



**MSIG Insurance (Vietnam) Company Limited.**

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# **NEW BASIC HEALTHCARE INSURANCE POLICY WORDING**

## PART 1 – DEFINITIONS

In this Policy, the following terms shall be interpreted as follows:

**1. Insurance Company / Insurer**

MSIG Insurance (Vietnam) Company Limited (MSIG)

**2. Insured**

An individual who meets the eligibility conditions for insurance as specified in the Insurance contract, listed in the Insured list, and accepted for coverage by MSIG.

**3. Buyer of Insurance (Policyholder)**

An organization or individual in Vietnam with insurable interest as prescribed by law, entering into an Insurance Policy with the Insurer, and paying the insurance premium. The Policyholder may also be the Insured or the Beneficiary.

**4. Beneficiary**

An organization or individual appointed by the Policyholder or the Insured to receive insurance benefits under the Insurance contract.

**5. Sum Insured**

The maximum amount payable by MSIG to the Insured in respect of a covered event.

**6. Period of Insurance/Insurance Period**

The period from the date of acceptance of the Policy to the expiry date of the Policy as stated in the Policy Schedule or the Insurance Certificate, or an earlier date in case of cancellation of the insurance contract, if any.

**7. Age**

Age of the Insured on the inception date of the insurance contract as of the birthday immediately preceding the inception date of the Insurance contract.

**8. Accident**

Any sudden and unforeseen event caused by an external, violent and visible means during the effective Insurance Period, directly resulting in Bodily Injury or Death of the Insured and occurs beyond the Insured's control.

**9. Bodily Injury**

Means all bodily injury suffered and caused solely by an Accident and not by sickness, disease or gradual physical or mental wear and tear.

**10. Temporary Disability**

A condition of bodily injury sustained due to an accident, which continuously prevents the Insured Person from performing any work-related activities throughout the duration of the disability.

### **11. Total Permanent Disability**

Any disablement which for fifty-two (52) consecutive weeks immediately following an accident entirely prevents the insured person from attending their usual occupation if employed, or if not employed, from attending employment of any and every kind. Disablement at the end of that time should be beyond reasonable hope of improvement.

### **12. Chronic**

A medical condition that, as assessed by the Physician, is characterized by at least two of the following:

- Lasting more than three months, cannot be completely cured by medication or vaccines, and does not reheel on its own.
- Possibility to leave sequela.
- Requires long-term treatment and care.

### **13. Co-Insurance**

An amount that the Insurer, the Insured jointly pay on a proportional basis in respect of expenses incurred and covered hereby. Co-insurance is calculated as a percentage (%) of total expenses incurred and covered hereby or of sub-limits of out-patient (or in-patient) benefits, whichever is the lesser. The maximum limit of covered expenses after co-insurance is equal to the limit of benefits stated in the Benefit Schedule. Any applicable co-payment shall be specified in detail in the Insurance contract.

### **14. Day-patient Treatment**

A medical treatment in which the Insured is hospitalized, incurring bed and medical treatment charges, and the duration of hospitalization is less than 24 hours.

### **15. Hospital**

Any institution which is legally licensed as a medical or surgical Hospital in the country in which it is located and whose main activities are not those of a spa, massage, hydroclinic, rehabilitation centers for alcoholics or drug addicts, sanatorium, nursing homes or elderly care facility. Any medical treatment must be under the constant supervision of a Physician.

### **16. Medical Establishment**

Medical establishment is a legally recognized medical examination and treatment establishment which is licensed by the State to provide in-patient and out-patient treatment and whose main activities are not those of a rest home, a convalescent home or a special place for the aged, alcoholics and drug rehabilitation center.

### **17. Illness, Disease**

An abnormally medical condition or functional deformities of one or more body's organ(s) shown by symptoms or syndromes with diagnosis from the physician.

### **18. In-patient treatment**

Medical treatment for an Insured who is required to be admitted in a Hospital for necessary treatment and stays in a hospital bed for treatment for at least 24 consecutive hours.

**19. Medical Condition**

Any abnormal condition of the body or mind that is caused by an accident or illness, sickness and that needs medical treatment.

**20. Out-patient treatment**

Medical treatment given to the Insured due to illness, disease or accident at a Hospital or a recognized Medical establishment where the Insured is not hospitalized.

