MSIG Insurance (Vietnam) Company Limited.
Head Office: 10th Floor, Corner Stone Building, No. 16 Phan Chu Trinh Street,
Cua Nam Ward, Hanoi, Vietnam
Tel +84 4 24 3936 9188 ~ 3936 9200
msig.com.vn

NEW GOLDEN
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. Policyholder / Buyer of Insurance

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.

3. 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.

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 inception date to the expiry date of the insurance contract 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. Acute

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

10. 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.

11. Bodily Injury

An injury which is caused solely by an accident during the Insurance Period which results in the Insured's loss of body part, loss of legal capacity, disability or other physical harm.

12. 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 performing any kind of employment, and that is beyond reasonable hope of improvement.

13. Chronic

A medical condition that, as assessed by the Physician, is characterized by at least two of the followings:
- Lasting more than three months, cannot be completely cured by medication or vaccines, and does not reheal on its own.
- Possibility to leave sequela.
- Requires long-term treatment and care.

14. Co-Insurance

An amount that the Insurer, the Insured jointly pay 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 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-insurance shall be specified in detail in the Insurance contract.

15. Congenital Anomaly (Birth Defect)

A prenatal disease exists and is related to genetic deformities and disorder.

16. 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.

17. Dependants

A husband/wife (excluding those divorced) and/or children, including illegitimate children, stepchildren, and legally adopted children who are dependants on the Insured for support, provided always that such children are not less than fifteen (15) days old and not older than eighteen (18) years old (or twenty four (24) years old but still in continuous full-time education and not yet married).
All dependents must be named as Insureds in the Insurance contract.

18. 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.

19. Group Policy

A Policy that covers a group of Insured (at least three (3) individuals) under the same insurance benefits. The Policyholder shall be a company, association, or other organization.

20. 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.

21. Medical Establishment

A legally recognized medical examination and treatment establishment which is licensed by the State/Government 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.

22. Hospitalization

Under this Policy, In-patient treatments & Day-patient treatments are both understood as Hospitalization. The Hospital Admission Form or Hospital Discharge Form is a necessary evidence for this kind of treatment. In case the hospital customarily does not provide these forms, a medical report clearly states the admission time and discharge time is still accepted. A hospitalization day unit is calculated as the discharge date minus the admission date or based on bed unit, whichever is lesser.

23. Illness, Disease

An abnormal medical condition or functional deformities of one or more body's organ(s) shown by symptoms or syndromes.

24. 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 for treatment for at least 24 consecutive hours.

25. 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.

26. Maximum Limit (Maximum Sum Insured)

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

27. Medical Condition

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

28. 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.

29. Physician

A legally licensed medical practitioner recognized by the law of the country where treatment is provided and who, in rendering such treatment, is practicing within the scope of his licensing and training but excluding a Physician who is the Insured himself, or the spouse or children of the Insured.

30. 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.

31. 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.

32. Serious Medical Condition (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.

33. Special Diseases

Under this Policy, the following diseases are understood as special diseases:

a. Cancer
b. Diseases of heart, lung, liver, pancreas, kidney and bone marrow
c. Diseases related to hematopoietic (blood forming) system
d. Growth hormone deficiency
e. Diabetes
f. Parkinson disease

Details of special diseases shall be specified in the Appendix on Special Diseases (if applicable).

34. Detailed Limits (Sub-limits)

The maximum benefits under the Policy per each Insured event as listed in the Benefit Schedule. All payable amounts after application of all sub-limits can not exceed the Maximum Limit.

A Member of MS&AD INSURANCE GROUP

35. Treatment / Medical Treatment

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

36. Territorial Scope

Area for each plan as defined in the Benefit Schedule, where the Insured can be evacuated to in the event of medical emergency and necessary treatment is unavailable locally also where the medical customary and necessary expenses incurred by the Insured may be considered payable under this Policy.
Territorial Scope referred to in this Policy shall not depend on diplomatic regulations.

37. Insurance Policy/ Policy/ Insurance contract

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.

38. Professional sport activities

Refers to types of sports that generate the primary and regular source of income for the Insured.

