GENERAL PROVISIONS FOR MUTUAL CARE POLICY

1. THE CONTRACT

This Policy is a legal contract between you and us. We agree to pay you the benefits set out in the Benefits Table for the Premiums paid by you.

It is made up of the following terms and conditions, the application forms and other supporting documents submitted by you to apply for the benefits stated on the Benefits Table, the supplementary contracts and any subsequent Endorsement issued by us and made part of this Policy.

The information you and the Insured Member (where applicable) gave in the application was relied on by us in deciding the terms of this Policy and whether to insure the Policyholder and the Insured Member(s).

Unless otherwise agreed by the Company, it is important that all facts relevant to this application are declared to us in the application. You have to disclose all facts until the time this Policy is issued.

This Policy may not be valid if any information given by you and/ or the Insured Member is incomplete or inaccurate, or if you do not comply with the terms and conditions of this Policy.

No amendments or waiver of rights or requirements to this Policy will be effective unless such amendments or waiver are made by our authorized officer.

2. ELIGIBILITY

Insured Member to be eligible for cover under this Policy must be aged between fifteen (15) days old and sixty-five (65) years old (inclusive) who can perform all the Activities of Daily Living and must no be confined in a Hospital at the Commencement Date.

People who suffer from mental illness, leprosy, over 50% permanent disabilities are not eligible.

Family Members of the Insured Member, subject to the Insured Member being covered and also, they are eligible for coverage under this Policy as determined and agreed with us prior to Commencement Date or Policy Anniversary.

The eligible Family Members are defined as below

(i) Insured Member's current spouse living permanently with the Insured Member, and
(ii) any of their or the Insured Member's unmarried children up to eighteen (18) years old.

We will offer renewal for an Insured Member who is aged sixty-six (66) years up to seventy (70) years subject to the payment of the applicable Premium and the terms and conditions applicable at Policy Anniversary.

For avoidance of doubt, this Policy is not automatically renewed at Policy Anniversary, and coverage for Insured Member and Family Member(s) may be terminated at Policy Anniversary.

This Policy does not provide cover for Insured Member residing outside of Vietnam.

3. DEFINITION

Accident
Any external, sudden, non-disease, unforeseen and unexpected physical event beyond the control of the Policyholder or the Insured Member resulting in bodily Injury, caused by external, visible and violent means.

Activities of Daily Living
- Dressing: The ability to put on, take off, secure and unfasten all garments and as appropriate, any braces, artificial limbs or other surgical appliances,
- Feeding: The ability to feed one0slef once food has been prepared and made available;
- Mobility: The ability to move indoors from room to room on level surfaces;
- Toileting: The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- Washing: The ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.

Age/Aged
The Insured Member's age on her/his next birthday (and the expression "Aged" shall be construed accordingly).

Area/area of Cover
One of the following as stated on the Insured Member's Plan on the Policy Schedule and/or Insurance certificate and/or Endorsement:
- VN/CAM/THL: Vietnam, Cambodia, Thailand
- Vietnam: Vietnam

Benefits Table
The table applicable to the Insured Member's Plan showing the maximum benefits We will pay for each Insured Member.

Co-payment
This is a share of the Eligible medical expenses that You need to pay after the Deductible. Please refer to Your Benefits Table and/or Membership Listing and/or Endorsement on the Co-payment percentages.

Commencement Date
For the Policyholder or Insured Member, the date as stated in the Benefits Table and is the date on which the insurance cover first becomes effective.

Complementary Practitioner
A person (other than the Policyholder, Insured Member, or a business partner or a relative of the Insured Member or Policyholder) who, being recognized by Us, who is registered and qualified to practice acupuncture, chiropractic, homeopathy, naturopathy, osteopathy, podiatry, physiotherapy, traditional Chinese medicine or provide nutrition advice has the primary degrees in the practice of medicine and surgery following attendance at a recognized medical school and who is licensed to practice western medicine by the relevant licensing authority where the Treatment is given.

Consulting room or private doctors' offices
Mean Consulting rooms, private doctors' offices which have business licenses and provide vouchers/invoices in accordance with the Vietnamese regulations (Ministry of Finance and/or Ministry of Health of Vietnam).

Daycare Treatment
Refers to Eligible Treatment (excluding Out-patient Treatment) at a Hospital or daycare unit where the Insured Member is admitted to a Hospital bed but does not stay overnight.
A discharge certificate is required in case of any claim for this benefit.

Deductible
Refers to the part of the benefit You are claiming that You/Insured Member must pay before We will pay any benefit. The Deductible is shown in Your Benefits Table and/or Policy Schedule and/or Membership Statement (where applicable) and this applies to each claim.

Diagnostic Procedures
Refers to consultations and investigations needed to establish a diagnosis for an Eligible Treatment.

Disablement
Refers to disablement which entirely prevents an Insured Person from engaging in or attending to occupation or employment of any and every kind last for at least fifty-two (52) consecutive weeks. At the expiration of this period, the condition of disablement is beyond hope of any improvement.

Eligibility Period
The period as stated in the Benefits Table and/or Policy Schedule and/or Membership Listing after which an Insured Member becomes Eligible for cover under the Policy.

Eligible
Those Treatments and charges which are covered by Your Policy before the application of any Deductible, Co-payment that will be borne by You/Insured Member. In order to determine whether a Treatment or charge is covered, all sections of Your Policy should be read together, and are subject to all terms, benefits and exclusions set out in this Policy.

Emergency
A sudden, unexpected acute Medical Condition which, in Our opinion, constitutes a serious or life threatening Emergency which will require immediate surgical or medical attention to avoid death or permanent and irreversible total loss of function.

Endorsement
The supplementary document we issue to the Policyholder to record and confirm changes to the Policy.

Family Member
(j) Insured Member's current spouse living permanently with the Insured Member, and
(ii) any of their or the Insured Member's unmarried children up to eighteen (18) years old.

Hospital
Any establishment which is licensed as a medical or surgical hospital in the country where it operates and which is recognized by Us and it meets all the following requirements:
- it operates primarily for the reception, care and Treatment of sick, ailing or injured persons as in-patients;
- it provides twenty-four (24) hours a day nursing service by registered Nurses or qualified Nurses;

- it has a staff of one or more licensed Medical Practitioners available at all times;
- it provides organized facilities for diagnosis and major surgical facilities;
- it is not primarily a nursing home, rest homes or convalescent home or similar establishment, geriatric wards, it is not institutions for Treatment of substance abuse, such as but not limited to a place for alcoholics or drug addicts rehabilitation or for similar purpose.

Injury
Refers to bodily Injury caused solely and directly by an Accident.

Illness
Refers to a physical condition marked by a pathological deviation from the normal healthy state.

In-patient Treatment
Refers to Eligible Treatment at a Hospital where the Insured Member has to stay in a Hospital bed for one or more nights.

Insured Member
The principal insured person whose life is insured by this Policy and as named in the Insurance Certificate as policyholder.

Insured Persons
People whose names are listed on the Policy Schedule/ endorsement or any attached list approved by the Insurer.

Intensive Care Unit
A section within a Hospital which is designated as an intensive care unit by the Hospital and which is maintained on a twenty-four (24) hours basis solely for treatment of patients in critical condition and is quipped to provide special nursing and medical services not available elsewhere in the Hospital.

Medical Condition
Any disease, Illness or Injury.

Medical Practitioner
A person (other than the Policyholder, Insured Member, or a business partner or a relative of the Insured Member or Policyholder) who, being recognized by Us, has the primary degrees in the practice of medicine and surgery following attendance at a recognized medical school and who is licensed to practice western medicine by the relevant licensing authority where the Treatment is given.

