

## **ACCIDENTAL INJURY HOSPITALIZATION ALLOWANCE RIDER TERMS AND CONDITIONS**

**G.C.Life Product Code: 7**

### **1. Contract Attributes**

The terms and conditions for the accidental injury hospitalization allowance rider (hereinafter referred to as “the Contract”) shall not be a stand-alone contract and the Contract must be attached to a life insurance product (hereinafter referred to as “Main Product”) as an additional contract. During the effective period of the Contract, if the Main Product is terminated or suspended, the Contract shall be terminated or suspended as well.

### **2. Application Requirement**

- (1) The applicant may not apply for the Contract unless he/she has purchased one of the following Main Products from the Company.
  - 1) “Life Shield” Insurance;
  - 2) “Offspring Prosperity” Insurance;
- (2) The Insured must be no older than 60 years old and must be in good health and have no mental illness.

### **3. Composition, Creation, and Effectiveness of Insurance Contract**

The Contract is composed of the insurance certificate, terms and conditions, application form, and other documents related to the Contract. The aforementioned documents may be signed and issued independently or combined with the Main Product.

The applicant submits an application and completes the application procedures, the Company notifies the applicant to make the premium payment after the Company underwrites the insurance, and then the Contract is created.

After the creation of the Contract and the full payment of the premium for both the Main Product and this Contract, the Contract and the Main Product shall enter into effect. Upon the effectiveness of the Contract, the Company will issue an independent insurance policy to the applicant immediately, or combine the Contract with the Main Product and issue an insurance policy as a whole.

### **4. Period of Insurance**

The period of insurance is for one year.

### **5. Renewal of the Policy**

- (1) The applicant may apply for renewal of the policy at the end of the insurance period. The applicant shall request for the renewal and pay the full renewal premium on or before the date of expiry of the Contract. Otherwise, the Company shall not be obliged to pay any insurance benefit if any insured event occurs during the period between the end of the existing policy and the effective date of the renewed policy.
- (2) If the Main Product is a long-term contract (the period of insurance is more than one year), the applicant may sign an automatic renewal agreement with the Company and make the premium payment along with the Main Product together. In this case, the applicant shall be

entitled to the grace period of premium payment and the Company shall be obliged to any insurance coverage for any insured events occurred during such grace period.

## 6. Premium, Sum Insured, and Payment Requirement for Hospitalization Allowance

Under the Contract, there are four plans (A, B, C, D) with different premiums, sum insured, and hospitalization allowance stated in the table below under this section. The applicant shall select one of the four plans with limitations below:

- (1) If the Main Product is “Life Shield” Insurance and the annual premium payment is less than 50 US dollar, the applicant cannot select Plan C or D.
- (2) If the Main Product is “Offspring Prosperity” Insurance, the applicant can select any of the four plans.

**Table of Premium, Sum Insured, Limited Days of Hospitalization**

Currency Unit: US dollar

Plan	Premium	Sum Insured	Daily Allowance	Maximum Number of Days for Each Hospitalization	Annual Maximum Accumulated Days for Hospitalization
A	4	480	8	30	60
B	8	1200	12	50	100
C	16	2880	16	80	180
D	36	6600	30	100	220

## 7. Coverage

During the effective period, in case the Insured is injured due to an accident and is hospitalized for medical treatment at any legal medical institution within the Kingdom of Cambodia, the Company shall pay the hospitalization allowance agreed as follow:

- (1) The calculation of hospitalization allowance shall be based on the Insured’s actual number of days of hospitalization excluding the first 3 days multiplied by the “Daily Allowance” for the selected plan stated in the table above.
- (2) The limit of days for each hospitalization of the Insured shall be based on the “Maximum Number of Days for Each Hospitalization” for the selected plan stated in the table above. If the Insured is hospitalized for the same reason as the previous hospitalization, and the period from the previous discharge to the current hospitalization is less than 30 days, the current hospitalization and the previous hospitalization are regarded as a one-time-stay.
- (3) The limit of days for annual hospitalization of the Insured shall be based on the “Annual Maximum Accumulated Days of Hospitalization” for the selected plan stated in the table above. If the insured event occurs during the period of insurance and the Insured is still hospitalized at the end of the period of insurance, the Company shall extend coverage of the daily hospitalization allowance for up to one year after the end of the period of insurance. However, from the beginning of the period of insurance to the end of the one-year period after the end of the period of insurance, the cumulative number of days of the daily

hospitalization allowance shall be limited to the number of days per “Annual Maximum Accumulated Days of Hospitalization” for the selected plan stated in the table above.