39. Newborn Care

Medical expenses required for newborn (baby less than 3 months of age) care related to any symptom which appears during childbirth or within 30 days after childbirth.

40. 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 beneft.

A Member of MS&AD INSURANCE GROUP

PART 2 – INSURANCE BENEFITS

I. MAIN BENEFITS

This Policy will cover for Medical Expenses and Emergency Medical Transportation Expenses incurred due to accident, disease, illness, maternity complications during the Insurance Period.

The Benefits mentioned in the Policy are provided to the Insured following a Medical condition as defined herein during the Insurance Period.

Upon receipt of Proof of Claim, MSIG will pay the Benefits incurred under the Policy based on the Policy's sub-limits up to the Maximum Limit shown in the Certificate of Insurance. The payable expenses under Benefits are limited to the actual, customary, necessary, and reasonable expenses.

The legal representative of the Insured shall have the right to act for the Insured who is incapacitated or deceased. Benefits are payable to the Insured, his legal representative or executor or to the licensed providers of the Insured medical treatments and/or care and/or services to the Insured. MSIG may appoint independent claim administrators to settle claims on its behalf.

If the Insured is treated in the hospitals which already have a direct billing agreement with MSIG (or its authorized party), all medical expenses entitled to insurance cover will be paid directly to the hospital by MSIG.

If the Insured is treated in hospitals which have not a direct billing agreement with MSIG, the Insured should settle any incurred expenses on leaving the hospital.

Hereunder is explanation for major benefits in the Benefit Schedule. The details of Sum Insured for each benefit in different plan are stipulated in Benefit Schedule.

1. Hospital Room and Board

MSIG shall cover standard room charges during in-patient and day-patient treatment, including standard meals provided by the hospital. Non-medical expenses such as telephone, newspapers, guest services, cosmetics, etc., are not covered.
MSIG shall not pay this Benefit if the treatment would normally be provided as out-patient treatment according to medical practice.

2. Intensive Care Unit

Treatment in an intensive care unit (ICU), high dependency unit (HDU), or coronary care unit (CCU) which gives constant monitoring to the Insured during period of hospitalization.

3. Hospital Miscellaneous Expenses

If the Insured is hospitalized, MSIG shall pay for medical services and pharmaceuticals prescribed by a Physician or provided by a legal medical establishment, including but not limited to:

a) Prescribed medications during hospitalization
b) Ordinary splints and plaster casts;
c) Laboratory examinations;
d) Electrocardiograms;

A Member of MS&AD INSURANCE GROUP

e) Physical therapy
f) X-ray therapy, radium therapy, radium and isotopes;
g) Intravenous infusions;
h) Other expenses that MSIG agrees to pay.

For laboratory test or diagnostic test such as X-rays, MRI, CT and PET scans: it must be recommended by your attending Physician to help determine or assess your condition and carried out in a hospital as part of hospitalization treatment.

4. Pre-hospitalization Treatment

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 is necessary. Such consultations and diagnostics are performed within 30 days prior to the hospital admission.

5. Post-hospitalization Treatment and Home Nursing

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 the cost of prescribed medications provided during the most recent follow-up visit, provided they are used or performed within 90 days from the date of discharge.

MSIG shall pay for the cost of medical care services provided by a legally licensed nurse to the Insured immediately after discharge, at the Insured Person's residence, as prescribed by the attending Physician for medically necessary reasons. The duration of such care is subject to the maximum number of days specified in the Benefit Schedule.

6. Surgical Operation

MSIG shall pay for medical expenses related to an inpatient or day surgery, as defined, including costs for surgical procedures, operating room, surgeon, anesthesia, and standard charges for pre-surgical assessment and normal post-surgical care fees.

7. Organ Transplantation

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.

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

8. Emergency Treatment

MSIG shall pay for charges for services provided for Serious Medical Condition as defined above and performed in a consulting room or emergency room of a Hospital or legally Medical Establishment, immediately following the occurrence of an accident or acute illness.

9. Emergency Accidental Dental Treatment

If an Insured who sustains injury by an Accident giving rise to emergency dental treatment to wholly sound

natural teeth at any hospital within twenty-four (24) hours from the time of Accident, a benefit equal to the necessary and reasonable charges made by the hospital for such treatment shall be payable by MSIG subject to the maximum amount payable under the Benefit Schedule.