**21. Emergency Accidental Out-patient Services**

A benefit shall be paid equivalent to the actual medical expenses incurred by a hospital or physician for treating injuries caused by an accident, provided that such treatment is rendered within forty-eight (48) hours from the time the accident occurs. In all cases, the benefit shall not exceed the maximum limit specified in the Table of Benefits.

**22. Emergency**

A condition as determined by a Physician and/or MSIG, requiring emergency treatment to prevent death or serious impact on the current or long-term health of the Insured. The seriousness of the medical condition will be judged within the context of the Insured's geographical location, the nature of the medical emergency and the local availability of appropriate medical care or facilities.

**23. Physician**

A medical or dental physician registered and licensed as such in the geographical area of their practice and who is classified by the appropriate health authorities as qualified to practice within the scope of their license and professional training but excluding the Insured Person himself, or the spouse or linear relative of the Insured Person.

**24. Pre-Existing Medical Condition**

Any illness, injury, or medical condition of the Insured that has been diagnosed or treated by a Physician prior to the effective date or the (most recent) reinstatement date of the insurance contract; or any specific signs or symptoms that first appeared within 36 months prior to the effective or reinstatement date, which the Insured was aware of, regardless of whether medical consultation or treatment was sought.

**25. Prescribed Medications**

Medications which are prescribed and instructed under a Physician's prescription and in accordance with legal regulations, excluding functional foods, cosmeceuticals, cosmetics, minerals, supplements, and vitamins not listed in the Ministry of Health's treatment medicines list. However, the Insurance Company may consider reimbursement for vitamins, provided that:

- The vitamins are prescribed by the treating physician.
- Are used to support the treatment of illness, disease, injury.
- The prescription includes therapeutic medication.

## **26. Medical Expenses**

Medical expenses refer to necessary and reasonable costs incurred under a Physician's prescription for the treatment of illness, disease, accident, or maternity complications within the insurance coverage.

## **27. Special diseases**

Cancer and all kinds of tumor, high or low blood pressure, heart and blood vessel disease, chronic stomach ulcer or gastritis, chronic gastroenteritis, asthma, chronic polyarthritis, chronic hepatitis, endometritis, hemorrhoids, tuberculosis, stone in secretion system, cataract, sinusitis, diabetes, chronic inflame of bone joints, renal and urinary tract calculus.

## **28. Treatment / Medical Treatment**

Medical services or surgical (including diagnostic procedures) that are needed to diagnose, relieve or cure a disease, illness or injury.

Diagnostic imaging, laboratory tests, and functional assessments conducted during medical consultations for the purpose of screening or early detection shall not be covered under this policy.

However, MSIG will reimburse such medical expenses for the initial consultation of each distinct diagnosis.

## **29. Territorial Scope**

The Socialist Republic of Vietnam.

## **30. Insurance Policy**

An insurance agreement between MSIG and the Policyholder. The Insurance Policy comprises of The Proposal Form (if any), the Benefit Schedule (or Certificate of Insurance), Policy wording, any applicable Endorsements, the Insurance Card (if any), and other relevant documents.

## **31. Waiting Period**

A period during which insurance events will not be covered by the Insurer for certain specific insurance benefits. The waiting period applicable to any benefit shall be stated in the Policy / Certificate of Insurance corresponding to such benefit.

## **32. Group Policy**

A policy that covers for a group of Insured (at least three (3) individuals), who are covered under the same insurance benefits, with the Policyholder being a company, association, or other organization.

## **33. Surgical Operation**

A scientific method of treating injury or illness which are undertaken by legally licensed surgeons through manual operations using medical instruments or devices in a Hospital including the following surgical operations and/or procedures listed in the Endorsements enclosed hereto such as open surgery, laparoscopic surgery, laser surgery, minor surgical procedures using appropriate anesthesia or sedation for treatment purposes. The list of surgical operations/minor surgical procedures shall follow the current regulations of the Ministry of Health or the local authority.

There are two types of surgical operations:

- a. Inpatient Surgery: means surgery requiring the Insured to stay in the hospital for at least 24 consecutive hours.
- b. Day-patient Surgery: means surgery where the Insured is discharged within 24 hours.

#### **34. Pre-hospitalization Diagnostic Tests**

Diagnostic tests that are required by the physician and are necessary for hospital admission, conducted within 30 days prior to the date of admission.