## **8. Exclusion**

- (1) Any expense related to the medical treatment of the Insured, cosmetics, any dental care or repair, including teeth cleaning, teeth whitening, orthodontics, dental porcelain, dental implants or dental prostheses is not covered under this Contract and the Company shall not be obliged to pay any insurance benefit.
- (2) The Insured is hospitalized outside Cambodia.
- (3) If the Insured is hospitalized due to any of the following events, the Company shall not pay the hospitalization allowance:
  - 1) The Insured has already been diagnosed with an illness at the time of applying for the insurance and the applicant did not declare such illness during the application process.
  - 2) The Insured is intentionally murdered or harmed by the applicant;
  - 3) The Insured commits an offence or resists any legal criminal enforcement measure;
  - 4) Suicide or deliberate self-injury of the Insured, unless the Insured has lost his/her civil capacity as defined by the Kingdom of Cambodia when committing suicide or deliberate self-injury;
  - 5) The Insured is involved in a fight, or is intoxicated from alcohol, or drugs;
  - 6) The Insured is speeding, drinking and driving over the legal limit, driving without a valid driver license, or driving a vehicle without a valid registration;
  - 7) The Insured is involved in diving, skydiving, climbing, adventure, extreme stunt show, car racing;
  - 8) The Insured undergoes prenatal and postnatal examinations, pregnancy (including ectopic pregnancy), miscarriage (including abortion), delivery (including caesarean), contraception, sterilization surgery, infertility treatment and the complications caused by the aforementioned reasons;
  - 9) The Insured fails to follow the medical prescription and uses or takes drugs by him or herself (except for the use of non-prescribed medicines according to the direction for use);
  - 10) The Insured suffers from any medical accident due to plastic surgery or other surgical operation;
  - 11) The Insured suffers from mental and behavioral disorder;
  - 12) War, military clash, riot or armed rebellion;
  - 13) Nuclear explosions, nuclear radiation or nuclear contamination;

## **9. Beneficiary**

The beneficiary of the insurance benefit provided under this Contract shall be the Insured. If the Insured dies during or after the period of hospitalization, the beneficiary of the Main Product contract shall claim for the sum insured.

## **10. Notice of Insured Event**

The applicant, the Insured, or the beneficiary, upon becoming aware that the Insured is hospitalized, shall promptly (within 5 days) notify the Company and assist the Company's staff(s) to promptly, or in a timely manner, visit the Insured at the hospital. Intentional failure to do so, resulting in inability of the Company to determine the nature, cause, level of damage of such insured event, the Company shall not be obliged to pay the insurance benefit for any part which cannot be determined, unless the Company has been aware of the situation of such insured event through any other means.

The applicant, the Insured, the beneficiary, or family member of the Insured, upon being aware of the occurrence of an insured event, shall take the initiative to collect from the hospital and retain any evidences to sufficiently prove that the Insured has suffered from an accidental injury, as well as the

condition of injury, hospitalization and number of days of hospitalization, in order to provide them to the Company when claiming for insurance benefit.

#### **11. Claim and Payment of Benefit**

- (1) The beneficiary, as the claimant for benefit, shall fill out the claim application form and provide evidences and documents required for claiming the benefit listed under Clause 12 of the Contract. The claimant shall be obliged to promptly provide the relevant evidences and documents.
- (2) The Company, upon receipt of the claim application form from the claimant and the above-mentioned evidences and documents, shall verify them within 10 working days, or 20 working days for complicated cases.

After verification, if it is confirmed to be covered, the Company shall pay the benefit within 2 working days upon reaching an agreement with the claimant on the payment of Benefit.

After verification, if it is confirmed not to be covered, the Company shall, within 2 working days of the verification, issue a notice of refusal of benefit payment to the claimant by explaining the reasons.

- (3) The effective period for the beneficiary to claim the benefit from the Company shall be one year, from the date on which the beneficiary is aware or should have been aware of the occurrence of the insured event.