A sound natural tooth does not mean denture, has no decay, no filling on more than two surfaces, no gum disease associated with bone loss, no root canal therapy.

This cover does not apply for dental implants, crowns or dentures.

10. Emergency Maternity Treatment Due to Accident

If the Insured suffers an accident resulting in injury to the mother or fetus requiring emergency treatment, MSIG shall pay for the actual, reasonable, and necessary expenses for such treatment, up to the sub-limit specified in the Benefit Schedule.

However, this benefit excludes all expenses related to childbirth and any costs not directly associated with treating the consequences of the accident (e.g., prenatal care).

11. Emergency Medical Evacuation and Repatriation

The assistance company appointed by MSIG shall arrange emergency transportation and necessary medical care during transit by any means, including communication and customary auxiliary services, to transfer the Insured in an emergency condition, as defined, to the nearest hospital with adequate medical facilities within the territorial scope of the selected insurance plan. MSIG shall cover the necessary expenses related to such emergency evacuation, including the transportation cost for one accompanying person. If applicable, airfare is limited to a round-trip economy class ticket.

The assistance company reserves the right to determine whether the severity of the Insured's condition warrants emergency evacuation. It also has the authority to decide the destination and method of transportation based on the actual circumstances known at the time.

MSIG shall also cover necessary and unavoidable expenses incurred for the repatriation of the Insured within the geographical scope of the selected plan. Medical expenses for subsequent inpatient treatment at a location inside or outside Vietnam shall be covered under the Hospital Miscellaneous Expenses section of the policy.

MSIG reserves the right to determine the means and method of repatriation based on all factors and circumstances known at the time.

MSIG shall pay for all reasonable and unavoidable expenses incurred for the transportation of the Insured's remains from the place of death to their residence in Vietnam or their home country, within the territorial scope of the selected plan, or for burial at the place of death as requested by the Insured's family and approved by MSIG.

12. Acute Mental Disorder

MSIG shall pay for medical expenses for in-patient treatment at a hospital with psychiatric care facilities for cases where the Insured is diagnosed with an acute psychiatric disorder by a Physician. All treatment must be supervised by a licensed psychiatrist.

This benefit is not included under Plan 1.

13. Daily Allowance Benefit

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.

II. OPTIONAL BENEFITS

The following optional benefits are only covered if specified in the Certificate of Insurance.

1. OUT-PATIENT TREATMENT

MSIG shall pay the Insured for outpatient treatment expenses incurred due to illness, disease, or accident, including:

- Medical consultation fees
- Prescription medication costs
- 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
- Other expenses that MSIG agrees to pay

2. DENTAL CARE

(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 of VND 25,000,000/person/year:

Dental care and treatment (subject to 20% co-insurance)

- Dental examination and diagnosis
- Scaling
- Tooth fillings using standard materials (amalgam or composite, or other methods with equivalent expenses)
- Extraction of decayed teeth
- Extraction of impacted teeth, teeth covered by gums, or unerupted teeth
- Extraction of tooth root
- Subgingival scaling (deep cleaning below the gumline)
- Apicoectomy (root-end surgery)
- Root canal treatment
- Treatment of gingivitis and periodontitis

Prosthodontics (Subject to 50% co-insurance)

- New or repaired dental bridges, crowns, and dentures

3. 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 for medical expenses arising from complications during pregnancy or childbirth that require obstetric procedures. Cesarean section is covered only if deemed medically necessary by a Physician, and not for elective procedures or repeat elective surgeries. Covered complications include:

- Miscarriage or intrauterine fetal death
- Hydatidiform mole
- Ectopic pregnancy (Eccentric Gestational Sac)
- Post-partum hemorrhage
- Retained placenta after delivery
- Therapeutic abortion
- Complications resulting from any of the above conditions

b. Pregnancy and Normal Delivery

MSIG will pay for medical expenses incurred during pregnancy and normal delivery, including: antenatal check-ups, labor and delivery assistance, general hospital fees, specialist Physician fees, pre and postnatal care for the mother at the hospital, aesthetic suturing of the episiotomy incision.

c. Newborn Care

MSIG will pay for medical expenses for the care of newborns under 3 months of age, within the benefit limits specified in the Benefit Schedule.

