal identification card, driving license, passport, access cards for entry to buildings/parking lots, credit cards and/or bank cards stolen or damaged in the event of Snatch Theft or Attempted Snatch Theft up to the limit of Benefit Amount as stated in the Certificate of Insurance in any one annual Period of Insurance.
The limit for cash will not exceed One Hundred Twenty Five (USD 125).

The loss or damage must be reported to the police and/or card issuer within twenty-four (24) hours after the occurrence of the incident. Failure to lodge a report to the police and/or card issuer immediately shall not invalidate the Insured's claims if it can be shown to the Company's satisfaction that the Insured has reported to them as soon as is practicable.

3.3. AUTOMATIC ADDITIONAL BENEFITS (Free of Charge)

3.3.1 Natural Disaster

Under this insurance policy, the Company agrees to extend coverage to the Insured for bodily injury, loss of life, or permanent disability resulting from or caused by Natural Disasters, subject to the terms and conditions of this policy.

3.3.2 Inhalation of Poisonous Gas, Drowning, and Food Poisoning Clause

Under this insurance policy, the Company agrees to extend coverage to the Insured for bodily injury, loss of life, or permanent disability resulting from accidental inhalation of poisonous gas, drowning, food poisoning, or similar accidental events, whether or not there are signs of external injury or visible violent trauma.

3.3.3 Leisure Sports Clause

Notwithstanding anything contained herein to the contrary, this policy is extended to cover the Insured for bodily injury, loss of life, or permanent disability as stated in the Policy Schedule resulting from participation in leisure sports for recreational purposes on an occasional basis and not as a professional athlete. No benefits shall be provided for events occurring directly or indirectly while the Insured is participating in: Water skiing, ice skating, racing of any kind, boxing, wrestling, all types of martial arts, winter sports, ice gliding,

polo, underwater activities requiring breathing apparatus, caving (spelunking), parachuting, hang gliding, horse racing, show jumping, and boating/yachting.

3.3.4 Sport and Social Activities

Notwithstanding anything contained herein to the contrary, this policy extends coverage to the Insured for loss of life, permanent disability, or bodily injury occurring due to participation in sports that are purely recreational or voluntary social activities, subject to the terms and conditions of this policy.

3.3.5 Football (Soccer) Clause

Notwithstanding anything contained herein to the contrary, this policy is extended to cover loss of life, permanent disability, or bodily injury confirmed to have occurred while the Insured is participating in football (soccer) on a non-professional basis.

3.3.6 Re-injury / Relapse Clause

Subject to all terms, limits, conditions, and exclusions of this policy, except as specifically provided herein, this policy covers claims for bodily injury, loss of life, or permanent disability resulting from the relapse of a previous injury leading to the death of the Insured. Such loss of life must be verified by a legal physical examination confirming that the death was indeed caused by the relapse of an accidental injury.

3.3.7 Insect, animal or snake bites

The Company agrees to extend coverage for loss of life, permanent disability, bodily injury, or medical expenses (if covered) resulting solely or directly from insect stings, animal bites, or snake bites. This extension excludes loss of life, bodily injury, or medical expenses resulting from any illness or virus caused by such stings or bites.

3.3.8 Motorcycling Clause

The Company agrees to extend coverage to the Insured while riding or operating a motorcycle for private/personal use or for business purposes. However, this extension does not cover claims arising from racing, competitions, speed contests, or trials of any kind.

3.3.9 Mountain Climbing Extension

The Company agrees to extend coverage for bodily injury, loss of life, or permanent disability occurring while the Insured is participating in mountain climbing within the Kingdom of Cambodia (excluding climbing that requires the use of ropes or specialized climbing equipment).

3.3.10 Overseas Stay or Travel Clause

The Company clarifies that no claims under this insurance certificate shall be paid for accidents occurring outside the Kingdom of Cambodia if the accident

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occurs while the Insured has been traveling or staying outside the Kingdom of Cambodia for a period exceeding ninety (90) consecutive days.

3.3.11 Disappearance Clause

Notwithstanding anything contained herein to the contrary, if one year has passed and the Company has reviewed all available evidence with no reason to assume otherwise than that an accident occurred, the disappearance of the Insured shall be considered a valid claim under this policy. The Company further stipulates that if, at any time after the claim has been settled, the Insured is found to be alive, all sums paid by the Company must be refunded to the Company.