#### **35. Maternity Care**

Medical treatment provided before, during, and after childbirth, including treatment for miscarriage or any complications arising during pregnancy, applicable to the Insured for both normal and complicated deliveries. This benefit is payable only for maternity cases where the actual date of delivery is at least twelve (12) months after the Insured's policy inception date, unless otherwise agreed and expressly stated in the Certificate of Insurance or the Insurance Policy.

Maternity coverage is applicable only to female Insureds aged between 18 and 45 years old.

#### **36. Loss Of Sight**

Total and irrecoverable loss of sight of one or two eyes.

#### **37. Loss of Limb**

Loss by complete and permanent physical severance of a hand at or above the wrist or of a foot at or above the ankle.

#### **38. Maximum Limit (Maximum Sum Insured)**

The total aggregate benefits payable to an Insured during the entire Insurance Period, as specified in the Certificate of Insurance or Policy.

#### **39. Acute**

A medical condition that, as assessed by the Physician, is of sudden onset, can potentially severe, and requires emergency treatment or care, excluding any Critical Health Condition.

#### **40. Serious Health Condition**

A critical health condition that, as assessed by the Physician, is life-threatening and requires emergency treatment to prevent death or serious impact on the current and long-term health condition of the Insured.

## **PART 2 – MAIN BENEFITS**

### **I. MEDICAL EXPENSE BENEFIT**

The benefits stated herein shall be payable to the Insured in the event of a Medical Condition, as defined in this Policy, arising from illness, disease, accident, or maternity complications during the Insurance Period.

Upon receipt of valid proof of claim, MSIG shall pay the eligible benefits under this Policy based on the applicable sub-limits and the maximum limit stated in the Certificate of Insurance. Covered medical expenses must be necessary, reasonable, and directly related to the treatment of the Insured's illness, disease, accident, or maternity complications, as prescribed by a Physician.

Benefits may be paid to the Insured, their legal representative, executor, or to licensed providers of medical treatment, care, and/or services rendered to the Insured, as agreed under the Insurance Policy. MSIG may also appoint a representative to administer claims on its behalf.

Below are the details of the main insurance benefits under this Policy. The benefit limits are specified in the Benefit Schedule.

No.	Medical Expense Benefit	
1	Territorial Scope	Vietnam
2	Yearly maximum limit per person	
3	Hospitalization charges, maximum 90 days / year <ul style="list-style-type: none"> <li>- MSIG shall pay for daily hospitalization charges, up to a maximum of 90 days per year, incurred due to illness, disease, or accident, including:               <ul style="list-style-type: none"> <li>• Room and board</li> <li>• Prescribed Medication</li> <li>• Physician fee</li> <li>• Clinical test</li> <li>• Other medical equipment</li> </ul> </li> </ul>	
4	Intensive care unit treatment, maximum 30 days/ year <ul style="list-style-type: none"> <li>- Treatment in an intensive care unit (ICU), high dependency unit (HDU), or coronary care unit (CCU) which provides constant monitoring to the Insured during hospitalization.</li> <li>- The maximum number of days covered under this benefit shall not exceed 30 days per year, as specified in the Insurance Policy.</li> </ul>	
5	Surgical charges. Per year limit <ul style="list-style-type: none"> <li>- MSIG shall pay for medical expenses related to an inpatient or day-patient surgery, as defined, including costs for surgical procedures, operating room, surgeon, anesthesia, and standard charges. Surgical charges shall be understood as inclusive of pre-surgical assessment and normal post-surgical care fees.</li> </ul>	
5.1	Day-patient surgical charges <ul style="list-style-type: none"> <li>- MSIG shall pay for medical expenses related to day-patient surgery, as defined, including costs for surgical procedures, operating room, surgeon, anesthesia, and standard charges. Surgical charges shall be understood as inclusive of pre-surgical assessment and normal post-surgical care fees.</li> </ul>	
5.2	Organ transplantation operation. Per lifetime limit <ul style="list-style-type: none"> <li>- MSIG shall pay for hospital charges for surgical transplant of heart, lung, liver, pancreas, kidney or bone marrow to an Insured performed in a hospital by a Physician duly qualified to perform such an operation.</li> <li>- The cost of acquisition of the organ and all costs incurred by the donor are not covered under this Policy.</li> </ul>	
6	Pre-hospitalization treatment (within 30 day prior to hospital admission. Per year limit <ul style="list-style-type: none"> <li>- MSIG pay for consultations, diagnostics, and necessary tests that are directly related to the illness or injury of the Insured, which immediately require inpatient treatment, and the findings of the diagnosis are the basis for the attending Physician to conclude that the hospitalization treatments are necessary.</li> <li>- Such consultations and diagnostics are performed within the number of days specified in the Certificate of Insurance prior to hospital admission.</li> </ul>	