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

a. Scope of Coverage

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.

b. Validity of Insurance

This benefit shall come into effect after the waiting period of 30 days since the date the premium is paid (except otherwise agreed by MSIG).

This Benefit is not applied to the Insured from 70 year old or above.

c. Benefit Payment

MSIG will pay total Sum Insured stated in Insurance Certificate or Policy in case of Death or Total Permanent Disability caused by illness, disease or maternity occurring within the insurance period.

5. PERSONAL ACCIDENT

a. Scope of Coverage

This optional benefit shall be payable in the event that the Insured suffers death or permanent disability as a result of an accident.

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

Insured Event	Compensation (% of Sum Insured)
Death	100%
Total permanent disability: The Insured shall be deemed to have sustained Total Permanent Disability if they suffer from: - The complete and irreversible loss of use of: • Both arms (from the wrist upwards) • Both legs (from the ankle upwards) • One arm (from the wrist upwards) and one leg (from the ankle upwards) • Both eyes • One arm (from the wrist upwards) and one eye • One leg (from the ankle upwards) and one eye - Irrecoverable and complete mental disorder - Total and permanent deafness in both ears - Loss of chewing function - Complete and permanent blindness - Bodily injury resulting in a permanent disability rating of 81% or higher.	100%
Partial permanent disability: - Total and permanent deafness in one ear - Total loss of speech (aphasia) - Total and permanent loss of sight in one eye Loss due to amputation or total and permanent loss of use of: - One arm at the shoulder - One leg at the hip - Both phalanges of the big toe - One phalanx of the big toe - Any other toe - Both phalanges of the thumb - One phalanx of the thumb - Index finger	 20% 50% 50% 50% 50% 10% 03% 02% 25% 10% 15%

A Member of MS&AD INSURANCE GROUP

- Middle finger - Ring finger or middle finger - Surgical removal of the lower jaw - Partial loss of a finger	10% 08% 25% The amount payable for the loss of a finger joint shall be one-third (1/3) of the compensation rate specified above for the corresponding finger.
Permanent Partial Disability of a Limb Not Specified in This Schedule	For other actual cases listed above, the amount payable shall be determined based on the severity of the disablement.

- The benefit shall be payable in the event that the Insured suffers death or permanent disablement due to an accident, provided that such death or disablement occurs within 24 months from the date of the accident and the cause of the accident arises within the insurance period. The benefit shall be paid in accordance with the Policy in effect at the time of the accident.
- In the event of a permanent disability 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 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 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.

b. Additional exclusions

MSIG shall not pay benefits in the following cases:

b1. When the Insured engages in any of the following hazardous activities:

- Aqualung diving
- Boxing.
- Climbing (with ropes).
- Hang gliding
- Yachting beyond 5 kilometers of a coastline
- Hurling
- Ice hockey

A Member of MS&AD INSURANCE GROUP

- Parachuting
- Any form of racing
- Skydiving

b2. Accidents as consequence of earthquake, volcano, tsunami, cyclone

A Member of MS&AD INSURANCE GROUP

PART 3 - GENERAL EXCLUSIONS

(Applicable to both main benefits and optional benefits)

The following treatment, items, conditions, activities and their related or consequential expenses are excluded from this Policy and MSIG shall not be liable for:

1. Pre-existing Medical Conditions as defined. This exclusion shall not be applicable to the following cases:

   (1.1) The pre-existing diseases have been declared to and accepted by MSIG in writing.
   (1.2) The Insured has been continuously covered under this insurance program for 12 months, unless otherwise agreed and expressly stated in the Certificate of Insurance, Summary of Benefits and Terms, or the Policy.
   (1.3) Group policy with 50 or more insured that have been accepted in writing by MSIG.