By 'recognized medical school' We mean "a medical school which is listed in the current World Directory of Medical Schools published by the World Health Organization."

This includes a person qualified as a dental practitioner by a degree in dentistry and duly licensed and registered with the relevant statutory dental board or council to provide dental Treatment but excludes:
- the Insured Member;
- the Policyholder; and
- a business partner or a relative of the Insured Member or Policyholder.

Medically Necessary
Any Treatment, test, medication, or stay in Hospital or part of a stay in Hospital which:
- is required for the medical management of an Eligible Illness or Injury suffered by the Insured Member;
- must not exceed the level of care necessary to provide safe, adequate and appropriate

medical care in scope, duration, or intensity;
- must have been prescribed by a medical practitioner; must conform to the professional standards widely accepted.

Out-patient Treatment
Refers to Eligible Treatment at an out-patient clinic, a Medical Practitioner's consulting rooms or in a Hospital where the Insured Member is not admitted to a bed.

Nurse
A qualified Nurse who is registered to practice as such where the Treatment is given and is recognized by Us.

Policy Year
Each term of cover under the Policy, which is stated in the Benefits Table or the Insurance Certificate or Endorsement.

Physiotherapist
A person (other than the Policyholder, Insured Member, or a business partner or a relative of the Insured Member or Policyholder) who is qualified and licensed to practice at a legally licensed physiotherapy centre or at a medical facility as a Physiotherapist where the Treatment is given and who is recognized by Us.

Policy Schedule
The agreement we have with You which allows You to be registered as the Policyholder. That agreement sets out who can be covered, when cover begins, how it is renewed, and how the premiums are paid. It also sets out the Benefits Table showing the maximum benefits we will pay for each Insured Member.

Plan
Any Mutual Care Policy Plan.

Policy
The insurance contract between You and us. Its full terms are set out in the current versions of the following documents as sent to You from time to time:

- any application form We ask You to fill in,
- these terms and the Benefits Table setting out the cover under Your Plan,
- Policy Schedule,
- Endorsements,
- Global Directory of Hospitals,
- Membership listing.

Changes to these terms must be confirmed in writing and We will write to You to confirm any changes, undertakings or promises that We made.

Policy Anniversary
The same date and month following a year from the Commencement Date or last Policy Anniversary.

Pre-existing Condition
Any medical condition which during the two (2) years preceding the Insured Member Plan's Commencement Date**:**

- has been diagnosed; or,
- for which the Insured Member has received medication, advice or Treatment; or,
- which the Policyholder and/or Insured Member should reasonably, in Our opinion, have known about; or,
- for which the Insured Member has experienced symptoms even if he or she has not consulted a Medical Practitioner.

Premium(s)
The amount(s) as agreed with us to be paid to us to keep this Policy in force.

Prescriptions
Out-patient drugs and dressings as prescribed by a Medical Practitioner for the Treatment of a Medical Condition covered by the Insured Member's Policy.

Preventive Treatment
Any Treatment given to prevent Medical Conditions or Injuries rather than curing them or treating their symptoms.

Principal Country of Residence
The country where the Insured Member lives or intends to live for most of the Year being one hundred eighty- five (185) days or more and which will be shown as Insured Member's address and place of residence in Our records.

Reasonable and Customary (R&C)
We calculate what is Reasonable and Customary (R&C) based on the average negotiated cost of the Treatment within the network applicable to the Insured Member's Plan in the area in which Treatment is received or where no network exists or the Treatment is not available in a network Hospital We will base that calculation on the average cost of the Treatment in that Area or country. If necessary We can delay paying the claim until We are satisfied that the charges are appropriate, but We will not unreasonably delay paying the Treatment. If the charges are higher than is customary We will only pay the amount which is, in Our experience, customarily charged and You will have to pay the rest.

Reinstatement Date
The resuming of cover under this Policy after it has terminated.

Schedules of Procedures
A document we maintain which lists the surgical procedures we pay benefits for and classifies them according to their complexity.

Surgical Procedures
An operation or other invasive surgical intervention.

Terminal Medical Condition
The conclusive diagnosis of an Illness that is expected to result in the death of the Insured Member within three hundred sixty-five (365) days. This diagnosis must be supported by a specialist and confirmed by Our Medical Practitioner. Terminal Illness in the presence of the Human Immunodeficiency Virus infection is excluded.

Treatment
A Surgical Procedure or medical procedure (including Diagnostic procedures) carried out by a Medical Practitioner.

Terrorist act
Refers to any clandestine use of violence by an individual terrorist or a terrorist group to coerce or intimidate the civilian population to achieve a political, military, social or religious goal. Terrorism shall also include any act, which is verified or recognized by the relevant Government as an act of terrorism.

Visit
Each separate occasion during one (1) day that the Insured Member meets with a Medical Practitioner and receives a consultation and/or Treatment for a Medical Condition

Waiting period
means during that period the benefit concerned will be not payable.

We, Us, Our, Ours, Company
XXXXX, being the insurer issuing Your Policy.

Year
Twelve (12) Gregorian calendar months from when your policy began or was last renewed unless We have agreed something different.

You, Your, Yours, Policyholder
Individual or business commercial establishment, which is a registered company in Vietnam, with whom this Policy is made, who is responsible for paying the Premiums and who may exercise all rights under this Policy.

4. BENEFITS PAYABLE

If all the requirements specified in Section – 'Claims Procedures' have been satisfied and We have accepted the claim as valid, We shall reimburse You the eligible expenses incurred in respect of the Treatment of a Medical Condition up to the respective limits specified in Your Benefits Table applicable to the Insured Member's Plan and in accordance with the Policy.

All benefits are subject to assessment on the basis of what is Reasonable and Customary (R&C).

ITEMS 1: DEATH AND PERMANENT DISABLEMENT

Benefits	Clarifications
Death or Disablement following Injury	Subject to the availability of this benefit and the amount shown for in the Insured Member's Plan stated on the Benefits Table, We will pay for death or Disablement caused by an Accident to insured persons: (a) the total sum insured in case of death, or (b) a part of total sum insured mentioned in Appendix as specified in the table of percentage of permanent disability. For avoidance of doubt, (i) this benefit is only applicable to Insured Person only if this is shown on the Benefits Table applicable, and (ii) the exclusions and limitations of this Policy will apply to this benefit at all times.
Death or Disablement following Illness	Subject to the availability of this benefit and the limits shown for in the Insured Member's Plan stated on the Benefits Table, We will pay for death or Disablement caused by an Illness to insured person: (a) the total sum insured in case of death, or (b) a part of total sum insured mentioned in Appendix as specified in the table of percentage of permanent disability. For avoidance of doubt, (i) this benefit is only applicable to Insured Person only if this is shown on the Benefits Table applicable, and (ii) the exclusions and limitations of this Policy will apply to this benefit at all times.

