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POLICY TERMS AND CONDITIONS FOR GROUP MEDICARE RIDER

(Hereinafter called "Rider Policy")

I. DEFINITIONS

1. **"Accident"** means a sudden, unintentional, unexpected, unusual, and specific event that occurs at an identifiable time and place which shall, independently of any other cause, be the sole cause of Bodily Injury. Bodily Injury due in part, or wholly caused by sickness or disease, bacterial or viral infection shall not be considered an Accident.
2. **"Accidental Injury"** means death or disability which results directly from Bodily Injury and occurs within 90 (ninety) days from the date of Accident. For the purpose of this Policy, any Accidental Injury caused directly or indirectly, wholly or partly, by any one of the following occurrences shall not be considered as an Accidental Injury:
 - (a) assault or murder;
 - (b) riot and civil commotion, industrial action or terrorist activity;
 - (c) willful exposure to danger or attempted self-destruction or self-inflicted injuries while sane or insane;
 - (d) war, declared or undeclared, or revolution;
 - (e) service in the armed forces in the time of declared or undeclared war or while under orders for warlike operations or restoration of public order;
 - (f) making an arrest as an officer of the law;
 - (g) violation or attempted violation of the law or resistance to arrest;
 - (h) participation in any fight or affray;
 - (i) racing on horse or wheels;
 - (j) accident occurring while or because the Insured Member is under the influence of alcohol, any non-prescribed drug or illegal drug;
 - (k) hernia, ptomaines or bacterial infection (except pyogenic infection which shall occur with and through an accidental cut or wound);
 - (l) the intentional or negligent inhalation or consumption of poison, gases or noxious fumes; or
 - (m) entering, exiting, operating, or servicing, or being transported by any aerial device or conveyance except when the Insured Member is a fare-paying passenger or crew member on a commercial passenger airline on a regular scheduled passenger trip over its established passenger route.
3. **"Basic Policy"** refers to the terms and conditions relating to the basic benefit and shall include endorsements unless it is specifically excluded in the endorsement from forming part of the Basic Policy.
4. **"Beneficiary"** refers to a third party of a life insurance contract who is legally entitled to the benefits from this Policy.
5. **"Benefit Plan"** means the insurance coverage provided by this Policy and any extensions or restrictions shown in Schedule of Benefits and Premiums of the Group Insurance Benefits Summary or in any endorsements.
6. **"Bodily Injury"** means an abnormal bodily condition which occurs while this Policy is in force, and is effected directly and independently of all other causes by violent, external, visible and accidental means only and is not therefore due to any illness or disease.
7. **"Dengue Fever"** means an acute infectious disease caused by the Dengue Virus and transmitted to humans by the Aedes Mosquito. Diagnosis of Dengue Fever must be confirmed by a

registered medical doctor and supported by Dengue IgM Antibody / Dengue PCR Test (or equivalent internationally accepted tests) as conclusive proof of infection.