Details of Benefits and Limits are specified in per Policy Schedule

7	<p>Post-hospitalization (within 30 day after hospital discharge. Per year limit</p> <ul style="list-style-type: none"> <li>- MSIG shall pay for the cost of post-hospitalization treatment as prescribed by the attending Physician for the illness or injury that required the Insured's hospitalization. This includes follow-up consultation fees, diagnostic tests, and medical device-based examinations, provided they are used or performed within 30 days from the date of discharge.</li> </ul>
8	<p>Emergency Accidental Out-patient Services (Annual limit for any procedure and treatment where the Insured Person is admitted as a Daycare patient)</p>
9	<p>Local ambulance</p> <ul style="list-style-type: none"> <li>- MSIG shall pay for reasonable and necessary expenses for ambulance transportation, as required, to transfer the Insured in an emergency condition as defined herein to the nearest hospital with adequate medical facilities within the Territorial Scope of the insurance program.</li> </ul>
10	<p>Daily allowance. Per day limit</p> <ul style="list-style-type: none"> <li>- MSIG shall pay the amount specified in the Benefit Schedule for each overnight in-patient treatment stay, up to the maximum number of days stated in the Certificate of Insurance.</li> </ul>
11	<p>Burial allowance</p> <ul style="list-style-type: none"> <li>- In the event of the Insured Person's death, upon request by the Insured Person's family, MSIG shall pay the amount specified in the Benefit Schedule under the Insurance Policy.</li> </ul>

## II. PERSONAL ACCIDENT BENEFITS

This optional benefit shall be payable in the event the Insured suffers death or permanent disability caused by an accident.

This benefit shall be payable in accordance with the Schedule of Disabilities outlined below:

<b>Insured event</b>	<b>Compensation amount (% SI)</b>
<i>1. Death</i>	100%
<p><i>2. Permanent Total Disablement:</i></p> <ul style="list-style-type: none"> <li>- The Insured Person suffers permanent and incurable loss of function due to:               <ul style="list-style-type: none"> <li>• Both arms (from the wrist upwards)</li> <li>• Both legs (from the ankle upwards)</li> <li>• One arm (from the wrist upwards) and one leg (from the ankle upwards)</li> <li>• Both eyes</li> <li>• One arm (from the wrist upwards) and one eye</li> <li>• One leg (from the ankle upwards) and one eye</li> </ul> </li> <li>- Permanent and incurable mental disorder</li> <li>- Total and permanent loss of hearing in both ears</li> <li>- Permanent loss of chewing function</li> <li>- Complete and irreversible blindness</li> <li>- Bodily impairment assessed at 81% or more</li> </ul>	100%
<i>3. Permanent Partial Disablement</i>	
- Permanent total loss of one limb	80%
- Permanent total loss of hearing in both ears	80%
- Permanent total loss of hearing in one ear	30%
- Permanent total loss of five fingers of one hand	50%
- Permanent total loss of the lens of one eye	50%
- Permanent total loss of sight of one eye	50%
- Permanent total loss of four fingers (excluding the thumb) of one hand	50%
- Third-degree burns and/or disfigurement covering more than 40% of the entire external body	50%
- Other permanent disabilities	The percentage shall be determined based on the certification issued by a medical authority or the Medical Assessment Council at the provincial or centrally governed city level, or by a legally authorized medical assessment organization approved by the insurance

	company or the branch of a foreign non-life insurance enterprise.
4. <i>Loss of Income</i>	<p>This benefit shall be payable in the event the Insured Person suffers Temporary Total Disablement, based on one of the following methods as agreed in the Insurance Policy:</p> <ul style="list-style-type: none"> <li>- If the Sum Insured is selected per day: the insured amount per day multiplied by the actual number of days of income loss.</li> <li>- If the Sum Insured is selected per month: the salary per day multiplied by the actual number of days of income loss.</li> </ul> <p>In all cases, the total compensation payable shall not exceed the limit specified in the Insurance Policy.</p>