ITEMS 2: IN-PATIENT PROTECTION

Benefits	Clarifications
Overall Maximum Limit	We will pay up to the maximum shown for each Insured Person during the Policy Year. All benefits paid during the Policy Year will count against the yearly maximum. Cover does not extend beyond the Area shown for Your Plan**.**
Daily accommodation charges, per night	While admitted as an in-patient or daycare for an Eligible Medical Condition, We will pay for the costs of the Insured Member's accommodation up to the limits shown in the Benefits Table applicable to the Insured Member's Plan. Wherever an Insured Member receive In-patient Treatment, if the Hospital offers several classes for the room type the Insured Member is entitled for, We will only pay up to the limits shown in the Benefits Table applicable to the Insured Member's Plan.
Hospital charges	Subject to the limits shown for in the Insured Member's Plan stated in the Benefits Table, We will pay for Hospital charges for an Eligible Medical Condition given between admission and discharge such as: • Surgical procedures • Operating theatre charges • Surgeons' and anesthetists' charges • Intensive Care Unit charges up to the number of days stated on the Benefits Table applicable to the Insured Member's Plan • Radiotherapy and/or chemotherapy
Other Hospital Miscellaneous charges	Subject to the limits shown for in the Insured Member's Plan stated in the Benefits Table, We will pay for Other Hospital Miscellaneous charges for an Eligible Medical Condition given between admission and discharge such as: • Diagnostic procedures • Nursing care, drugs and dressings • Computerized Tomography, Magnetic Resonance Imaging, X-rays and other such proven medical imaging techniques • Consultations and physiotherapy while admitted for treatment of an Eligible Medical Condition and when such treatment directly relates to it.
Organ Transplant	We will pay for transplantation of kidneys, heart, liver, lung or bone marrow required as a result of an Eligible Medical Condition and provided these organ(s) has come from a relative or a certified and verified source of donation. The policy does not cover the costs of collecting donor organs (including but not limited to, transportation and administration costs) or any expenses incurred by the donor or if the organ(s) is not from a relative or a certified and verified source of donation.

Benefits	Clarifications
Reconstructive Surgery	This benefit pays for initial reconstructive surgery and only when it is Medically Necessary and (i) It is carried out to restore function after an Accident or following surgery for an Eligible Medical Condition, provided that the Insured Member has been continuously covered under the Policy since before the Accident or surgery happened; and (ii) It is done at a medically appropriate stage after the Accident or surgery; and (iii) We agree the cost of the Treatment in writing before it is done.
Surgical Implant	This benefit pays for medical device surgically implanted into the body as part of an Eligible Medical Condition (excluding any dental implants).
Companion accommodation, per night	We will pay up to the amount shown on the Benefits Table applicable to the Plan for companion's accommodation in the same Hospital room with the Insured Person when the Insured Person is under fourteen (14) years old and while such Insured Person is receiving Eligible In-patient Treatment within the Area of Cover.
Pre-hospitalization Consultation (within 30 days from admission) up to	We will pay up to the amount shown on the Benefits Table applicable to the Insured Member 's Plan for one (1) consultation, prescribed investigations and essential medications by a Medical Practitioner received as an Out-patient within the number of days shown on the Benefits Table applicable to the Insured Member's Plan, and where such hospitalization is eligible for cover under the Insured Member's Plan and where the need for such hospitalization has arisen as a direct result of the medical examination and investigation findings draw from that consultation.
Post-hospitalization Treatment (within 45 days after discharge) up to	We will pay for charges incurred for post-hospitalization follow-up Out-patient consultation and treatment following an Eligible In-patient Treatment or Daycare Surgery when such consultation is carried out by the In-patient treating Medical Practitioner or a referred Medical Practitioner and provided such Out-patient consultation and treatment occurs within the number of days stated on the Benefits Table applicable to the Insured Member's Plan immediately following the date of the last discharge from Hospital for which the Insured Member was confined as an in-patient or the date of the Daycare Surgery for an Eligible Medical Condition.
Hospital Allowance (max. 60 days)	We will pay up to the amount shown on the Benefits Table applicable to the Insured Member's Plan for Eligible In-patient Treatment only when the Insured Member receives his/her Eligible In-patient Treatment in Hospital in Vietnam.
Home nursing (max. 15 days)	We will pay for: the nursing care services of a legally licensed nurse in the Insured Person's abode when prescribed by a Physician for medical as distinct from domestic reasons immediately following a covered In-Patient stay in the hospital. Cover will be limited to a maximum period of days as stated in the chosen Program and subject to the minimum in hospital stay of 7 days.

Benefits	Clarifications
Ambulance services	We will pay up to the amount shown on the Benefits Table applicable to the Insured Member‘s Plan for a road ambulance for Medically Necessary Emergency transport to or between Hospitals. Your Medical Practitioner will determine if this is medically essential. We reserve the right to ultimately determine whether such transportation was medically appropriate.
Burial cost	We will pay the cost of disposing of a person's remains subject to the limit mentioned in the benefit schedule.
Maternity and childbirth	Subject to the availability of this benefit and up to the limits shown for in the Insured Member’s Plan stated on the Benefits Table, We will pay up to the amount shown on the Benefits Table applicable to the Insured Member‘s Plan for Eligible claims incurred after the Insured Member has been continuously covered under her Plan on the waiting period (where applicable) stated on the Benefits Table applicable to the Insured Member’s Plan and has effected the annual renewal of that Plan for the coming Policy Year. Please also see the Section – ‘Exclusions and Limitations’.
Daily accommodation Charges following Maternity and childbirth per night up to	While admitted as an in-patient for an Eligible Medical Condition following maternity and childbirth, We will pay for the costs of the Insured Member’s accommodation up to the limits shown in the Benefits Table applicable to the Insured Member’s Plan. Wherever an Insured Member receive In-patient Treatment, if the Hospital offers several classes for the room type the Insured Member is entitled for, We will only pay up to the limits shown in the Benefits Table applicable to the Insured Member’s Plan.
Hospital charges following maternity and childbirth	Subject to the limits shown for in the Insured Member’s Plan stated in the Benefits Table, We will pay for Hospital charges for an Eligible Medical Condition following maternity and childbirth given between admission and discharge such as: • Surgical procedures • Operating theatre charges • Surgeons’ and anesthetists’ charges Please note that the costs of delivery of any child whether such delivery is normal, by caesarean section or by any other assisted means, or any complication will be paid under this section if not excluded under this policy
Other Hospital Miscellaneous charges following maternity and childbirth	Subject to the limits shown for in the Insured Member’s Plan stated in the Benefits Table, We will pay for Other Hospital Miscellaneous charges following maternity and childbirth for an Eligible Medical Condition given between admission and discharge such as: • Diagnostic procedures • Nursing care, drugs and dressings • Computerized Tomography, Magnetic Resonance Imaging, X-rays and other such proven medical imaging techniques • Consultations and physiotherapy while admitted for treatment of an Eligible Medical Condition and when such treatment directly relates to it.

Benefits	Clarifications
Pre- and post- natal examinations	Subject to the availability of this benefit and up to the limits shown for in the Insured Member's Plan stated on the Benefits Table, We will pay up to the amount shown on the Benefits Table applicable to for a female Insured Member's Plan, who has fulfilled the waiting period (where applicable), for Treatment of an Eligible Medical Condition which is due to and occurs to the female Insured Member during the pregnancy prior to the delivery or after the delivery of child. Under post-natal examinations, we will only pay for Treatment received within thirty (30) days following the delivery of child. This benefit does not cover: ▪ the costs of delivery of any child whether such delivery is normal, by caesarean section or by any other assisted means, or ▪ any complication arising from non medically necessary caesarean section birth. ▪ Treatment of any Medical Condition which is due to and occurs during the pregnancy prior to the delivery or after the delivery if the pregnancy was a result of any form of assisted conception. Whilst we recognize that caesarean section may sometimes be a medical necessity, caesarean section can only be covered under the "Pregnancy and Delivery" benefit for an Insured Member who is eligible for "Pregnancy and Delivery" benefit. For avoidance of doubt, this benefit shall not be payable if the: • delivery of birth is through non medically necessary caesarean birth, and/or • conception of the child is conceived by artificial means or any form of assisted conception. Please note: ▪ If we are not able to determine that a caesarean section is Medically Necessary we will consider it as not Medically Necessary. ▪ The waiting period is calculated initially from Insured Member's date of joining the Plan,
New born care	This policy extends to cover the newborn baby of an insured person in respect of its in-patient treatment of an acute medical condition which manifests itself within 7 days following birth and within the period of its mother's hospital stay. <u>Exclusion:</u> Congenital disease and vaccination.