8. **“Effective Date”** or **“Commencement Date”** is the date when coverage under this Policy or its relevant Rider Policy takes effect. The Effective Date is shown on the Group Insurance Benefit Summary and the Commencement Date is the date of issue of any endorsement indicated in the relevant endorsement whenever the original terms and coverage of this Policy are changed subsequently. Commencement Date is also the approval date of reinstatement of the Policy and/or its Rider Policy in case of any reinstatement.
9. **“Hospital”** refers to an establishment duly constituted and registered as a Hospital for the care and treatment of sick and injured persons as paying bed-patients, and which:
 - (a) has facilities for diagnosis and major surgery,
 - (b) provides 24 (twenty-four) hours a day nursing services by registered and graduate nurses,
 - (c) is under the supervision of a Physician, and
 - (d) is not primarily a cabinet; a place for alcoholics or drug addicts; a nursing, rest or convalescent home or a home for the aged or similar establishment.
10. **“Hospitalization”** refers to a person who stays in the Hospital for at least 12 (twelve) hours for diagnosis process and medical treatment after a Hospitalization application process. For a person who comes to a Hospital staying at a temporary waiting or observation area, it shall not be considered as Hospitalization.
11. **“Insured Member”** refers to the Policy Owner or person whose name and personal particulars are identified in the Group Insurance Benefit Summary.
12. **“Malaria”** means an acute infectious disease caused by the Plasmodium Parasitic Protozoan and transmitted to humans by the Anopheles Mosquito. Diagnosis of Malaria must be confirmed by a registered medical doctor and supported by Malaria Parasite Test (or equivalent internationally accepted tests) as conclusive proof of infection.
13. **“Policy Anniversary”** refers to the same date each year as the Policy Date.
14. **“Policy Date”** is the Effective Date of this Policy as shown on the Group Insurance Benefit Summary, it is the date from which Policy Anniversaries, Policy Years, Policy months and premium due dates are determined.
15. **“Policy Year”** refers to the 12 (twelve) months duration between 2 (two) Policy Anniversaries.
16. **“Physician”** shall mean a registered medical practitioner qualified and licensed to practice western medicine and who, in rendering such treatment, is practicing within the scope of his licensing and training in the geographical area of practice, but excluding a physician or surgeon who is the Insured Member him/herself.
17. **“Rider Policy”** shall mean additional benefits or coverage to the Basic Policy. It is validly attached to the Basic Policy if its product or code name and form number appear on the Group Insurance Benefit Summary or is subsequently added by a relevant endorsement.
18. **“Surgery”** means a surgical process or procedure which is clinically necessary and reasonably required for the treatment of the disease or injury by a Surgeon who has the appropriate expertise and is issued with a Hospital’s profession license and is conducted in the Hospital’s

anesthesia and operating room. Surgery shall not cover surgeries which are, performed while the Insured Member is not an in-patient or not conducted in a Hospital's anesthesia and operating room. Surgery includes any of the following medical procedures:

- (i) to incise, excise or electrocauterize any organ or body part, except for dental services.
- (ii) to repair, revise, or reconstruct any organ or body part.
- (iii) to reduce by manipulation a fracture or dislocation.
- (iv) use of endoscopy to remove a stone or object from the larynx, bronchus, trachea, esophagus, stomach, intestine, urinary bladder, or urethra.

19. **"We", "Us", "Our" or "Company"** refers to Grand China Life Insurance PLC.

20. **"You" or "Your"** means the Policy Owner of this Policy as shown in the Group Insurance Benefit Summary.

Whenever the context requires, masculine form shall apply to feminine and singular term shall include the plural.

II. SUBJECT MATTER OF INSURANCE, COVERAGE AND BENEFITS

Your Insurance Policy provides the following benefits subject to the terms and conditions stated below:

1. HOSPITALIZATION DAILY ALLOWANCE BENEFIT (ALL CAUSES)

While this benefit is in force and after the 30 (thirty) days waiting period, if the Insured Member is Hospitalized as prescribed by a qualified Physician, provided the Hospitalization is reasonable and customary, We shall pay You or the Insured Member or the Beneficiary (as the case may be) the Hospitalization Daily Allowance Benefit in the amount specified in the Schedule of Benefits and Premiums of the Group Insurance Benefit Summary multiplied by the number of day(s) of Hospitalization of the Insured Member, up to the Insured Member limits specified in the Schedule of Benefits and Premiums of the Group Insurance Benefit Summary and subject to the terms, conditions and exclusions herein contained.

2. HOSPITALIZATION DAILY ALLOWANCE BENEFIT (ACCIDENT)

While this benefit is in force, if the Insured Member is Hospitalized due to Accident as prescribed by a qualified Physician, provided the Hospitalization is reasonable and customary, We shall pay You or the Insured Member or the Beneficiary (as the case may be) the Hospitalization Daily Allowance Benefit in the amount specified in the Schedule of Benefits and Premiums of the Group Insurance Benefit Summary multiplied by the number of day(s) of Hospitalization of the Insured Member, up to the Insured Member limits specified in the Schedule of Benefits and Premiums of the Group Insurance Benefit Summary and subject to the terms, conditions and exclusions herein contained.