PART 4: BENEFITS

Scale of Permanent Disablement Benefits Table		
Description		**% of the amount of compensation shown in the Certificate of Insurance for Permanent Disablement**
1	Loss of two limbs	100%
2	Loss of both hands, or of all fingers and both thumbs	100%
3	Total loss of sight of one eye or both eyes	100%
4	Total paralysis	100%
5	Complete and incurable insanity	100%
6	Injuries resulting in being permanently bedridden	100%
7	Any other injury causing Permanent Total Disablement	100%
8	Loss of one arm between or at shoulder to wrist	100%
9	Loss of one leg between or at hip to ankle	100%
10	Loss of both feet	100%
11	Loss of foot	55%
12	Loss of sight of eye except perception of light	55%
13	Loss of lens of eye	55%
14	Loss of 4 fingers and thumb of one hand	70%
15	Loss of 4 fingers	60%
16	Loss of thumb - 1 phalanx or 2 phalanges	25%
17	Loss of index finger - 1 phalanx, 2 phalanges or 3 phalanges	10%
18	Loss of middle finger - 1 phalanx, 2 phalanges or 3 phalanges	6%

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19	Loss of ring finger - 1 phalanx, 2 phalanges or 3 phalanges		6%
20	Loss of little finger - 1 phalanx, 2 phalanges or 3 phalanges		4%
21	Loss of metacarpals	a) first or second (additional)	3%
		b) third, fourth or fifth (additional)	2%
22	Loss of toes	a) all	20%
		b) great, both phalanges	5%
		c) great, one phalanx	5%
		d) other than great, if more than one toe lost, each	3%
23	Loss of hearing	a) both ears	75%
		b) one ears	30%
24	Loss of speech		75%

The complete and irrecoverable loss of use of any member or members specified above shall be treated as loss of such member or members.

Where the Injury is not specified in 3.1.2 hereof, the Company shall at their absolute and sole discretion make any payment of such sum to the Insured, as they deem fit.
In the event of partial loss of any member or members specified above a proportionately lower percentage of compensation shall be payable.

The aggregate of all percentages payable in respect of any one Accident for any one Insured shall not exceed 100% of the capital sum. In the event of 100% having been paid in one or more Accidents, all insurance hereunder shall immediately cease to be in force. All other losses smaller than 100% for each Accident if having paid shall reduce the coverage by that amount from the date of that Accident until the expiration of the Policy.

PART 5: PREMIUM PAYMENT

Method and Mode of Premium Payment

Insurance Premium shall be paid on annual basis with the following mode of payment:

1. By cheque made payable to “ANGKOR GENERAL INSURANCE PLC.”
2. Bank Transfer
   - Account Name: ANGKOR GENERAL INSURANCE PLC.
   - Account Number: TO BE ADVISED
   - Currency: USD
   - Bank Name: TO BE ADVISED
   - Swift / Swift Code: TO BE ADVISED

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Premium Payment Warranty

It is fundamental and absolute special condition of this contract of insurance that the premium due must be paid and received by Us within thirty (30) days or numbers of days stated in the Schedule from the inception date of this Policy / Endorsement / Renewal Certificate.

Where the premium payable pursuant to this warranty is received by Our authorized intermediary, the payment shall be deemed to be received by Us for the purposes of this warranty and the onus of proving that the premium payable was received by a person including an insurance intermediary who was not authorized to receive such premium shall lie on Us. Subject otherwise to the terms and conditions of this Policy.

PART 6: EXCLUSION

This Policy does not apply to any event, which is caused directly or indirectly by or which results from:

1) Any Communicable Disease or the fear or threat (whether actual or perceived) of a Communicable Disease, except stated in the Certificate of Insurance;
2) Bacterial or viral infections due to any disease or sickness, medical or surgical treatment, except as stated in the Certificate of Insurance.
3) Mental defect or infirmity, illness, disease, bacterial or viral infections even if contracted by Accident
4) Physical and violent provocation by the Insured, leading to a similar response that leads to physical harm or death
5) Any consequence of declared or undeclared war or any act thereof, act of terrorism, invasion or civil war, rebellion or insurrection, strike, riot, civil commotion, military or popular uprising.
6) The use, existence or escape of nuclear weapons material or ionising radiation from or contamination by radioactivity from any nuclear fuel or nuclear waste from the combination of nuclear fuel.
7) The Insured engaging in or taking part of wood-working machinery operated by mechanical power or motor-riding on any motor-cycle (whether as a passenger or otherwise and whether or not a sidecar is attached) or is engaged in any professional sports, hunting, mountaineering, water skiing, sledding, tobogganing, racing of any kind other than on foot, boxing, wrestling, any form of unarmed combat, winter sports, ice hockey, polo, underwater activities requiring breathing apparatus, water ski- jumping, parachuting, hang-gliding, steeple chasing, bungee jumping and any other hazardous

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sports or activities.