ITEMS 3 – TOP LOSS SERIOUS ILLNESS AND ACCIDENT PROTECTION

On the top of the annual limit for the item 2 – In-patient Protection, the item 3 – Top Loss Serious Illness and Accident Protection provide additional sum insured for eligible medical conditions listed below:

Events/pathology	Clarifications
Accident	Any external, sudden, non-disease, unforeseen and unexpected physical event beyond the control of the Policyholder or the Insured Member resulting in bodily Injury, caused by external, visible and violent means.
Cancer	Any type of malignant growth or tumour, caused by abnormal and uncontrolled cell division: it may spread through the lymphatic system or blood stream to other parts of the body
Stroke	Apoplexy; rupture of a blood vessel in the brain resulting in loss of consciousness, often followed by paralysis, or embolism or thrombosis affecting a cerebral vessel
Heart Attack	Damage to an area of heart muscle that is deprived of oxygen, usually due to blockage of a diseased coronary artery, typically accompanied by chest pain radiating down one or both arms, the severity of the attack varying with the extent and location of the damage; myocardial infarction.
Coronary Artery Bypass Surgery	Surgery, and colloquially heart bypass or bypass surgery, is a surgical procedure performed to relieve angina and reduce the risk of death from coronary artery disease. Arteries or veins from elsewhere in the patient's body are grafted to the coronary arteries to bypass atherosclerotic narrowings and improve the blood supply to the coronary circulation supplying the myocardium (heart muscle). This surgery is usually performed with the heart stopped, necessitating the usage of cardiopulmonary bypass; techniques are available to perform CABG on a beating heart, so-called "off-pump" surgery.
Kidney Failure	Medical condition in which the kidneys fail to adequately filter waste products from the blood. The two main forms are acute kidney injury, which is often reversible with adequate treatment, and chronic kidney disease, which is often not reversible. In both cases, there is usually an underlying cause
Major Organ Transplant	The moving of an organ from one body to another or from a donor site to another location on the patient's own body, for the purpose of replacing the recipient's damaged or absent organ.
Multiple Sclerosis	Inflammatory disease in which the insulating covers of nerve cells in the brain and spinal cord are damaged. This damage disrupts the ability of parts of the nervous system to communicate, resulting in a wide range of signs and symptoms, including physical, mental, and sometimes psychiatric problems.
Coma	State of unconsciousness lasting more than six hours, in which a person: cannot be awakened; fails to respond normally to painful stimuli, light, or sound; lacks a normal sleep-wake cycle; and, does not initiate voluntary actions.
Aortic surgery	a procedure to treat a dilation or enlargement (aortic aneurysm) of the large blood vessel that carries blood from your heart to your vital organs (aorta).

Events/pathology	Clarifications
Major Burns	A major burn is defined as a burn covering 25% or more of total body surface area, but any injury over more than 10% should be treated similarly. Rapid assessment is vital. The general approach to a major burn can be extrapolated to managing any burn. The most important points are to take an accurate history and make a detailed examination of the patient and the burn, to ensure that key information is not missed.
Benign Brain Tumour	An intracranial solid neoplasm, a tumor (defined as an abnormal growth of cells) within the brain or the central spinal canal.

Top Loss Serious Illness Protection is not applied for Out-patient treatment and/or for pre-existing conditions.

Please also refer to Section - 'Exclusions and Limitations' for further information on exclusions applicable.

ITEMS 4 – OUT-PATIENT PROTECTION

Out-patient Treatment is treatment given by a Medical Practitioner at an out-patient clinic, a Medical Practitioner's consulting room or in a Hospital where the Insured Member is not admitted to a Hospital bed.

Subject to the availability and benefit levels in the Benefits Table applicable to the Insured Member's Plan, she/he is covered for the charges associated with Out-patient Treatment as described in the table below clarifying the charges We pay for under each benefit.

Please refer to the Benefits Table for further information on the available benefits and benefit levels applicable to the Insured Member's Plan.

Please also refer to Section - 'Exclusions and Limitations' for further information on exclusions applicable.

Benefits	Clarifications
Overall Maximum Limit	We will pay up to the maximum shown for each Insured Person during the Policy Year. All benefits paid during the Policy Year will count against the yearly maximum. Cover does not extend beyond the Area shown for Your Plan**.**
Consultation fees (Primary and Specialist Care) per visit up to	Subject to the availability of this benefit and up to the amount shown for in the Insured Member's Plan stated on the Benefits Table, We will pay for consultation fees for eligible medical conditions. Please note that the consultation fees relating to Routine and Preventive Dental Care are not covered under this section

Benefits	Clarifications
Miscellaneous charges relating to Primary and Specialist Care per visit up to	Subject to the availability of this benefit and up to the amount shown for in the Insured Member's Plan stated on the Benefits Table, We will pay for: (a) prescribed drugs and dressings, and/or (b) Diagnostic procedures such as and limited to laboratory tests, X-rays and Ultrasound, for an Eligible Medical Condition. Please note that the consultation fees relating to Routine and Preventive Dental Care are not covered under this section
Complementary treatment : Consultation and treatment provided and prescribed by a qualified and registered acupuncturist, chiropractor, dietitian, homeopath, naturopath, osteopath, podiatrist, physiotherapist, and Traditional Chinese medicine practitioner (annual limit)	Subject to the availability of this benefit and up to the amount shown for in the Insured Member's Plan stated on the Benefits Table, We will pay for the respective complementary treatment given by a qualified complementary practitioner (acupuncturist, chiropractor, dietitian, homeopath, naturopath, osteopath, podiatrist, physiotherapist, Traditional Chinese medical practitioner) who is recognized by Us and registered to practice this where the respective complementary treatment is given. There must be a clear treatment plan from the acupuncturist, chiropractor, dietitian, homeopath, naturopath, osteopath, podiatrist, physiotherapist, Traditional Chinese medical practitioner with an end point and expected outcome.
Accidental damage to teeth	We will pay up to the amount shown on the Benefits Table applicable to the Insured Member's Plan for accidental damage to teeth, We will pay for treatment required immediately (within thirty (30) days) following accidental damage to natural teeth caused by an external trauma when that Treatment is given by a Medical Practitioner. This is for the initial Treatment only; it does not include any follow-up Treatment. Benefit is not payable if: ▪ the damage was caused by normal wear and tear, ▪ the Injury was caused when boxing or playing rugby (except school rugby) unless appropriate mouth protection was worn ▪ the damage was caused by tooth brushing or other any other oral hygiene procedure ▪ the damage is not apparent within thirty (30) days of the impact which caused the Injury Please note: there is no cover for Treatment required as the result of the consumption of food or drink or any foreign bodies contained in such food or drink.
Routine dental care/Preventive dental care	Subject to the availability of this benefit and up to the limits shown for in the Insured Member's Plan stated on the Benefits Table, We will pay to the Insured Member's Plan for Eligible treatment for routine dental examination, extraction, fillings (any kind of materials), sealant and fluoride treatment.