2. Special diseases as defined, regardless of whether the pre-existing condition exclusion applies. This exclusion shall not apply in the following cases:

   (2.1) The Special diseases have been declared to and accepted by MSIG in writing.
   (2.2) The Insured has been continuously covered under this insurance program for 12 months, unless otherwise agreed and expressly stated in the Certificate of Insurance, Summary of Benefits and Terms, or the Policy.
   (2.3) Group policy with 50 or more insured that have been accepted in writing by MSIG.

3. Home check-up or treatment services (except for nursing care as specified in the Benefit Schedule), or treatment at hydrotherapy centers, natural therapy clinics, spas, or nursing homes.

4. Health screenings and check-ups, including but not limited to general health checks, gynecological exams, vaccinations and immunizations (except for rabies vaccine due to accident), routine eye and hearing tests, all natural refractive errors (including but not limited to myopia, hyperopia, astigmatism), and any corrective treatment or surgery for natural degenerative visual or auditory conditions, as well as medical examinations for travel or employment purposes.

5. All dental treatment except for emergency treatment following an accidental damage to natural teeth. Artificial teeth or denture of any type. This exclusion is not applied if optional benefit “Dental Care” is applicable.

6. Any type of treatment for Beauty purpose, cosmetic or plastic surgery unless it is re-constructive surgery necessitated by an accidental injury that occurred during the insurance period as stated on the Policy.

7. Treatment for sleep related breathing disorders (including snoring), fatigue, or stress.

8. Tests or treatment arising from or required in connection with: birth control, any abortion performed due to psychological or social reasons, contraception, sexual dysfunction, infertiflity treatment, sterilization, artificial insemination, treatment of impotence or sex change or any consequences or complications arising from such treatments.

9. Birth defects, Congenital Anomalies, genetic deformities or diseases, Hereditary Medical Conditions with symptoms present at birth.

10. Costs related to pregnancy and childbirth of any type, except complication of pregnancy caused by accidents. This exclusion is not applied if optional benefit "Maternity Care" is applicable.

11. Costs of providing, maintaining or fitting any external prostheses or appliances, corrective devices, hearing and/or visual aids, crutches, wheelchairs or other equipments.

12. Treatment of all mental illnesses and psychiatric disorders. However, MSIG shall pay for medical expenses for the first examination if the Insured takes Out-patient treatment benefit and for in-patient acute treatment cases if the Insured takes Plan 2, Plan 3 and Plan 4 programs

13. Chronic supportive Treatment of renal failure, including dialysis. MSIG will, however, pay for the cost of renal dialysis incurred immediately pre and post operation in connection with Acute secondary failure when dialysis is part of intensive care.

14. Treatment or examination of conditions related to Acquired Immune Deficiency Syndrome (AIDS), AIDS-related complex (ARC), venereal diseases, sexually transmitted diseases (STDs), and any related conditions.

15. Intentional acts committed by the Insured or the beneficiary of the insurance benefit.

16. The Insured engages in any of the following:

    - The insured is not eligible to operate a motor vehicle, including operating a vehicle without a valid driver's license (where required by law).
    - Participating in any form of racing (legal or illegal).
    - Driving into restricted or prohibited areas, or overtaking in no-overtaking zones.
    - Driving against the direction of one-way or two-ways roads with solid divider.
    - Running red lights or disobeying traffic control signals.
    - Driving at night without proper lighting; exceeding the legal speed limit.
    - Not wearing a helmet (for motorcyclists); not wearing a seatbelt (for car drivers); using a phone while operating a vehicle.
    - Operating a vehicle under the influence of alcohol (exceeding the permissible level as prescribed by the Vietnam Ministry of Health), drugs, or other intoxicating substances.
    - Any incident arising from a violation of criminal law

    (*) Note:
    MSIG does not exclude accidents caused by lack of attention or failure to maintain a safe distance from the vehicle ahead, unless there is evidence of intentional misconduct or gross negligence as determined by the authorities.

17. The Insured is undergoing treatment for alcohol·or drug addiction, or any injury or illness arising directly or indirectly from the use, abuse, or addiction to any substance.

18. The Insured engages in fighting (unless proven to be in self-defense), participates in professional sports competitions or training, or any form of professional racing.