3. SURGERY BENEFIT (ALL CAUSES)

While this benefit is in force and after the 30 (thirty) days waiting period, if the Insured Member undergoes Surgery as required by a qualified Physician, provided the Surgery is reasonable and customary, We shall pay You or the Insured Member or the Beneficiary (as the case may be) the Surgery Benefit in the amount specified in the Schedule of Benefits and Premiums of the Group Insurance Benefit Summary. Surgical Benefits are payable up to a maximum of 2 (two) times with a 30 (thirty) day waiting period in between the 2 (two) Surgery Benefit claims.

4. SURGERY BENEFIT (ACCIDENT)

While this benefit is in force, if the Insured Member undergoes Surgery due to accident as required by a qualified Physician, provided the Surgery is reasonable and customary, We shall pay You or the Insured Member or the Beneficiary (as the case may be) the Surgery Benefit in the amount specified in the Schedule of Benefits and Premiums of the Group Insurance Benefit Summary. Surgical Benefits are payable up to a maximum of 2 (two) times with a 30 (thirty) day waiting period in between the 2 (two) Surgery Benefit claims.

5. DIAGNOSIS BENEFIT DUE TO DENGUE FEVER/MALARIA

While this benefit is in force and after the 10 (ten) days waiting period, if the Insured Member is diagnosed with Dengue Fever or Malaria as prescribed by a qualified Physician, We shall pay You or the Insured Member or the Beneficiary (as the case may be) the Diagnosis Benefit in the amount specified in the Schedule of Benefits and Premiums of the Group Insurance Benefit Summary.

6. HOSPITALIZATION BENEFIT DUE TO DENGUE FEVER/MALARIA

While this benefit is in force and after the 10 (ten) days waiting period, if the Insured Member is diagnosed and hospitalized due to Dengue Fever or Malaria as prescribed by a qualified Physician, provided the Hospitalization is reasonable and customary, We shall pay You or the Insured Member or the Beneficiary (as the case may be) the Hospitalization Benefit in the amount specified in the Schedule of Benefits and Premiums of the Group Insurance Benefit Summary, less any Diagnosis Benefit and any indebtedness.

The Insured Member needs to be hospitalized for at least 72 (seventy-two) hours to be eligible for the Hospitalization Benefit due to Dengue/Malaria.

7. DEATH BENEFIT DUE TO DENGUE FEVER/MALARIA

While this benefit is in force and after the 10 (ten) days waiting period, if the Insured Member dies due to Dengue Fever or Malaria, We shall pay You or the Beneficiary (as the case may be) the death benefit in the amount specified in the Schedule of Benefits and Premiums of the Group Insurance Benefit Summary. Thereafter, the coverage for the Insured Member shall be terminated.

The above benefits are applicable for diagnosis and/or Hospitalization in the Kingdom of Cambodia, China, Thailand, Vietnam, Singapore or Malaysia only.

III. PREMIUM PROVISIONS

1. PAYMENT

All premiums for this Policy are payable on or before their due dates to Us by the method We specify. The validated deposit slip or premium deduction shown in Your account statement shall be considered as proof of payment.

2. DEFAULT

After payment of the initial premium, failure to pay any subsequent premiums on or before its due date will constitute a default in premium payment. If the premium remains unpaid after the Grace Period, the Policy will be discontinued from the following day of the expiration of the Grace Period.

3. GRACE PERIOD

A Grace Period of 30 (thirty) days from the due date will be allowed for payment after the first payment. This Policy will remain in force during the Grace Period. If any premium remains unpaid at the end of its Grace Period, the Policy will be lapsed from the following day of the expiration of the Grace Period, except that the Policy Owner shall have given Us written notice

in advance of an earlier date of discontinuance, the Policy shall discontinue as of such earlier date. The Policy Owner shall pay Us a pro-rata premium for the time the Policy was in-force during the Grace Period.