5. PRE-EXISTING CONDITIONS

Unless otherwise agreed by the Company, this Policy does not cover Pre-existing Condition for the Insured Member. Please refer to the Benefits Table and/or Membership Statement and/or Endorsements applicable to the Insured Member's Plan.

As with all insurance policies Your Plan is there to cover You for costs arising from an unforeseen event. For healthcare insurance this means the cost of Treatment resulting from an unexpected Illness or Accident.

A pre-existing condition is commonly referred to as a Medical Condition the Insured Member is affected by or is suffering from prior to the Commencement Date and that he or she should reasonably be aware of when he or she is applying for cover.

Some of these Pre-existing Conditions may require medical attention after the Commencement Date.

Based on Our medical knowledge and global experience We may sometimes, for those Pre-existing Conditions, consider the medical attention required after the Commencement Date a foreseen event. As the purpose of this Policy is to cover You against the costs of unexpected illness or accident We will assess claim for Pre-existing Conditions differently.

Our definitions are very important to read as they will affect the way We will pay Your claims, if any, so We recommend You take some time to read and understand them.

As defined in the Section - Definitions, 'Pre-existing Condition' means any Medical Condition which during the **two (2) years** preceding the Insured Member's Plan Commencement Date:

- has been diagnosed or;
- for which the Insured Member has received medication, advice or Treatment, or;
- which the Insured Member should reasonably, in Our opinion, have known about; or
- for which the Insured Member has experienced symptoms even if he has not consulted a Medical Practitioner.

We will assess a Medical Condition associated with a Pre-existing Condition as a Pre-existing Condition.

We will determine that a Medical Condition is associated with a Pre-existing Condition when this Pre-existing Condition is commonly recognized as a risk factor, however small, or if it is directly or indirectly related to such Medical Condition. We reserve the right to determine whether a Medical Condition is associated with a Pre-existing Condition or not.

Benefit for any Medical Condition associated with a Pre-existing Condition will be paid for under the 'Pre-existing Condition Benefit' if allowed for by Your Plan.

6. CHANGE OF PRINCIPAL COUNTRY OF RESIDENCE

In the event the Insured Member changes his / her Principal Country of Residence, and even if he is staying in the same Area of Cover, the Policyholder must inform Us within thirty (30) days of such change. If the Policyholder fails to so notify Us, We reserve the right to not to pay any benefits. We reserve the right not to continue cover if our so doing will in our opinion expose us to the risk of any laws or regulations or economic sanctions.

7. FRAUD

If a claim is in any respect false or fraudulent, We have the right to do any or all of the following at Our discretion:

a. refuse to pay any benefits in relation to the claim;
b. vary the terms and conditions of the Policy;
c. revoke the Policy immediately and retain all Premiums paid;
d. refuse to renew the Policy;
e. recover the claims paid if the fraud is detected afterwards.

8. COMMENCEMENT AND RENEWAL

Insurance shall commence from the date specified on the policy Schedule or Certificate of Insurance.

All premiums will be payable on or before the Commencement Date or renewals, on or before the Due Date as stated on the Certificate of Insurance or the policy Schedule.

If the premium is not received on the due date, the Insurance will be void from the very first date of the period for which the premium has not been received unless otherwise specified.

9. EXTENSION

At the written request of the policyholder, this policy may be extended for a period of 30 days from the expiry date stated in the policy schedule.

This extension will be subjected to an additional premium calculated on pro-rata basis.

10. TERMINATION OF THE COVERAGE

Cover will end for each insured person:

- at the expiry date of the policy mentioned in the Insurance Certificate,
- in case of non payment of the premium,
- at the insured's 70th birthday.

However, in case of Hospitalization and surgical procedure which occurred before the termination date of the policy and if the insured is still in the hospital for treatment, the coverage will end at the clinical release or up to limit insured mentioned in the benefit schedule.

For the section Death and Permanent Disablement following accident, if during the period of insurance the insured person shall sustain accidental bodily injury which shall solely and independently of any other cause, result within one (1) year in Death or Permanent Disablement for which the benefit is claimed, the insurer will pay to the insured person, or to the insured's legal representative the benefits stated in the schedule or certificate of insurance.

11. CANCELLATION

11.1 Cancelation from Insured Member

Insured Member shall have the right to cancel the Policy within one (1) month from the effective date mentioned in the policy schedule or the insurance certificate by giving written notice.

In case no claim from the Insured Person in the Policy Period, a refund will be given after a deduction of administration fees of 30%.

In case of claim from the Insured Person or for cancelation after one (1) month from the effective date mentioned in policy schedule or the insurance certificate by giving written notice, no refund will be given.

11.2 Cancelation from Insurer

The Insurer shall have the right not to renew the Policy and/or to cancel the Policy at any time by giving sixty (60) days written notice in advance and a refund will be given on pro-rata basis.

12. VALIDITY OF INSURANCE AND WAITING PERIOD

This Policy will come to effect after the Inception date of the policy subject to the below waiting period unless it is stated otherwise in the Policy Schedule:

- 30 days in respect of illness (for both Inpatient Treatment and Out-patient Treatment)
- 60 days in respect of miscarriage or abortion as prescribed by physician, ovaritisotomy,
- 365 days in respect of childbirth and pre-natal check up.

13. CO-INSURANCE/ SAME OTHER POLICIES

Medical expenses in respect of the same bodily injury, sickness or diseases which are claimable under any other insurances, We shall pay only charges which are in excess of the said insurances will be paid, or that base on the proportion of this policy limit to total limit of all aggregate policies.

14. SPECIAL CONDITION

In the event the Insured Person participates such matches or races of professional nature as cycling, motor-racing, horseracing, football and boxing matches, mountaineering, surfing, wind surfing, or participates in voyages of space, new land, and science exploration or others i.e. hunting, mount expedition, pole expedition, expeditionary force and where there occurs accident insurance coverage shall terminate, unless previous notice has been given to the Insurer and an additional premium required.

15. CHANGE OF BENEFIT

The limit under benefit schedule can not be modified during the period of insurance. These benefits can be modified at the renewal date of the policy.

16. PREMIUM AND PAYMENT METHODS

16.1 Premium payment

All premiums will be payable on or before the Commencement Date or renewals, on or before the Due Date as stated on the Certificate of Insurance or the policy Schedule.

If the initial premium is not received on or before the due date, the Insurance will be void from the very first date of the period for which the premium has not been received unless otherwise specified.

If following premiums are not received on or before the due date, the Insurance will be suspended. During the unpaid period, We reserve the right to deny potential claim occurrence.

If following premiums are not received **forty-five (45) days from the due date,** We reserve the right to terminate the Policy.

16.2 Premium method

The premium can be paid by following method:

- cash at our office
- bank transfer
- online bank card payment

17. CONDITION PRECEDENT

The validity of this Policy is subject to the condition precedent that:

(a) for the risk insured, the named Policyholder has never had any insurance terminated in the last twelve (12) months due solely or in part to a breach of any premium payment condition; or

(b) if the named Policyholder has declared that it has breached any premium payment condition in respect of a previous policy taken up with another insurer in the last twelve (12) months:

  (i) the named Policyholder has fully paid all outstanding premium for time on risk calculated by the previous insurer based on the customary short period rate in respect of the previous policy; and

  (ii) a copy of the written confirmation from the previous insurer to this effect is first provided by the named Policyholder to the Company before cover incepts.