8) The Insured is in a state of unsound mind.
9) The Insured is in full time service of any armed force of any country.
10) Flying or any aerial activity except as passenger in a properly licensed power-driven aircraft (the word 'passenger' does not include any member of the aircrew or a technician working in or upon an aircraft).
11) As a member of an air crew, ships crew, or oil-rig crew, or as divers or fishermen;
12) Participating in mining, logging, sawmilling, underground work, demolition, blasting, or quarrying;
13) Intentional self-injury or suicide (whether felonious or not) or any attempt thereat while sane or insane; being under the influence of drugs (other than those prescribed by a registered medical practitioner but not when prescribed for the treatment of drug addiction); being under the influence of alcohol whilst driving a motor vehicle.
14) Childbirth or pregnancy, notwithstanding that such event may have been accelerated or induced by Accident.
15) Death or disablement directly or indirectly arising out of or consequent upon or contributed by acquired immune deficiency syndrome (AIDS) or AIDS related complex (ARC) howsoever this syndrome had been acquired or may be named.
16) Snatch Theft

    The Company shall not pay if the loss or damage occurred in the Insured's home in which the Insured normally resides.

PART 7: GEOGRAPHICAL LIMIT

Unless otherwise provided and subject to the terms and condition of the Policy, the Policy shall cover the Event which takes place worldwide during the Period of Insurance.

PART 8: QUALIFICATION OF CLAIMANTS

In this insurance contract, the applicant must be a party to the legal policyholder as stated in the insurance certificate or may be a relative of the policyholder with legal documents certifying the recognition from the relevant authorities in case the policyholder accident to death.

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PART 9: AMENDMENT

a) The Insured shall give immediate written notice to the Company of any change of name, address, occupation, pursuits or any injury, disease, physical or mental defect or infirmity by which the Insured has become affected or has knowledge of during the Period of Insurance or before any renewal thereof. All notices given by the Insured to the Company must be in writing addressed to the Company and must be sent by facsimile, registered letter, courier, hand delivery or via email to the Company.

b) The Company reserves the right to amend the terms and conditions of the Policy by giving thirty (30) calendar days' prior notice in writing by registered letter, courier or hand delivery to the Insured's last known address in the Company's records, and such amendment will be applicable from the next renewal of the Policy.

c) No alteration or change to the Policy shall be held valid unless the same is signed or initiated and approved by an authorised representative of the Company and such approval is endorsed thereon.

PART 10: RENEWAL POLICY

Before the Policy expires, the Company will advise by way of a Renewal Notice issued by the Company to the Insured as to whether the Company intend to offer renewal and if so, on what terms and conditions. the Insured shall give written notice to the Company of any material fact affecting this insurance which has come to the Insured's notice during the preceding Period of Insurance, including notice of any disease, physical or mental defector infirmity affecting the Insured.

The coverage or benefits under the Policy and/or the terms and conditions of the Policy, including but not limited to premium are not guaranteed and may be increased or varied by the Company upon renewal of the Policy, based on the Insured's updated material fact and claims experience. The Company will advise the Insured of the change in writing at least thirty (30) calendar days before the Policy expires.

The Insured shall check the Renewal Notice before renewing to ensure that the details therein are correct. The Policy shall be renewed only upon the Instruction to Renew attached to the Renewal Notice signed by the Insured or the Insured's authorised representative or duly authorised insurance agent or broker shall have been given to the

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Company and received by the Company by facsimile, registered letter, courier, hand delivery or via email.

PART 11: TERMINATION

If the Insured gives ten (10) calendar days' notice in writing to the Company sent by facsimile, registered letter, courier, hand delivery or via email to the Company to cancel the Policy, such cancellation shall become effective on the date the notice is received or on the expiry date of the said ten (10) calendar days' notice, whichever is later. The Company will refund 90% of the premium for the unexpired term from the effective date of cancellation provided that no claim has been submitted to the Company in relation to the relevant Period of Insurance.

PART 12: CANCELLATION

The Company also has reserved the rights to terminate this policy by sending thirty (30) days noticed inform you as the following causes:

- Unpaid insurance premium after 30 (thirty) days after the insurance contract is valid.
- We find cases of concealment, fraud and/ or misrepresentation by the policyholder or the insured.

The Policy is an annual policy and may be terminated before its expiry date as follows:

12.1 TERMINATION BY THE COMPANY

The Policy may be terminated by the Company by sending thirty (30) calendar days' notice in writing by hand delivery, registered letter or courier to the Insured's last known address, in which event the Company will refund 90% of the premium for the unexpired term from the effective date of termination provided that no claim has been submitted to the Company in relation to the relevant Period of Insurance.