- In the event of a permanent disability disablement not specifically listed in the above Schedule, MSIG shall determine the compensation rate at its sole discretion, based on consultation with qualified medical professionals.
- If a permanent disability disablement qualifies under multiple benefit categories, only the highest applicable benefit shall be paid. In particular, if compensation has already been paid for the total loss of a body part, no further benefit shall be payable for the partial loss of that same body part.
- An Insured who sustains bodily injury resulting in a permanent disability impairment of 81% or more shall be determined based on certification issued by a competent medical authority, such as a provincial or centrally governed Medical Assessment Council or another legally recognized medical assessment organization approved by the insurer or its representative office.
- Certification of total loss of a body part (such as a hand, foot, or eye) may be issued either immediately after the insured event occurs or upon completion of medical treatment.
- Certification of complete and irreversible loss of function of body parts, total blindness, or bodily injury resulting in a permanent disability rating of 81% or higher shall not be conducted earlier than 180 days from the date of the insured event or the date of diagnosis of the medical condition.

## PART 3 – OPTIONAL BENEFITS

The following benefits only apply to this Policy when specifically mentioned in the Certificate of Insurance or the Insurance contract.

### I. OUT-PATIENT TREATMENT

MSIG shall pay Insured for out-patient treatment expenses arising from Bodily Injury, Accidental illness and disease including:

- Medical consultation fees
- Prescribed medications cost
- Diagnostic, laboratory, and treatment expenses as prescribed by a Physician;
- Medical devices necessary for treating fractures or injuries (including but not limited to bandages and splints) as prescribed by a Physician;
- Treatment using recognized therapeutic methods;

### II. DENTAL CARE TREATMENT

*(Applicable only if Out-patient Treatment benefit is selected)*

MSIG shall pay Insured for medical expenses in respect of the following dental care and treatment up to the limit mentioned in the Policy:

- a. Dental care and treatment** (subject to 20% co-insurance)
  - Check-up and diagnosis
  - Tooth cleaning
  - Normal fillings (amalgam or composite)
  - Removal of decayed teeth
  - Removal of impacted, buried or un-erupted teeth
  - Removal of roots
  - Removal of solid adontomes
  - Apicetomy
  - Root canal treatment
  - Gingivitis, pyorrhoea
- b. Dentures** (subject to 50% co-insurance)
  - New or repair of bridge work, porcelain crowns, dentures

### III. MATERNITY CARE

*(Applicable only to the Insured who is female from 18 to 45 years old)*

This benefit is payable only after a 12-month waiting period from the effective date of coverage, unless otherwise agreed and expressly stated in the Certificate of Insurance, Summary of Benefits and Terms, or the Policy.

#### a. Complication of Pregnancy and Childbirth

MSIG shall pay expenses for a medical condition which arises during the antenatal stages of pregnancy, or a medical condition which arises during childbirth and requires a recognized obstetric procedure. Cover is

provided for caesarean sections required on medical grounds and does not include voluntary caesarean sections (or medically required due to a previous elective caesarean section). Complication of Pregnancy and Childbirth including but not limited to the followings:

- Miscarriage or intrauterine fetal death
- Stillbirth abnormal cell growth in the womb
- Foetus growing outside the womb (ectopic pregnancy)
- Massive bleeding in the hours and days immediately after childbirth (post-partum haemorrhage)
- Afterbirth left in the womb after delivery of the baby (retained placental membrane)
- Therapeutic abortion
- Complications resultong from any of the above conditions.

**b. Pregnancy and Normal Childbirth**

MSIG shall pay for medically cost arising from normal pregnancy and childbirth, including but not limited to the hospital charges, specialist fee, the mother's immediate pre and postnatal care in hospital, postnatal suture.

**IV. DEATH, PERMANENT TOTAL DISABILITY DUE TO ILLNESS, DISEASE OR MATERNITY**

This optional benefit provides coverage in the event that the Insured suffers death or total permanent disability caused by illness, disease, or maternity conditions occurring during the insurance period, except for exclusions specifically stated in this Policy.

This Benefit is not applied to the Insured from 65 years old or above.