4. DEDUCTION OF PREMIUM AT DEATH

Upon the death of the Insured Member, any balance of the premiums due until the end of Policy Year in which death occurs in respect of the Insured Member, shall be deducted from the proceeds payable under this Policy.

5. PREMIUM RATE

We shall have the right to change the rate at which the premiums shall be calculated, (a) on Policy Anniversary date, or (b) on any due date provided the rate that is then being charged has been in effect for at least 12 (twelve) months, or (c) when the risks being insured against under the Policy have increased, or (d) when there is substantial changes to the membership on which premium is based and provided further that the Company notifies the Policy Owner at least 30 (thirty) days in advance of such due date.

IV. EXCLUSIONS

1. DAILY ALLOWANCE AND SURGERY BENEFITS (ALL CAUSES)

The Company shall not cover any claim arising directly / indirectly from any one of the following occurrences:

1. The Insured Member is hospitalized or surgery is performed outside of the Kingdom of Cambodia, China, Thailand, Vietnam, Singapore or Malaysia.
2. Pre-existing conditions, which existed before the Effective Date or the date of reinstatement of this Policy, whichever is later. Pre-existing conditions shall mean illnesses that the Insured Member has reasonable knowledge of, unless the conditions are declared to the Company and accepted by the Company. An Insured Member may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:
 - i. The Insured Member had received or is receiving treatment;
 - ii. Medical advice, diagnosis, care or treatment has been recommended;
 - iii. Clear and distinct symptoms are or were evident;
 - iv. Its existence would have been apparent to a reasonable person in the circumstances.
3. Suicide, attempted suicide, or self-inflicted injury, while sane or insane.
4. The Insured Member being under the influence of alcohol or the taking of any drug, except under the direction of a registered medical practitioner.
5. Plastic/Cosmetic surgery, eye examination, glasses and refraction or surgical correction of nearsightedness (Radial Keratotomy or Lasik) and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof.
6. Dental conditions including dental treatment or oral surgery except as necessitated by Accidental Injuries to sound natural teeth occurring wholly during the period of insurance.
7. Rest cures or sanatoria care, illegal drugs, intoxication, sterilization, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS-Related Complex) and Human Immune Deficiency Virus (HIV) related diseases, and any communicable diseases requiring quarantine by law.

8. Any treatment or surgical operation for congenital abnormalities or deformities, including hereditary conditions.
9. Pregnancy, child birth (including surgical delivery), miscarriage, abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility. Erectile dysfunction and tests or treatment related to impotence or sterilization.
10. Hospitalization primarily for investigatory purposes, diagnosis, X-ray examination, general physical or medical examinations, not incidental to treatment or diagnosis of any sickness, disease, illness, injuries or any treatment which is not medically necessary and any preventive treatments, preventive medicines or examinations carried out by a Physician, and treatments specifically for weight reduction or gain.
11. Ionizing radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
12. Hospitalization for donation of any body organ by the Insured Member.
13. Investigation and treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bone-setting, herbalist treatment, massage or aroma therapy or other alternative treatment.
14. Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations).
15. Hospitalization for sex changes.
16. War (whether declared or not), invasion, act of foreign enemy, civil war, revolution, insurrection, civil commotion, riot, strike, popular rising against the government, and terrorism.
17. Committed criminal offense or an attempted commitment of a criminal offense by the Policy Owner, the Insured Member, or Beneficiary. Beneficiaries not involved in the aforementioned criminal activity will remain eligible to receive their benefits.
18. Entering, exiting, operating, servicing, or being transported by any aerial device or conveyance except when the Insured Member is a fare-paying passenger or crew member on a commercial passenger airline on a regular scheduled passenger trip over its established passenger route.
19. Participation in dangerous sports activities including but not limited to scuba diving, mountain climbing, parachuting or any high-speed races, or in professional sport activities.