18. RIGHT OF AMENDMENT

The terms and conditions of this Policy including the premium rates are not guaranteed. We have the right to change the premiums, benefits, terms and conditions payable by giving You at least sixty (60) days prior written notice prior to each Policy Anniversary. We may also change premiums, terms and conditions if costs, taxation, regulations or benefit changes make this necessary.

19. OUTSTANDING INDEBTEDNESS

Any amounts due and owing to Us will be deducted together with interest at a rate determined by Us from the benefits payable.

20. NO INTEREST ON BENEFITS

Under no circumstances shall We be liable for payment of any interest on the benefits payable,

21. EXCLUSIONS AND LIMITATIONS

21.1 The following tests, investigations, Treatments, items, conditions, activities, death, Disablement and their related or consequential expenses are excluded from this Policy and We shall not be liable for:

a. Any Pre-existing Condition and associated Medical Conditions unless otherwise agreed by the Company;
b. Non-surgical Treatment of a Medical Condition which does not respond quickly to Treatment or which continues or recurs unless allowed for by the Benefits Table and accepted by Us in writing;
c. Any Treatment which only offers temporary relief of symptoms rather than dealing, when it is reasonable to do so, with the underlying Medical Condition;

Note: We will not refuse to pay for other forms of curative Treatment after an effective Treatment has been recommended by the treating Medical Practitioner. However We will not pay for Treatment that is only offering temporary relief of symptoms where there is no cure or where the Insured Member refuses to undergo an effective and available Treatment for whatsoever reasons but We will pay for temporary relief of symptoms when such Treatment falls under 'Hospice and palliative care' benefit and if this benefit is allowed for by the Insured Member's Plan.

d. Termination of pregnancy or any consequences of it, except where Eligible under the 'Pre and post-natal complications' benefit;

e. Investigations into and Treatment of infertility, impotence, contraception, assisted reproduction, sterilization (or its reversal) or any consequence of any of them or of any Treatment for them;

f. Treatment of sexually transmitted diseases;

g. Sex change including Treatment which arises from or is directly or indirectly made necessary by a sex change;

h. Human Immunodeficiency Virus (HIV) infection and Acquired Immune Deficiency Syndrome (AIDS) unless allowed for by the Benefits Table and accepted by Us in writing;

i. Treatment of obesity (Body Mass Index or BMI equal to 30 and above) or any Medical Condition which arises from, or is related to, obesity in any way including but not limited to the use of gastric banding or stapling, the removal of fat or surplus tissue from any part of the body whether or not it is needed for medical or psychological reasons; weight reduction or improvement programs;

j. The costs of collecting donor organs for transplant surgery or any administration costs involved even if such transplants are allowed by the terms of this Plan;

k. Treatment which arises from or is directly or indirectly caused by a deliberately self-inflicted injury or an attempt at suicide; misuse or over dosage or excessive use of drugs/medicine;

l. We will not pay Death Benefit if Insured Member dies by suicide within two (2) years from the Commencement Date;

m. Treatment which arises from or is in any way connected with alcohol abuse or drug or substance abuse;

n. Any treatment to correct refractive defects of the eyes such as long or short-sightedness or astigmatism unless allowed for by Your Plan;

o. Treatment relating to learning disorders, educational problems, behavioral problems, physical development or psychological development, including assessment or grading of such problems;

p. Preventive (i.e.: prophylactic) Treatment;

q. Treatment to relieve symptoms commonly associated with any bodily change arising from any physiological or natural cause such as aging, menopause or puberty and which is not due to any underlying disease, Illness or Injury;

r. Vaccinations and routine or preventative medical examinations, hearing examination and corrective Treatment, including routine follow-up consultations, unless allowed for by the Benefits Table and accepted by Us in writing;

s. The costs of providing or fitting any external prosthesis or orthotics or appliance or medical aids or durable medical equipment unless allowed for by the Benefits Table applicable to the Insured Member's Plan ;

t. Out-patient drugs or dressings except those as Prescriptions, and where the Benefits Table applicable to the Insured Member Plan provides this cover;

u. Psychiatric illness;

v. Standard toiletries such as, but not limited to cream, shampoos, soaps, tooth-pastes, contraceptives, proprietary headache and cold cures, and vitamins which may be bought over the counter, without Prescription, at a local pharmacy nor do We pay for telephone calls;

w. Orthodontics, periodontics, endodontics, preventative dentistry, and general dental care including fillings, no matter who gives the Treatment unless provided for by the Insured Member's Plan stated on the Benefits Table and agreed, in writing, by Us;

x. Claims in respect of Treatment received outside the Area of Cover;

y. Any costs incurred as a result of engaging in or training for any sport for which the Insured Member receive a salary or monetary reimbursement, including grants or sponsorship (unless the Insured Member received travel costs only);

z. Treatment of injuries sustained from base jumping, cliff diving, flying in an unlicensed aircraft or as a learner, martial arts, free climbing, mountaineering with or without ropes, scuba diving to a depth of more than 10 metres, trekking to a height of over 2,500 metres, hot air ballooning, free climbing, mountaineering with or without ropes, bungee jumping, canyoning, hang gliding, paragliding or microlighting, parachuting, potholing, skiing off piste or any other winter sports activity carried out off piste;

aa. Any Treatment specifically excluded by the terms shown on the Endorsement or Endorsement or Membership Listing for the Insured Member or the schedules / endorsement forming part of this Policy; any charges for items not listing in the

Benefits Table applicable to Your Plan;

bb. Any charges for Treatment which is not medically necessary or is incurred for social or domestic reasons or for reasons which are not directly connected with Treatment;

cc. Any charges for Treatment incurred during a period for which the premium due has not been paid;

dd. Any cost as a result of a Treatment that is not Eligible under Your Policy including the associated Medical Conditions' Treatment costs;

ee. Any charges from health hydros, spas, fitness centre, nature cure clinics (or practitioners) or any similar place, even if it is registered as a Hospital;

ff. Any claim or part of a claim in respect of which You / the Insured Member have to pay an excess (or Deductible or Co-payment). In this case We will only pay the balance of the claim after We have deducted the excess (or Deductible or Co-payment) amount;

gg. Any charges made by Medical Practitioner, Hospital, laboratory or any such medical services which are not Reasonable and Customary (R&C);

hh. Any charges for Treatment related to and/or the correction of Congenital Conditions and/or deformities whether or not manifest and/or diagnosed or known about at birth unless allowed for by the Benefits Table and accepted by Us in writing;

ii. Any administration costs or reports of any kind (unless otherwise advised by Us) or any other charges of a non medical nature in connection with the provision and/or performance of medical supplies and/or services;

jj. All bank or credit charges;

kk. Any charges for items not listed in the Benefits Table applicable to the Insured Member's Plan or in excess of the limit shown in the Benefits Table;

ll. Supplements, vitamins; non Prescription drugs or medicine;

mm. Costs of Treatment rendered and drugs or medicine prescribed by a Medical Practitioner which is not related to the Treatment provided to the Insured Member;

nn. Cryopreservation; implantation or re-implantation of living cells or living tissue, whether antilogous or provided by a donor;

oo. Treatment which may be considered as a matter of personal choice;

pp. In-patient Treatment for Medical Condition which can be properly treated as an out-patient;

qq. Genetic tests, nor for any counseling made necessary following genetic tests, even when those tests are undertaken to establish whether or not the Insured Member may be genetically disposed to the development of a Medical Condition in future. This is because such tests are carried out for purposes of establishing whether a Medical Condition might develop and not for the Treatment of a