## PART 4 – EXCLUSIONS

The following treatment, items, condition activities and their related or consequential expenses are excluded from the policy and the Company shall not be liable for:

1. Any expenses in excess of medically necessary, customary and reasonable expenses.
2. Pre-existing Conditions as defined. This exclusion shall not be applicable to the following cases:
  - 2.1 The Pre-existing Conditions have been declared to and accepted by MSIG in writing
  - 2.2. The Insured has participated in this insurance program in 12 consecutive months or as otherwise agreed and stated in the Certificate of Insurance, Summary of Benefits, or Insurance Contract.
3. Special Diseases as defined. This exclusion shall not be applicable to the following cases:
  - 3.1 The Special Diseases have been declared to and accepted by MSIG in writing
  - 3.2 The Insured has participated in this insurance program in 12 consecutive months or as otherwise agreed and stated in the Certificate of Insurance, Summary of Benefits, or Insurance Contract.

In all cases, Medical Expenses for such Special Diseases will only be covered up to 50% of the maximum policy limit.
4. Services or treatment in any home, spa, hydro clinic, sanatorium, nursing home or long term care facility that is not a Hospital as defined
5. Treatment received in countries other than those specified in the Territorial Scope of the plan.
6. No benefit shall be paid for treatment for diseases other than those specified on the Certificate of Insurance/Summary of Insurance Conditions/Insurance Contract.
7. Routine medical examinations or check-ups, routine eye or ear examinations, vaccinations, medical certificates, examination for employment or travel, spectacles, contact lenses and hearing aids.
8. Prostheses, corrective devices and medical appliances which are not surgically required.
9. General Outpatient services, excluding Emergency Accidental Outpatient services. This exclusion shall not apply if the Insured has opted for the 'Outpatient Treatment' benefit.
10. Cosmetic or plastic surgery unless it is re-constructive surgery necessitated by an accidental injury that occurred during the period of insurance stated on the certificate or any subsequent period for which the policy is renewed.
11. All dental treatment or oral surgery
12. Pregnancy or its complications thereof, childbirth, miscarriage, pre-natal or post-natal care unless accepted by the Company in writing and birth control. Birth defects, congenital illness or hereditary conditions.
13. Any treatment or test in connection with sexually transmitted diseases, Acquired Immune Deficiency Syndrome (AIDS), any AIDS-related Complex Syndrome (ARCS) and any other Human Immunodeficiency Virus (HIV) related conditions or diseases.
14. Treatment of all mental illnesses and psychiatric disorders.
15. Self-inflicted injury, attempted suicide whilst sane or insane.
16. Participation in or training for any dangerous or hazardous sport, pastime or competition or riding or driving in any form of race or competition, any underwater activities, naval, military or air force service operations.

17. Aviation other than as a fare-paying passenger on a legally recognised airline or charter air service.
18. War (declared or not), riots, invasion, act of foreign enemies, hostilities or warlike operations, civil war, mutiny, civil commotion assuming the proportions of or amounting to a popular uprising, military uprising, insurrection, rebellion, military or usurped power or any act of any person acting on or on behalf of or in connection with any organisation actively directed towards the overthrow or to the influencing of any government or ruling body by force, terrorism or violence.
19. Injuries caused by nuclear fission, nuclear fusion or radioactive contamination.
20. Any breach of the law by the insured person or an assault provoked by him, unless such actions are performed for the purpose of saving other person's lives and property or self-defense.  
With regard to the Personal Accident cover, only 50% of insurance benefit will be paid for Claims arising from riding motorcycle without helmet.
21. Treatment that is not recognised or experimental in nature.
22. Any amount which is claimable under the Workmen's Compensation Insurance and/or Social Security Organizations and/or other sources. Only charges which are in excess of the Workmen's Compensation and/or Social Security organisation and/or other sources will be paid, or that calculated from the Benefits & Schedule of this Policy whichever is less.
23. Treatment for alcoholism or drug abuse and any injury or sickness which is caused directly or indirectly by the effects of intoxicating liquors or drugs.
24. With regard to the Personal Accident cover only, no benefit will be paid for Claims arising from bodily injuries caused by any illness or disease and/or arising from the taking of poison or inhalation of toxic gases.