If Condition 17.7 Premium Warranty is not complied with then the Policy is automatically terminated and the Company shall be entitled to the pro-rata premium for the Period of Insurance which the Company have been on risk.

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12.2 POLICY AUTOMATIC TERMINATION

This Policy shall be terminated:

i. on the death of the Insured;

ii. upon payment of any Benefit under 3.1.1 - Death or 3.1.2 - Permanent Disablement (1) to (10) of the Insured; or

iii. when the Insured is no longer resident in Cambodia or work permit has expired or has been cancelled by the relevant authorities.

Except for paragraphs 12.2 (i) and 12.2 (ii) above, the Company will refund the Premium for the unexpired portion of the Period of Insurance on pro-rated basis provided no claim has been submitted to the Company in relation to that Period of Insurance.

12.3 DUTY OF DISCLOSURE

If the Insured shall fails to disclose to the Company fully and faithfully, all the facts or matters which the Insured knows or could reasonably be expected to know, or if the Insured has misrepresented or misrepresents any facts or matters to the Company before this Policy is entered into, renewed, extended, varied or reinstated, the Company may reduce the Company's liability under this Policy in respect of a claim or terminate this Policy.

The Insured shall fully observe, comply with and fulfil all the Terms, Conditions, Endorsements, Clauses or Warranties of this Policy.

12.4 SANCTIONS LIMITATION AND EXCLUSION CLAUSE

This Policy shall not provide cover and the Company 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 under the United Nations resolutions, or trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America or any of its states, and/ or any other applicable economic or trade sanction laws or regulations. The Company may terminate this Policy with immediate effect and shall not thereafter be required to transact any business with the Insured in connection with this Policy, including but not limited to, making or receiving any payments under this Policy.

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PART 13: CLAIM

When a claim is made, the Insured Person or the legal representative shall:

- notify Us in writing as soon as possible but not later than thirty (30) days after any event which may give rise to a claim by filling up the claim form as We have provided; any delay must be supported by justifiable reasons and the acceptance is at Our sole discretion.
- furnish in writing to Us, at Your own cost, evidence and proof including.

1. QUALIFICATION OF CLAIMS PROPOSER

In this insurance contract, the applicant must be a party to the legal policyholder as stated in the insurance certificate or may be a relative of the policyholder with legal documents certifying the recognition from the relevant authorities in case the policyholder accident to death.

2. CLAIMS PROCESSING

In case of claim, you can contact to our call-free 24hours claims hotline number for medical assistance.

Our Call-free 24hours Hotline number **1800 202424**

- To obtain medical assistance, please call to our claims Hotline number and present your name, policy number, name of the insured, location and your assistance needed.
- Notice of any occurrence likely to give rise to a claim under this insurance policy within thirty (30) days of such occurrence.
- Notice of death however must be given forthwith and we shall have the rights to request a postmortem examination of the body if needed.

3. CLAIM DOCUMENTS

In case of claim, you need to provide us the below documents:

- A completed personal accident claim form
- National ID Card/ Passport (Copy)
- Proof of Disability-ies/ injury
- Accidental Death: certify copy of death certificate from the admitted hospital/ police report/ authority explaining the occurrence of accidents, declaration of the beneficiary, some photograph (if necessary), and other related documents.

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- Total permanent disability: a certificate of disability, medical report, photograph of disability, and other related documents.
- medical expense: original medical invoices/bills/receipts issued by a certified clinic/ hospital, medical detail, and other related documents.

4. CLAIMS PAYMENT TERM

All necessary documents, information and proof required must be submitted to claim department as soon as possible after discharged or incident happened.
ANGKOR Claim Team will response to claimant on the decision of claim approval or rejection in writing within 15 (fifteen) working days after the date of claim form and required documents are fully submitted.
ANKGOR GENERAL INSURANCE PLC. will pay compensation to claimant by following deadline:

- In period 3 (three) working days after claimant confirms to accept compensation for the full payment, or
- In period like stated in compensation agreement between Angkor General Insurance and the claimant.

Claims Payment will be made by cash, cheque, and/or bank transfer from ANGKOR GENERAL INSURANCE PLC.'s bank account.

In the event that there is no cooperation from the policyholder and / or insufficient documents related to the compensation process, ANKGOR GENERAL INSURANCE PLC. will not be responsible for settling the claim.

PART 14: CONFIDENTIALITY

All information provided to the Company must be kept confidential and no personal information shall be disclosed to any third party without prior consent unless it is required or authorized by the applicable laws and regulations.