19. The Insured participates in aviation activities, except as a fare-paying passenger on a licensed commercial aircraft, or takes part in military training exercises or combat operations with armed forces.

20. Medical expenses arising from or required as a consequence of war, riots, invasion, hostile acts or warlike operations by hostile forces (whether declared or not), strike, civil war, rebellion, insurrection, terrorism, coup d'état, riot, civil commotion, insurgency, military actions or any act of any person acting on or on behalf of or in connection with any organization aiming to overthrow, threaten or control the government by force, terrorism or violence.
21. Medical expenses arising directly or indirectly from chemical or radioactive contamination by from any nuclear fission or from the combustion of nuclear fuel, asbestosis, or any related conditions.
22. Treatment or use of medication not prescribed by a licensed Physician, unrecognized or experimental treatments.
23. Outpatient services, except for emergency outpatient treatment due to an accident. This exclusion shall not apply if the Insured Person is covered under the optional “Outpatient Treatment” benefit.
24. Treatment received outside the territorial scope of the insurance program as specified in the Insurance Policy.

A Member of MS&AD INSURANCE GROUP

PART 4 - GENERAL CONDITIONS

1. Eligibility requirements

The Insured shall be any Vietnamese citizen or a foreigner legally residing in the territory of Viet Nam, not older than 72 years of age, and must not suffer from any mental illness or permanent disability of 81% or more.

Children are eligible for insurance from 15 days of age, calculated from the date of birth or hospital discharge (whichever is later).

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, or the Policy.

2. Commencement and Renewal

Insurance shall commence from the date specified on the Certificate of Insurance or Policy. All premiums will be payable on or before the effective date (except for other agreement) stated on the Policy.

Unless otherwise agreed and specified in the Certificate of Insurance/ Policy, insurance benefits 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 under Section a) – "Maternity Care" benefit;

- 365 days for childbirth;

- 365 days for special diseases, chronic conditions, and pre-existing conditions.

No waiting period shall apply to insured events arising from Accidents.

The Policy will be renewed on expire date subject to the Policy's terms/conditions applied at the time of renewal and any special condition which the Insurer applies particularly to the renewal Policy of the Insured.

3. Termination

3.1 Policy will be terminated on the first due date after the 70th birthday of the Insured. However, for continued renewal Policy, the Policy will be terminated on the first due date after the 72nd birthday of the Insured.

3.2 MSIG shall be entitled to cancel the insurance at any time without claim settlement or refund of premium if the Insured or anyone acting on behalf of the Insured has at any time misled MSIG by misstatement, false declaration, false claim, or any fraudulent means or devices to obtain benefits under this Policy.

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;
- The Insured subject matter does not exist at the time of finalizing Insurance contract;

- The Policyholder is aware that the insured event has already occurred at the time of finalizing Insurance contract;
- Either the Policyholder or MSIG commits fraud during the finalization of the Insurance contract;
- Other cases as prescribed by law.

3.3 MSIG does not accept policy cancellations after the Certificate of Insurance and Insurance Card have been issued (unless otherwise agreed).

3.4 For Group Policy: if an Insured ceases to be covered under the group policy and the policyholder or authorized representative requests cancellation, MSIG shall refund the premium on a pro-rata basis for the remaining insurance period.

3.5 For Individual, Family Policy: in case of legitimate reason, the Insured may request MSIG to cancel the Policy provided that no claims have been made during insurance period. Refunded premium shall be referred to a Short Period Premium Tariff (or subject to other agreement).

Other cases of unilateral termination of insurance contract and its legal consequences shall follow applicable law and regulations.

4. Addition of the Insured

4.1 For Group Policy: MSIG shall accept the addition of eligible individuals to the group policy if the Policyholder submits a request for such addition and pays the premium calculated on a pro-rata basis, based on the number of insured days relative to the total duration of the main policy. This payment must be made on or before the effective date of insurance for the additional members (or within the agreed premium payment period in accordance with applicable laws).