2. DAILY ALLOWANCE AND SURGERY BENEFITS (ACCIDENT)

The Company shall not cover any claim arising directly / indirectly from any one of the following occurrences:

1. Suicide, attempted suicide, or self-inflicted injury, while sane or insane.
2. HIV infection, AIDS, or AIDS related diseases.

3. War (whether declared or not), invasion, act of foreign enemy, civil war, revolution, insurrection, civil commotion, riot, strike, popular rising against the government, and terrorism.
4. While the Insured Member is committing a felony or while the Insured Member is being arrested, under arrest, or escaping the arrest.
5. Entering, exiting, operating, servicing, or being transported by any aerial device or conveyance except when the Insured Member is a fare-paying passenger or crew member on a commercial passenger airline on a regular scheduled passenger trip over its established passenger route.
6. While the Insured Member performs duty as military, police or volunteers and participates in the war or crime suppression.
7. The Insured Member has known about the defective physical, illness or injury before starting the Insurance Contract, but the Insured Member does not notify the Company.
8. The Insured Member being under the influence of alcohol or the taking of any drug, except under the direction of a registered medical practitioner.
9. Participation in dangerous sports activities including but not limited to scuba diving, mountain climbing, parachuting or any high-speed races, or in professional sport activities.
10. Pregnancy, childbirth, miscarriage or any of their consequences.
11. Any claim not due to Accident.

3. DENGUE FEVER/MALARIA BENEFIT

The Company shall not cover any claim arising directly / indirectly from any one of the following occurrences:

1. The Insured Member is diagnosed with Dengue Fever or Malaria and/or he/she is hospitalized for Dengue Fever or Malaria outside of the Kingdom of Cambodia, China, Thailand, Vietnam, Singapore or Malaysia.
2. The Insured Member did not declare to the Company or intentionally deceived the Company the fact that the Insured Member has already been diagnosed with Dengue Fever/Malaria within 14 (fourteen) days before the creation of his/her coverage and was diagnosed or hospitalized after the effectiveness of his/her coverage.
3. The Insured Member is diagnosed with Dengue Fever/Malaria within the waiting period of his/her coverage.
4. The Insured Member is hospitalized not related to Dengue Fever/Malaria but was due to other medical treatment. This includes but is not limited to cosmetics, any dental care or repair, dental porcelain, dental implants or dental prostheses.

V. GEOGRAPHICAL COVERAGE

All the benefits under this policy are applicable for diagnosis and/or Hospitalization in the Kingdom of Cambodia, China, Thailand, Vietnam, Singapore or Malaysia only.

VI. BENEFICIARY

Whenever a Beneficiary is designated in this Policy, such Beneficiary will be deemed to be a Beneficiary entitled to the proceeds of this Policy, if and when this Policy becomes payable upon a valid claim.

The Insured Member may designate Beneficiary(ies) by providing the names of such Beneficiary(ies) to Us together with such other particulars assisting the identification process, and in such a format prescribed by Us (in the application or in a form provided by Us). Any such Beneficiary(ies) designation must be signed by the Insured Member or the Policy Owner's authorized representative and filed with Us.

During the Insured Member's lifetime, the Insured Member may, without the consent of any Beneficiary(ies), change any prior Beneficiary(ies) designation by a declaration in writing and filed with Us. We assume no responsibility for the validity of any designation or declaration.

If there is more than 1 (one) Beneficiary, unless the allocation in the percentage or proportion is provided in respect of the Beneficiary(ies) in a Beneficiary designation in effect under this Policy or otherwise in this Policy, the death benefit proceeds under this Policy will be paid in equal shares to the Beneficiaries. If no Beneficiary under this Policy survives at the time of the death of the Insured Member, or if the Insured Member fails to designate a Beneficiary in accordance with this provision, the death benefit will be paid in accordance to the laws in force at the time.

In case there is any litigation about the claim payment or share of benefits to different Beneficiaries, We are obliged to comply with relevant decision or judgment by the competent court.

VII. ALTERATION, RENEWAL CLAUSE, TERMINATION, CANCELLATION

Refer to General Provisions as stated below.