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## **PART 5 – GENERAL PROVISIONS**

### **1. Eligibility requirements**

The Insured shall be any Vietnamese citizen or a foreigner legally residing in the territory of Viet Nam, from 12 months old to not older than 65 years old and must not suffer from any mental illness or permanent disability of 50% or more. The Insured shall not remain outside the territory of Vietnam for more than one hundred and eighty (180) consecutive days during any single Policy Period.

Any other specific eligibility requirements must be approved in writing by MSIG and must be expressly stated in the Certificate of Insurance/Summary of Insurance Conditions/Policy.

### **2. Validity and renewal**

The Insurance contract consists of the Application Form (if any), Health Report at entry (if any), Policy Schedule or Certificate of Insurance and this policy wording and endorsements (if any), which are all read as a united document.

Insurance shall be valid from the date specified on the Insurance Contract or Certificate of Insurance, provided that the premium has been paid by the Insured. If payment is not made before the date of inception, the insurance will not be in force. All payments must be paid on or before the effective date (or within the agreed premium payment period in accordance with applicable laws).

Upon expiry of the Policy Period, based on the Insured's claims history, MSIG reserves the right to decline renewal or to adjust the terms, sub-limits, or benefits under the Insurance Contract.

Unless otherwise agreed and specified in the Certificate of Insurance/Insurance Benefits/Insurance Contract shall become payable only after the following waiting periods, calculated from the effective date of coverage as stated in the Certificate of Insurance:

- 30 days for common illnesses, diseases and acute conditions;
- 60 days for miscarriage, medically indicated abortion, and treatment of maternity complications as specified Maternity Care benefit;
- 365 days for childbirth;
- 365 days for special diseases, chronic conditions, and pre-existing conditions.

No waiting period shall be applied to insured events arising from Accidents.

### **3. Cancellation contract and refund premium**

3.1 The Insurance Contract shall terminate on the first expiry date following the Insured's 65th birthday.

3.2 In the event that either party wishes to cancel the Insurance Contract, written notice must be provided to the other party at least fifteen (15) days prior to the intended cancellation date.

- If the Insured no longer participate in this insurance through the Company/organization named in the Insurance Contract, and the authorized representative requests terminate insurance for that Insured, MSIG shall refund the premium on a proportional basis corresponding to the remaining days of the Policy Period, provided that no claims have been made by the Insured during the effective period of the Insurance Contract.



- If the Insured or the Insured's representative makes any fraudulent or dishonest claim, or engages in any deceptive conduct or scheme to obtain insurance benefits, the Insurance Contract shall be subject to the provisions of applicable laws.
- The Policy shall be deemed void in the following cases:
  - The Policyholder does not have an insurable interest at the time of finalizing insurance contract inception;
  - The Insured subject matter does not exist at the time of finalizing insurance contract contract inception;
  - The Policyholder is aware that the insured event has already occurred at the time of finalizing insurance contract contract inception;
  - Either the Policyholder or MSIG commits fraud during the finalization formation of the insurance contract;
  - Other cases as prescribed by law.

#### **4. Medical examination**

The Company shall have the right and the opportunity through his medical representative to examine any Insured Person whenever and as often as may be reasonably required within the duration of any claim. In addition, the Company shall have the right to require an autopsy in the case of death, where this is not forbidden by law or religious beliefs.

#### **5. Short term period premium**

The short term period premiums of the Company are:

For period not exceeding 1 week:	1/8 of annual premium
For period not exceeding 1 month:	1/4 of annual premium
For period not exceeding 2 months:	3/8 of annual premium
For period not exceeding 3 months:	1/2 of annual premium
For period not exceeding 4 months:	5/8 of annual premium
For period not exceeding 6 months:	3/4 of annual premium
For period not exceeding 8 months:	7/8 of annual premium
For period exceeding 8 months:	100% annual premium

#### **6. Notice of trust or assignment**

The Company shall not be bound to accept or be affected by any notice of any trust, charge, lien, assignment or other dealing with or related to this Policy.

#### **7. Personal accident benefits**

Benefits shall not be payable for more than one of the Insured Events under Benefits 1 to 3 in respect of the same injury. The Benefit 4 shall be paid independently of the said insured events in respect of the same injury. After the occurrence of any of the Insured Events under Benefits 2 to 3 occurs, all cover with respect to that Insured Person under the Medical Expenses Benefit shall cease.

