

#### Allianz Ayudhya General Insurance Public Company Limited

898 Ploenchit Tower, Ploenchit Road, Khwang Lumpini, Khet Pathumwan, Bangkok 10330

Tel. +66 2677 0000 Fax. +66 2230 6500

## **Summary of Health Insurance Coverage**

Dear
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This document summarizes the key features of your Allianz Ayudhya General Insurance Public Company Limited (the Company) product. It is not part of the insurance contract.

Please be informed that once the Company accepts your application, you shall be covered under the annual insurance plan – **Max Care** (chosen 300,000 baht, 400,000 baht, 500,000 baht, 600,000 baht, 1 million baht or 5 million baht). The coverage and some important conditions are as follows:

## **Major Benefits:**

- The insured will receive coverage under the health insurance benefits (under the Health Insurance Coverage Section) of the plan following a waiting period of 30 days except in the case of accident, injury, or emergency surgery, in which case coverage will be provided immediately.
- In case eligible medical expenses exceed the coverage under the Insuring Agreement for Hospitalization in Hospital or Medical Center, the Company shall pay additional 80% of eligible medical expenses under the Sections stipulated in the Insurance Policy, but not over the maximum benefit according to the plan selected.
- Coverage for death, dismemberment, or total permanent disability from accident according to the plan selected.

### **Optional Benefits (additional charge):**

- OPD (any injury or sickness which does not require hospital admission, such as fever, headache, or cough) will be covered according to the selected plan.
- Additional coverage for death, dismemberment or total permanent disability from accident according to the selected plan, 200,000 baht, 400,000 baht, or 900,000 baht.
- Maternity coverage shall be provided for pregnancy and child delivery after policy effective for the minimum of 280 days consecutively.

#### **Renewing the Insurance Policy:**

The insured is eligible for a lifetime policy renewal, except for those who were aged 60 years old or older upon application who shall be eligible for policy renewal up to 80 years old. The Company reserves right NOT to renew the Insurance Policy if there is evidence that the insured provided false statement(s), requests for coverage without medical necessity, or submits fraudulent claims for themselves or others.

# **Refund of Premiums:**

In the case of a company being the Payer, such company must acknowledge the terms and conditions regarding the refund of premiums. If the Policy is cancelled or terminated before the expiry date as specified in the Insurance Policy Schedule, or the Policy is cancelled during the policy year, Allianz Ayudhya General Insurance Public Company Limited will refund the premiums (if any) to the Insured unless Allianz Ayudhya General Insurance Public Company Limited receives the signed consent/power of attorney letter, the signed copy of passport/ ID card and supporting documents from the Insured to request Allianz Ayudhya General Insurance Public Company Limited to refund the third party.

## **Some Major Terms and Conditions:**

- Chronic diseases, injury, or sickness (including complications), condition(s) or abnormality(ies) that has occurred before entering the insurance contract shall not be covered.
- The Company shall not cover costs of any medical treatment necessitated by, or resulting from, any symptom or a complication of any of the following illnesses, which happens within 120 days from the effective date: Tumor Cyst or Cancer, Hemorrhoids, Hernias, Pterygium or Cataract, Tonsillectomy or Adenoidectomy, Stones, Varicose veins, and Endometriosis.
- During the first 3 policy years, if you receive medical treatment for any sickness which may be caused by a pre-existing condition(s), you may be asked to disburse, and the Company shall reimburse later after the investigation result reveals that there is no evidence that the sickness is caused by a pre-existing condition(s).

The Company reserves the right to underwrite your application in accordance with the terms and conditions of the Company. If the Company accept your application, we take approximately 2 weeks to process policy issuance, including related document(s). You can use our cashless service (fax claims) simply by presenting your I.D. card or Passport at any of our 490 network hospitals in Thailand. If you need to see a doctor in a non-network hospital, or outside of Thailand, you have to pay in advance and obtain reimbursement by submitting the original receipt with the attending doctor's report to Allianz Ayudhya.



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## **Important Information:**

- The Applicant is advised to always study details of coverage and conditions carefully before deciding to buy insurance. After receiving the Insurance policy, the insured is advised to study the terms and conditions of the policy contract.
- Insured has right to cancel the Insurance Policy under Free Look condition. However, the Company shall not be liable for any loss or damage under the Insurance Policy and shall fully refund the premiums to the Insured in case of no claims. The Insured shall return the Fulfilment Pack (Insurance policy and other attachments) and Allianz Ayudhya member card to Allianz Ayudhya within 15 days after receiving the Fulfilment Pack. Otherwise, the Company reserves right NOT to refund the premiums.
- For existing Insured who wishes to purchase the New Standard Health Insurance Plan, the Company would like to inform
  you that all terms and conditions, coverages and exclusions shall be in accordance with the new insurance policy. No
  conditions nor coverages from the existing insurance policy you are holding or voluntarily cancelling shall be carried over
  or continued to the new policy.
- Max Care is a marketing name of Personal Health and Accident Insurance Policy.
- Please read and understand details of our Privacy Notice at <a href="https://gi.azay.co.th/en\_TH/privacy/privacy-notice.html">https://gi.azay.co.th/en\_TH/privacy/privacy-notice.html</a> or scan QR Code

Applicant Part				
Acknowledged by (Applicant):		Date:	Time:	
(	() Please specify full name			
Seller Part				
Salesperson/Agent/Broker:	License no.:	Date:	Time:	
(	) Please specify full name			