4.2 For Family Policy: Family members may be added to the policy, provided that the insurance plan for the additional members does not exceed the coverage level of the Policy Representative. The addition shall be made upon the Policy Representative's request and payment of the premium, calculated on a pro-rata basis, based on the number of insured days relative to the total duration of the main policy. This payment must be made on or before the effective date of insurance for the additional members (or within the agreed premium payment period in accordance with applicable laws).

5. The mistake in Age's declaration

If the declaration of age is not correct with the Insured's actual age, causing:

5.1 Shortage of paid premium to MSIG in comparison with the premium payable for the actual age, Insured benefit will be compensated on proportional basis between paid premium as stated in the Policy Schedule and correct premium, and the Insured has to pay MSIG the difference of premium immediately.

5.2 Overpayment to MSIG and any extra premium which the Insured paid to MSIG because of the mistake in age declaration shall be refunded without interest rate.

6. Examination

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

7. Alterations

This Policy may at any time be amended and changed subject to written agreement between MSIG and the Insured. Any amendment to this Policy shall be binding on both parties since the effective date of the amendment. However, no alteration on the Policy's Scope of Cover shall be accepted by MSIG during period of insurance.

No amendment in this Policy shall be valid unless it is approved and endorsed hereon by an authorized representative of MSIG.

8. Short Period Premium

The Short Period Premium is:

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% full annual premium

9. Clerical Error

A clerical error shall not invalidate insurance otherwise validly in force, nor continue insurance otherwise not validly in force.

10. Notice of Assignment

MSIG 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.

11. Dispute Resolution Methods

In the event of any disagreement or dispute arising during the performance of this Contract, the parties agree to make their best efforts to resolve the disagreement or dispute through negotiation. Unless otherwise stipulated in the insurance contract terms, if the dispute cannot be resolved through negotiation within thirty (30) days, it shall be settled by the Vietnam International Arbitration Centre ("VIAC") in accordance with the VIAC Arbitration Rules. The arbitration shall take place in Hanoi, Vietnam, and the language of arbitration shall be Vietnamese.

The parties agree that the laws of the Socialist Republic of Vietnam shall govern and control all conflicts and disputes between the parties relating to this Contract/Insurance Policy.

12. Currency Exchange

Under this clause, the parties agree that the insurance premium and claim payment under the terms and conditions of the Policy may be settled in a currency different from the one stated in the Policy. The applicable exchange rate shall be the selling rate of Vietcombank at the time of premium payment or at the time of claim settlement.

In the event of premium adjustment, the exchange rate shall also be applied in accordance with the same principle. This currency conversion clause shall be subject to the laws of the Socialist Republic of Vietnam.

13. Policy Occurrence Limit

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

13.1. All Insured travelling in one aircraft or road transport vehicle or vessel. If the aggregate amount of all claims to Insured Persons travelling in one conveyance exceeds the Policy Occurrence Limit, the Company's liability in respect of each of such Insured Persons will be a rateable proportion of the Benefits due in respect of that person.

13.2. 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 Organisation(WHO) or Health Authority in Vietnam or Government of Vietnam where the losses manifest themselves.

PART 5 - CLAIM PROCEDURES

I. GENERAL PRINCIPLE

1. 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.

2. General Claims (Compensation) Information

All documents and materials, which are required by MSIG to support a claim (compensation), shall be provided freely to MSIG, prior to any claim being made.

In cases where medical information is required by MSIG for consideration of a claim but is not available, it will be Insured's responsibility to obtain such information from Insured's Medical Physician at Insured's cost.

3. 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.

II. EMERGENCY CASES

1. Request for Assistance

In case of emergency, the Insured or his/her representative may contact the Company as soon as possible.

Before MSIG proceeds with any action, the Insured must provide the following information:

- Name, Policy Number, and Expiry Date of the Policy;

- Address and telephone number where the Insured can be reached;
- Brief description of the issue and the assistance required;
- Name, address, and telephone number of the hospital to which the Insured has been taken;
- Name, address, and telephone number of the attending Physician and family Physician (if applicable).

2. Life Threatening Situation

In a life-threatening situation, the Insured or his/her representative should always try to arrange for emergency transfer to a hospital near the place of occurrence through the most appropriate means, and notify the MSIG as soon as practicable.