Personal accident cover will not be offered on a stand-alone basis. The Insured person must also purchase the Medical Expenses Benefit.

## **8. Policy Occurrence Limit**

In respect of following cases, Company's maximum aggregate liability shall not exceed the Policy Occurrence Limit VND 125,000,000,000 or the aggregate of the amount of Compensation payable in respect of such Insured Persons whichever is the less;

- a. All Insured travelling in one aircraft or surface transport vehicle or vessel. If the aggregate amount of all claims to Insured travelling in one conveyance exceeds the Policy Occurrence Limit, the Company's liability in respect of each of such Insured will be a rateable proportion of the Benefits due in respect of that person.
- b. All claims under the policy arising out of an infectious disease occurrence. An occurrence for the purpose of infectious disease shall be defined as all losses arising out of the same infectious disease or related infectious diseases (which shall include, without limitation, a disease which arises from another disease by a mutation or re-assortment event); provided further that infectious diseases being defined as notifiable or quarantinable diseases as stipulated by World Health Organization (WHO) or Health Authority in Vietnam or Government of Vietnam where the losses manifest themselves.

## **9. Other insurance**

If the Insured is entitled to receive reimbursement for medical expenses under any other insurance program for the same Injury, Illness, Disease or Maternity covered under this Policy, MSIG shall only be liable to pay benefits up to its proportionate share of responsibility.

## **10. Proof of claim**

For all claims, the Insured or Beneficiary must submit the following original documents in English or Vietnamese to MSIG within one (01) year from Insured event happening or sixty (60) days from the date of hospital discharge, treatment finish or death:

- a. Claim Form (according to MSIG form)
- b. Report of accident with confirmation of the workplace manager or the local authority or the police at the place of accident (in case of serious accident).
- c. Documents related to medical treatment and expenses: medical prescriptions, diagnosis notes, hospital discharge notes, treatment records, test results, surgical certificate (in case of surgical operation) and other documents related to the medical treatment. Payment documents such as invoice, bills or receipts should follow approved form of the Ministry of Finance
- d. Death Certificate and the legal confirmation of the beneficiary or beneficiaries (in case Insured died).
- e. If the Physician needs to refer the Insured to a Specialist, Referral Letter by the Physician shall be required.

Time bound: within 15 working days from the date of receiving full original and valid documents, MSIG shall have responsibility in confirming Claim Settlement Notice to the Insured, his/her beneficiary or legal representative.

## **11. Additional/Removal of Insured**

MSIG shall accept the addition of eligible individuals to the group insurance contract if requested by the Policyholder, provided that the applicable premium is paid on a proportional basis, calculated according to the number of days covered versus the total duration of the main contract. Such payment must be made on or before the effective date of coverage for the added individuals (or within the agreed premium payment period in accordance with applicable laws).

## **12. Claim Settlement and Legal Procedures**

The Company shall process any claim within 15 days from the date it receives all required supporting documents for the claim.

Any dispute regarding medical assessment related to the treatment of an accident, illness, or the percentage of disability not clearly defined shall be referred to the Medical Assessment Council.

After two years from the date of the incident, the Company shall no longer be legally bound in connection with that incident.

The parties hereby agree that the laws of the Socialist Republic of Vietnam shall govern and apply to any dispute or controversy arising between the parties in connection with this Contract, and such disputes shall be submitted to the competent courts of the Socialist Republic of Vietnam for resolution.

## **13. Obligations of the Insured**

The Insured must notify the Company as soon as possible and no later than thirty (30) days of the following:

- a. Any changes in address, occupation, or employment status
- b. Any injury, illness, disability, or physical condition suffered by the Insured
- c. Any other insurance contract purchased by the Insured covering accident or disability

Failure to notify the Company may result in the Company, at its sole discretion, rejecting any claim or adjusting the amount of compensation payable, if such changes materially affect the insurability of the Insured.

## **14. Policy Occurrence Limit**

All compensation payable under this Insurance Contract shall be made in Vietnamese Dong (VND), using the exchange rate applicable in accordance with current legal regulations.



## **PART 6 – ENDORSEMENTS**

*(Attached to and forming an integral part of the Insurance Terms and Conditions/Policy)*

Any endorsements (if any) shall only be valid if expressly stated in the Certificate of Insurance or the Policy.