Medical Condition;

rr. Treatment for all types of sleep disorder including snoring;

ss. Treatment for alopecia; all forms of acne;

tt. Ear or body piercing and tattooing including any Treatment needed as a result of any of these;

uu. Treatment whist staying in a Hospital for more than ninety (90) continuous days for permanent neurological damage or if Insured Member is in a persistent vegetative state. We define persistent vegetative state as condition of profound no responsiveness, with no sign of awareness or consciousness or a functioning mind, even if the person can open their eyes and breathe unaided, and the person does not respond to stimuli such as calling their name, or touching. This state must have remained for at least four (4) weeks with no sign of improvement or there could be no recovery.

vv. Treatment at Consulting room or private doctors' offices

22.2 Special terms apply in the following cases

The following tests, investigations, Treatments, items, conditions, activities and their related or consequential expenses are excluded from this Policy and we shall not be liable for:

a. Cosmetic (aesthetic) surgery or Treatment;

b. Any Treatment which relates to or is needed because of previous cosmetic treatment or reconstructive surgery. However We will pay for initial reconstructive surgery if:

(i) It is carried out to restore function after an Accident or following surgery for a Medical Condition, provided that the Insured Member has been continuously covered under the Policy since before the Accident or surgery happened; and

(ii) It is done at a medically appropriate stage after the Accident or surgery; and

(iii) We agree the cost of the Treatment in writing before it is done.

c. Hormone replacement therapy, except when it is medically indicated (rather than for the relief of physiological symptoms), when We will pay for the consultations and for the cost of the implants or patches (but not tablets). We will only pay benefits for a maximum of eighteen (18) months from the date of the first consultation.

d. In-patient rehabilitation except when:

- **It is an integral part of Treatment; and**
- **It is carried out by a Medical Practitioner specializing in rehabilitation; and**
- **It is carried out in a rehabilitation Hospital or unit which is recognized by Us; and**
- **The costs have been agreed, in writing, by Us before the rehabilitation begins.**

g. The use of drug which has not been established as being effective or which is experimental or within clinical trials. This means they must be licensed by the European Medicines Agency if the Insured Member is receiving Treatment in Europe, or the US Food and Drug Administration (FDA) if the Insured Member is receiving Treatment anywhere else in the

world, and be used within the terms of that license.

22.3 We will not pay for any Treatment, if they are needed as a result of nuclear contamination, biological contamination or chemical contamination, whilst engaging in or taking part in war (whether declared or not), act of foreign enemy, invasion, illegal or criminal activities, civil war, riot, rebellion, insurrection, revolution, overthrow of a legally constituted government, explosions of war weapons or any event similar to one of those listed. This includes any Treatment needed as a result of the Insured Member exposing himself to needless peril, such as going to a place of unrest as an active onlooker or a spectator.

22.4 We reserve the right to not pay benefits for any Treatment if We have not received a properly completed claim form and original invoices within ninety (90) days of the Treatment being given. However please note that failure to submit the documents within such time will not jeopardize the right to claim if any valid reasons are given.

23. GENERAL CLAIM INFORMATIONS

All documents and material, (including but not limited to original invoices, certificates and x-rays), which are required by us to support a claim...shall be provided without expense to Claim Department, including if requested, a medical report from your medical practitioner and any details of your medical history prior to any claim being made..

In case where medical information is required by us for consideration of claim but is not available, it will be your responsibility to obtain such information from your medical practitioner at your own cost.

All claim forms, should be sent to our Claim Department, whose address can be found on Contact Information sheet or Handbook. Claims have to be submitted to Claim Department during 90 days from the last treatment date of each accident or illness

24. INPATIENT TREATMENT INSIDE OUR NETWORK

Direct billing service:
In order to provide our client the best medical care & service, We has developed a network medical practices throughout the country at which clients holding Healthcare card may received inpatient treatment which will be settled directly by our Claim Department to the hospital (for eligible care within the scope of cover of the Policy and the remaining limit of refundable amount). When admitting to the hospital inside the net work, please kindly follow the below procedure:

Before Hospitalization

- Present your Vietnam Care Insurance card and your ID card/passport to the hospital

Before Discharge

- Sign the treatment vouchers
- Settle any exceeding expenses or non-covered items prior to leaving

We will then issue payment guarantee certificate upon the hospital request and Settle the payment directly to hospital after your discharge.

Note : The Direct settlement network is not to be used to obtained any treatment which fall outside the scope of your policy.

25. OUT PATIENT TREATMENT & IN-PATIENT TREATMENT OUTSIDE OUR NETWORK

For Inpatient treatment outside the network and all outpatient treatment, If you seek the treatment in the hospital / clinic you have to pay for all medical expense and submit the claim document to us within 90 days of your treatment. The claim will be processed within 10 -15 working days.

A completed claim documents must contain the following documents:

- Bills, vouchers, medical records, relevant treatment documents (discharge bill, medical prescriptions, Hospital discharge certificate, X-ray films, etc)
- For labor accident: report confirmed by the company
- For Traffic accident: police report or local government in case of serious accident; copy of driving license and vehicle registration certification certified by the company.
- Death certification & Certification of legal heirs or beneficiaries (in case of death)

Note*: VAT invoices (red invoices) are required for medical expenses over 200,000 VND.*

APPENDIX I – TABLE FOR PAYMENT OF DEATH AND PERMANENT DISABILITY

Benefits — Percentages of payment

I - DEATH ---------- 100%

II - TOTAL PERMANENT DISABLEMENT

1. Loss of or loss of sight of two eyes ---------- 100%
2. Total and incurable mental disorder ---------- 100%
3. Functional impairment of chew and loss of speech ---------- 100%
4. Loss of or Total paralysis of two arms (at shoulder or beneath elbow) or two legs (at hip or beneath knee) ---------- 100%
5. Loss of two hands or two feet or one arm and one foot or one arm and one leg or one hand and one leg or one hand and one foot ---------- 100%
6. Total disablement from engaging in or giving attention to profession or occupation (total paralysis, injuries resulting in being permanently bedridden or causing permanent total disablement) ---------- 100%
7. Cutting off of right or left lung and a part of the other ---------- 100%

III - PARTIAL PERMANENT DISABLEMENT

UPPER LIMBS

8. Loss of one arm at or beneath shoulder (Removal of shoulder joint) ---------- 75-85%
9. Cutting off of one arm beneath shoulder ---------- 70-80%
10. Cutting off of one arm at or beneath elbow (removal of elbow joint) ---------- 65-75%
11. Complete loss of a hand or five fingers of a hand ---------- 60-70%
12. Loss of 4 fingers of a hand ---------- 40-50%
13. Loss of a thumb and a forefinger ---------- 35-45%
14. Loss of 3 finger: forefinger, middle finger, ring finger ---------- 30-35%
15. Loss of a thumb and 2 fingers ---------- 35-40%
16. Loss of a thumb and a finger ---------- 30-35%
17. Loss of a forefinger and other 2 fingers ---------- 35-40%
18. Loss of a forefinger and a middle finger ---------- 30-35%
19. Total loss of a thumb and a phalanx of metacarpus ---------- 25-30%
    Total loss of a thumb ---------- 20-25%
    Total loss of an ungual phalanx ---------- 10-15%
    Loss of a half of ungual phalanx ---------- 07-10%
20. Loss of a forefinger and a phalanx of metacarpus ---------- 20-25%
    Loss of a forefinger ---------- 18-22%
    Loss of a second joint and a middle joint ---------- 10-12%
    Loss of a second joint ---------- 08-10%
21. Total loss of a middle finger or a ring finger (including phalanx of metacarpus) ---------- 18-22%
    Total loss of a middle finger and a ring finger ---------- 15-18%
    Loss of a second joint and a middle joint ---------- 08-12%
    Loss of a second joint ---------- 04-07%
22. Total loss of a little finger and a phalanx of metacarpus ---------- 15-20%
    Total loss of a little finger ---------- 10-15%
    Loss of a second joint and a middle joint 08-10%
    Loss of a second joint ---------- 04-07%