3. Hospitalization prior to notice to MSIG

In any case of illness or bodily injury requiring hospitalization, the Insured or any person acting on his/her behalf must inform the MSIG within 24 hours from the time of occurrence, if applicable.

III. ORDINARY TREATMENT CASES

1. Direct Billing

In case the Hospital or Medical Establishment where the Insured is given treatment and medical examination, belong to the Direct Billing System of the Policy, the Insured needs to take the following steps:

- Present Insurance Card, Identity card or Passport, birth certificate (if the Insured is a child) to the Hospital or Medical Establishment of Direct Billing System,
- Check the Claim Form which the Hospital or Medical Establishment provides after the treatment and sign it to confirm that Insured has received the Treatment stated,
- Settle any charges for the treatment in a Hospital or a Medical Establishment which is not covered by this Policy or exceeding the Insured limit.

2. Direct Settlement Prior to Claim Handling

In case the Insured takes a treatment and medical consultation at a legally licensed Medical Establishment which is not included in the Direct Billing System of this Policy, the Insured will have to pay for all medical expenses and then send the full claim documents to MSIG (or its authorized party) for a reimbursement of the eligible expenses.

IV. COMPENSATION METHOD

a) In the event of a loss falling within the scope of coverage under this Policy, the Insurer shall fulfill its indemnity obligation through one of the following methods:

- Payment of compensation in cash;

- Other methods as mutually agreed in writing by the parties, in accordance with applicable laws.

b) The standard method of compensation payment shall be via bank transfer. Any alternative method (if applicable) shall be implemented based on separate agreement and mutual consent for each specific case, in compliance with legal regulations.

A Member of MS&AD INSURANCE GROUP

PART 6 – COMPULSORY EXCLUSIONS

1. Institute Radioactive Contamination, Chemical, Biological, Biochemical and Electromagnetic Weapons Exclusion Clause - 10/11/2003

This clause shall be paramount and shall override anything contained in this insurance inconsistent.
In no case shall this insurance cover loss damage liability or expense directly or indirectly caused by or contributed to by or arising from:

- Ionizing radiations from or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel
- The radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof
- Any weapon or device employing atomic or nuclear fission and/or fusion or other like reaction or radioactive force or matter.
- The radioactive, toxic, explosive or other hazardous or contaminating properties of any radioactive matter. The exclusion in this sub-clause does not extend to radioactive isotopes, other than nuclear fuel, when such isotopes are being prepared, carried, stored, or used for commercial, agricultural, medical, scientific or other similar peaceful purposes.
- Any chemical, biological, bio-chemical, or electromagnetic weapon.

2. War & Terrorism Exclusion Clause

Notwithstanding any provision to the contrary within this Policy or any endorsement thereto it is agreed that this insurance excludes:
Death, disability, loss, damage, destruction, any legal liabilities, cost or expense including consequential loss of whatsoever nature, directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss:

a. War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, or

b. Any act of terrorism including but not limited to

- The use or threat of force, violence and/or
- Harm or damage to life or to property (or the threat of such harm or damage) including, but not limited to, nuclear radiation and/or contamination by chemical and/or biological agents, by any person(s) or group(s) of persons, committed for political, religious, ideological or similar purposes, express or otherwise, and/or to put the public or any section of the public in fear, or

c. Any action taken in controlling, preventing, suppressing or in any way relating to a or b above.

If the Company alleges that by reason of this Exclusion, any loss, damage, cost or expense is not covered by this insurance the burden of proving the contrary shall be upon the Insured.

A Member of MS&AD INSURANCE GROUP

3. Sanction Limitation and Exclusion clause

No insurer shall be deemed to provide cover and no insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, Japan, Switzerland, United Kingdom or United States of America.

4. Asbestos Exclusion

This Policy excludes all claims and losses based upon, arising out of, directly or indirectly resulting from or in consequence of, or any way involving:

(a) Asbestos,

(b) Or any actual or alleged asbestos related injury or damage involving the use, presence, existence, detection, removal, elimination or avoidance of asbestos or exposure or potential exposure to asbestos

PART 7 – 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.

A Member of MS&AD INSURANCE GROUP