#### **12. Evidences and Documents Required for Claiming Insurance Benefit**

- (1) An insurance policy or any other proof of the objective existence of this insurance contract;
- (2) Legal and valid identification documents of the claimant;
- (3) Evidences and documents proving the fact, nature, and cause of the accident available to be provided by the claimant, and any other evidences and documents related to hospitalization, including:
  - 1) Certificate of hospitalization, certificate of diagnosis of accidental injury (including diagnosis basis), hospitalization records, and other evidences sufficiently proving the occurrence, condition of injury, and the fact and number of days of hospitalization, issued by the hospital where the Insured is hospitalized;
  - 2) Photographs or video recordings taken by the applicant, the Insured, the beneficiary, or family member of the Insured proving that the Insured is hospitalized and the number of days of hospitalization.
  - 3) If the Company is not able to verify the claim after receipts of the aforementioned documents, the Company has the right to request the claimant to provide sufficient evidences or documents to prove the fact of the insured event, time of occurrence, and the fact of hospitalization.
- (4) If a representative is appointed to claim the benefit, a power of attorney and identification documents of the representative;

#### **13. Termination by the Applicant**

After the Contract is created, unless otherwise provided in the Contract, the applicant may request to terminate the Contract. However, if any benefit payment has been received or if any insured event under the Contract has occurred but the benefit has not been paid, the applicant cannot request to terminate the Contract. If the applicant requests to terminate the Contract, he/she shall fill out a request form for termination of Contract and submit the Contract and certification of identity of the applicant.

The Contract shall be terminated when the Company receives the request for termination of contract. The Company shall, within 2 working days from the date of receiving the request for termination, partially return the premium paid for the selected plan under the Contract in accordance with “Table of the Return of Premium for Accidental Injury Hospitalization Allowance Rider”, the Contract shall be terminated.

#### **14. Change of Occupation**

If the Insured changes his/her occupation, the applicant or the Insured shall notify the Company in writing within 10 days, otherwise, the effectiveness of the insurance coverage shall become invalid.

After the Insured has changed his/her occupation, if the level of risk obviously increases, the Company reserves the right to immediately impose additional premium on the applicant. If the level of risk is extremely high and the nature of his/her occupation is verified to be an uncovered occupation, the Company reserves the right to terminate the Contract and partially return the premium paid for the selected plan under the Contract in accordance with “Table of the Return of Premium for Accidental Injury Hospitalization Allowance Rider”, the Contract shall be terminated.

#### **15. Clear Explanation and Truthful Disclosure**

At the creation of the Contract, the Company shall clearly explain to the applicant the contents of the Contract. For the exclusion clause under the terms and conditions of the insurance, the Company shall, at the creation of the Contract, provide obvious disclosure to the applicant on the application, insurance contract, or other insurance documents.

The Company may make inquiries on the circumstances of the applicant or the Insured, and the applicant shall truthfully notify the Company.

If the applicant fails to fulfill the obligation of truthful disclosure as stipulated in the preceding paragraph by intentionally concealing or deceiving the Company, resulting in inability of the Company to decide whether to underwrite the insurance or increase the premium rate, the Company has the right to terminate the Contract, and partially return the premium paid for the selected plan under the Contract in accordance with “Table of the Return of Premium for Accidental Injury Hospitalization Allowance Rider”, the Contract shall be terminated.

#### **16. Dispute Resolution**

For any dispute relevant to the insurance business, any of the disputing parties shall submit the dispute to the Ministry of Economy and Finance for mediation and resolution prior to filing a lawsuit in a court or commencing arbitration, except in relation to a dispute involving criminal charges.

#### **17. Languages**

This Contract is written in Khmer, English, and Chinese, and the Khmer version shall prevail in case of any inconsistency.

#### **18. Other**

If there are any unclear sections, please refer to the corresponding terms and conditions of the Main Product for more details.

**19. Schedule: “Table of the Return of Premium for Accidental Injury Hospitalization Allowance Rider”**

Currency Unit: US dollar

Plan/Month	1	2	3	4	5	6	7	8	9	10	11	12
<b>A</b>	2.38	2.17	1.95	1.73	1.52	1.30	1.08	0.87	0.65	0.43	0.22	0
<b>B</b>	4.77	4.33	3.90	3.47	3.03	2.60	2.17	1.73	1.30	0.87	0.43	0
<b>C</b>	9.53	8.67	7.80	6.93	6.07	5.20	4.33	3.47	2.60	1.73	0.87	0
<b>D</b>	21.45	19.5	17.55	15.6	13.65	11.7	9.75	7.8	5.85	3.9	1.95	0

**Note:** the term “Month” stated in the table above represents the number of months passed by the time of the Contract termination due to any reasons during the period of insurance; it shall be counted as 1 month if the month has not passed. For example: the period of insurance for the Contract has passed by 2 months and 13 days, the number of months shall be counted as 3 months.