PART 15: DISPUTE RESOLUTION

For any dispute arising in connection with the Policy and insurance business, any disputing party shall submit the dispute to the Insurance Regulator of Cambodia for mediation and resolution prior to filing a lawsuit in a court or commencing arbitration, except in relation to a dispute involving criminal charges.

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Any dispute arising out of or in connection with the Policy, including any question regarding its existence, validity, performance or termination which cannot be resolved by the said mediation, shall be referred to and finally resolved by the National Commercial Arbitration Centre in the Kingdom of Cambodia in accordance with the Arbitration Rules of the National Commercial Arbitration Centre (NCAC's Rules) being in force at the time of commencement of arbitration, and by reference in this clause, the NCAC Rules are deemed to be incorporated as part of the Policy. The tribunal shall consist of 1 arbitrator. The language of the arbitration shall be Khmer or English language mutually agreed by the Parties.

PART 16: LAW AND JURISDICTION

The Policy shall be implemented within the jurisdiction of the Kingdom of Cambodia.

PART 17: CONDITIONS

17.1 GOVERNING LAW

The Policy shall be construed, and any dispute in respect of the Policy shall be determined in accordance with the laws of the Kingdom of Cambodia.

17.2 WAITING PERIOD

The Company shall not pay any Benefit for the Relief Assistance due to COVID-19 which occurred or diagnosed during the first thirty (30) days from the Effective Date of Insurance of the first year Policy or latest Reinstatement date of this Policy, whichever is later, except for Accident

17.3 FRAUD

If any claim under this Policy shall be in any respect fraudulent or if any fraudulent means or device shall be used to obtain the Benefits under this Policy, the Company shall have no liability in respect of such claims.

17.4 SEVERABILITY

In the event any term or condition of the Policy is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

17.5 SUBROGATION

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If the Company shall become liable for any payment under this Policy, the Company shall be subrogated to the extent of such payment to all the rights and remedies the Insured has against any party, and shall be entitled at the Company's own expense to sue under the Insured's name. The Insured shall give or cause to be given to the Company all such assistance in the Insured's power as the Company shall require to secure the rights and remedies, and at the Company's request shall execute or cause to be executed all documents necessary to enable the Company to effectively sue under the Insured's name.

17.6 IDENTIFICATION

This Policy and the Certificate of Insurance (which forms an integral part of the Policy) shall be read together as one contract, and words and expressions to which specific meanings have been attached in any part of the Policy or of the Certificate of Insurance shall bear such specific meanings wherever they shall appear.

17.7 PREMIUM WARRANTY

It is a fundamental and absolute condition of this Policy that the premium due must be paid and received by the Company within thirty (30) calendar days from the inception date of this Policy/endorsements/renewal certificate.

If this condition is not complied with then this Policy is automatically cancelled and the Company shall be entitled to the pro-rata premium for the Period of Insurance they have been on risk.

Where the premium payable pursuant to this warranty is received by an authorized agent of the Company, the payment shall be deemed to be received by the Company for the purposes of this warranty and the onus of proving that the premium payable was received by an insurance agent who was not authorized to receive such premium shall lie on the Company.

Subject otherwise to the terms and conditions of this Policy.

PART 18: COMPLAINT PROCEDURE

Applicable to All Sections

Our commitment is to provide an excellent service. If you have a complaint, we will try to resolve it straight away but if we are unable to we will confirm we have received your complaint within forty-eight hours (48 hours) and do our best to resolve the problem within four weeks. If we cannot, we will let you know when an answer may be expected.

If you have a complaint, please contact us at:

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CUSTOMER SATISFACTION TEAM
ANGKOR GENERAL INSURANCE PLC.
Khan 7 Makara, Phnom Penh,
Cambodia
Tel: XXXXXXX
Email: XXXXX

If we have not resolved the problem within twelve (12) weeks, You have the right to refer your complaint to:

INSURANCE REGULATOR OF CAMBODIA
MINISTRY OF ECONOMY AND FINANCE
Building # 168 F (6th Floor), Street 598
Sangkat Chraing Chamres 1, Khan Russey
Keo Phnom Penh, Kingdom of Cambodia

PART 19: CONTACT INFORMATION

Please contact us at:

ANGKOR GENERAL INSURANCE PLC.
Khan 7 Makara, Phnom Penh, Cambodia
Telephone: xxxxxx
Email: xxxxxx

CUSTOMER SERVICE
Telephone: XXXXX
Email: XXXXX

UNDERWRITING DEPARTMENT
Telephone: XXXXX
Email: XXXXX

CLAIMS DEPARTMENT
Telephone: XXXXXX
Hotline: XXXXXX
Email: XXXXXX