VIII. CLAIMS

Refer to General Provisions as stated below.

IX. CONFIDENTIALITY

Refer to General Provisions as stated below.

X. GOVERNING LAW

Refer to General Provisions as stated below.

XI. GENERAL PROVISIONS

1. ALTERATION

If You intend to make any alteration or waive any provisions in this Policy, the said alteration or waiver must be made by an endorsement. The endorsement must be signed by Our authorized officer.

We may request You to forward this Policy to Us to give effect to any endorsement.

2. RENEWAL CLAUSE

This Policy is issued for the term of 1 (one) year and shall be automatically renewed at the end of each Policy Year, at Our prevailing premium, provided We issue an official receipt for the

payment of the premium due on the following Policy Year. We reserve the right to revise or adjust the rate of premium charged, terms and conditions at any Policy Anniversary Date, by notifying You by way of notice in writing at least 30 (thirty) days before such Policy Anniversary date.

3. TERMINATION

In addition to the provisions of the Basic Policy, the coverage under this Rider Policy shall automatically terminate on the Policy Anniversary immediately following the Insured Member's 65th (sixty-fifth) birthday.

4. CANCELLATION

You may cancel the Policy by written notice to Us. The applicable percentage of premium paid as per table below shall be refunded:

Number of Months Remaining to Expiry of Coverage Provided by Modal Premium	% of Modal Premium to be Refunded		
	Annual	Semi Annual	Quarterly and Monthly
> 9 months	50%	NA	NA
> 8 months but <= 9 months	40%	NA	NA
> 7 months but <= 8 months	35%	NA	NA
> 6 months but <= 7 months	30%	NA	NA
> 5 months but <= 6 months	25%	40%	NA
> 4 months but <= 5 months	15%	30%	NA
> 3 months but <= 4 months	10%	20%	NA
<= 3 months	0%	0%	0%

5. CLAIM PROCEDURE

The Insured Member or the Policy Owner or the Beneficiary (as the case may be) shall verbally notify Us of the claim as soon as possible and a written notice of claim must be provided to Us within 30 (thirty) days after the occurrence of any event which may give rise to a claim under this Policy, or as soon as is reasonably possible.

All claims shall be made on our prescribed form and submitted to Us together with all original documentation, itemized bills, receipts and prescriptions. All information required for assessing the claim shall be furnished at the Insured Member's own expense.

We shall have the right and opportunity through Our Physicians to examine any Insured Member whenever and as often as may be reasonably required within the duration of any claim. We will bear the expenses incurred in such examinations, unless the claim is proven to be invalid, in which case We shall be entitled to recover all the expenses so incurred from You.

If the Insured Member fails to cooperate with Us in Our admission of the claim, We may at Our discretion, terminate the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable.

6. PROOF OF CLAIM

Written proof of Hospital confinement for which the claim is made must be furnished to the Company within 30 (thirty) days after the end of the period for which claim is made. Proof of Claim shall include a fully completed claim form supplied by the Company, original copies of

receipts and itemized bills in respect of Hospital confinement for which the claim is made.

7. PROOF OF DEATH

We, upon receipt of such notice, will provide the claimant with the appropriate forms for filing proof of death. If the forms are not given within 15 (fifteen) days, the claimant by submitting written proof covering the occurrence and circumstance of death for which the claim is made shall be deemed to have complied with the requirements of this provision.

8. CONFIDENTIALITY

All information provided to the insurance company shall be kept in confidence and no information shall be disclosed to any third party without prior consent, except as required by law or regulation.

9. GOVERNING LAW

This Policy shall be governed by the laws of Cambodia. If any disputes arising out of or relating to this Policy cannot be settled through amicable negotiation, as the first instance, between the Company and the Policy Owner, the parties agree to try it good faith to settle the dispute by mediation administered by the Insurance Regulator of Cambodia prior to submitting to the Courts of Cambodia which shall have the exclusive jurisdiction as the final dispute settlement.