23. Anchylosis of shoulder ---------- 30-40%
24. Anchylosis of elbow ---------- 25-35%
25. Anchylosis of wrist ---------- 20-30%
26. Partial loss of substantial osseous substance of arm bone causing shortening of arm over 3 cm and considerable constraint of prone and supine function or creating an unnatural joint 25-35%

LOWER LIMBS

27. Loss of one leg at hip (removal of hip joint) 75-85%
28. Cutting off of a thigh
    upper one third ---------- 70-80%
    one third middle or one third lower ---------- 55-75%
29. Cutting off of one leg up to beneath knee (removal of knee joint) ---------- 60-70%
30. Removal of ankle joint or loss of one foot ---------- 55-65%
31. Loss of wedge bone ---------- 35-40%
32. Loss of heel bone ---------- 35-45%
33. Loss of a part of tibia or fibula creating a false joint at leg ---------- 35-45%
34. Loss of a part of fibula ---------- 20-30%
35. Loss of ankle: outside ankle ---------- 10-15%
    inside ankle ---------- 15-20%
36. Loss of all five toes ---------- 45-55%
37. Loss of 4 toes including big toe ---------- 38-48%
38. Loss of 4 toes excluding big toe ---------- 35-45%
39. Loss of three toes : third fourth and fifth ---------- 25-30%
40. Loss of three toes: big, second and third toe ---------- 30-35%
41. Loss of one big toe and second toe ---------- 20-25%
42. Loss of big toe ---------- 15-20%
43. Loss of other toe excepting big toe ---------- 10-15%
44. Loss of phalanx of big toe ---------- 08-12%
45. Anchylosis of hip ---------- 45-55%
46. Anchylosis of knee ---------- 30-40%
47. Substantial loss of osseous substance of kneecap and considerable constraint of extension moves of lower- leg 45-55%
48. Partial loss of bone causing shortening of lower limb
    - at least 5 cm ---------- 40-45%
    - from 3 to 5 cm ---------- 35-40%
49. Total paralysis of external popliteal sciatic nerve ---------- 35-45%
50. Total paralysis of internal popliteal sciatic nerve 25-35%

VERTEBRAL COLUM

51. Cutting of back arch of one phalanx of back bone ---------- 35-40%
    of over two to three phalanges ---------- 45-60%

SKULL

52. Loss of osseous substance of skull (recoverable) causing lasting headache --- 35-45%

THORAX

53. Cutting of 1-2 ribs 15-20%
54. Cutting of over 3 ribs 25-35%
55. Cutting of a part of each rib ---------- 08-10%
56. Cutting off of one lung ---------- 70-80%
57. Cutting off of more than one lung lobe of both lung ---------- 65-75%

58. Cutting off of more than one lung lobe of one lung ---------- 50-60%
59. Cutting off of one lung lobe ---------- 35-45%

INNER ORGANS

60. Cutting off of total stomach 75-85%
61. Cutting off of a part of stomach ---------- 50-60%
62. Cutting off of small intestine (remaining under 1 m) ---------- 75-85%
63. Cutting off of partial small intestine ---------- 40-50%
64. Cutting off of total large intestine- ---------- 75-85%
65. Cutting off of partial large intestine---------- 50-60%
66. Cutting off of right liver ---------- 70-80%
67. Cutting off of left liver---------- 60-70%
68. Cutting off of hepatic lobe, subject to position, number and
result of operation ---------- 40-60%
69. Cutting off of gall-bladder---------- 45-55%
70. Cutting off of spleen ---------- 40-50%
71. Cutting off of tail of pancreas, spleen ---------- 60-70%

GENITAL

72. Cutting off of one kidney, the other in ordinary-50-60%
73. Cutting off of one kidney , the other injured or diseased ---------- 70-80%
74. Cutting off of partial right kidney or left kidney ---------- 30-40%
75. Cutting off of partial bladder ---------- 27-35%
76. Loss of penis and two orchises of a victim who is
under age of 55 not having children ---------- 70-80%
under age of 55 having children ---------- 55-65%
over age of 55 ---------- 35-40%
77. Cutting off of uterus and one ovary of a victim who is
under age of 45 having not yet given birth ---------- 60-70%
under age of 45 having given birth ---------- 30-40%
over age of 45 ---------- 25-30%
78. Cutting off of breast of woman-victim who is
under age of 45 : one side---------- 20-30%
both sides---------- 45-55%
over age of 45: one side ---------- 15-30%
both sides ---------- 30-40%

EYE

79. Loss of or total loss of sight of one eye
Cannot set false eye 55-65%
Able to set false eye ---------- 50-60%
80. Loss of or total loss of sight of one eye but prior accident the victim
already loss of or total loss of sight of the other eye ---------- 80-90%

EAR, NOSE, THROAT

81. Loss of hearing of both ears: entirely irrecoverable---------- 75-85%
Heavy loss of hearing (still hearable when talking aloud
or shouting on ear) ---------- 60-70%
Medium (hearable when talking aloud at distance of 1-2m)---------- 35-45%
Slight (hearable when talking aloud at distance of 2-4m)---------- 15-20%
82. Loss of hearing of one ear: entirely irrecoverable ---------- 30-40%
Medium---------- 15-20%

Slight---------- 08-15%
83. Loss of helix of both ears---------- 20-40%
84. Loss of helix of one ear ---------- 10-25%
85. Loss of nose, deforming of nose 18-40%

FACE

86. Loss of partial upper jaw bone and partial lower jaw bone
different side 80-90%
same side---------- 70-80%
87. Loss of total upper jaw bone or lower jaw bone ---------- 70-80%
88. Loss of partial upper jaw bone or partial lower jaw bone (from 1/3 to ½)--------- 35-45%
89. Loss of teeth: over 6 teeth unable set false teeth ---------- 30-40%
from 5 to 7 teeth---------- 15-25%
90. Loss of ¾ tongue remaining its root ---------- 75-85%
91. Loss of 2/3 tongue from tip---------- 50-60%
92. Loss of 1/3 tongue affecting to pronounce---------- 15-25%
93. Loss of under 1/3 tongue affecting to pronounce---------- 10-15%

PRINCIPLE OF SETTLEMENT

Settlement under the above scale shall consider vouchers, prescriptions which victim present to the company and according to provisions hereunder;

1) Loss of function of a part or permanent disablement of one limb is considered as loss of that part or loss of that limb.
2) Disablement not being specified under this scale will be compensated in proportion to their severity as compared with those specifications.
3) Wound treated normally, not being infected the settlement shall be effected at lower column specified respective item
4) Wound treated complicatedly, being infected or after treatment it leaves sequel settlement shall be subject to degree of serious wound gradually up to higher column specified in the respective item.
5) In case of various wounds incurred by the same accident settlement shall be considered separate wound but not exceed sum insured in aggregate. In case of various wound incurred on same limb, settlement shall not exceed the proportion of loss of that limb
6) In case of operation again, bone should be broken and joined it again, further settlement shall be paid by 50% of lower column of the respective item but not exceed sum insured