

This English version was translated from Vietnamese

PERSONAL ACCIDENT COMBINED INSURANCE WORDING

*(The Vietnamese Original version was issued in connection with the Decision
No.: 08QD/BH-PAC-11 dated 24/11/2011 of Phu Hung Assurance Corporation)*

I. GENERAL PROVISIONS

Article 1: Territorial scope

This insurance is geographically limited within the territories of The Socialist Republic of Vietnam.

Article 2: Eligibility

1. Eligibility

People from 18 to 65 years old including Vietnamese citizens and expatriates who are living and working in Vietnam (hereafter called the Insured).

2. Ineligibility

- People sustaining mental illness, leprosy, cancer,
- People being invalid or sustaining permanent disablement of 50 percent (%) or above.
- People who are under treatment for their disease or injury.

Article 3: Other insurances

The Insured under this insurance can subscribe and is entitled to full benefits under other similar insurances provided such other insurances are separate from this insurance.

Article 4: Definitions

Following terms shall mean:

The Insured	means the person whose name is included in the Application Form accepted by the Company through the issuance of an Insurance Certificate and who is entitled to insured benefits upon the occurrence of an insured accident.
The Company	is Phu Hung Assurance Corporation (Phu Hung).
Sum Insured	In respect of Coverage A and B, Sum Insured means maximum amount specified in the Schedule the Company will pay the Insured upon an insured accident. In respect of Coverage C, Sum Insured means maximum amount specified in the Schedule the Company will pay the Insured during one insurance year.
Accident	an insured accident shall mean any accident caused by a sudden force beyond the Insured's intention which impacts the Insured's body from outside and which is the immediate cause of the Insured's death or bodily injury.
Medical institution	is a legally licensed Medical institution in Vietnam, which: <ul style="list-style-type: none">- is capable of providing facilities for diagnosis, treatment and surgery.- is capable of inpatient treatment and keeping a daily medical monitoring record of its patients.- is not a resort, a nursing home, a home for the aged, an alcoholic or drug rehabilitation center, or a Medical institution for mental illness and leprosy treatment.- is not either a ward - level, commune - level medical station or own medical station of an organization (this condition is waived

for delivery).

Temporary disablement	is disablement specified in “TEMPORARY DISABLEMENT” section of the Table of Payment issued by the Company
Permanent disablement	is disablement specified in “PERMANENT DISABLEMENT” section of the Table of Payment issued by the Company.
Oriental medicine hospital	is a legally licensed Medical institution in Vietnam, which: <ul style="list-style-type: none">- is capable of providing facility for oriental medicine diagnosis, treatment.- is not a resort, a nursing home, home for the aged, alcoholic or drug rehabilitation center, or Medical institution for mental illness and leprosy treatment.- is not either a ward-level, commune-level medical station, own medical station of an organization or oriental diagnosis centre.
Hospitalization	means the Insured stays at least for consecutive 24 hours in a Medical institution for clinical treatment, this includes delivery or prenatal treatment.
Surgery	means a science method used for bodily injury or illness treatment and conducted by licensed surgeon via manual operation with medical equipment or via machine-made operation.
Special diseases	are cancer and all kinds of tumor, high or low blood pressure, heart disease, stomach ulcer or gastritis, chronic polyarthritis, gastroenteritis, chronic hepatitis, endometritis, hemorrhoids, stone in secretion system, pneumonia tuberculosis, cataract, and sinusitis.
Pre-existing condition	is any illness or injury which, in the medical practice, existed and / or originated before the effective date of the first Insurance Policy.
Group policy	means an Insurance Policy comprising of more than ten (10) insured persons who are employed by a company, an agency, an enterprise, an union, an association or any similar organization.

Article 5: Coverage

Scope of cover:

- A. Coverage A: Death due to any reason;
- B. Coverage B: Bodily injury due to accident;
- C. Coverage C: Illness, disease and pregnancy giving rise to hospitalization or surgery.

Article 6: Choosing insurance Coverages

The Insured can opt to apply among above Coverage. Nevertheless, at least two Coverages shall be applied.

Should the Insured apply for Coverage B and C, then Coverage B shall be automatically extended to cover insured event of death arising from accident. In that case, premium rate of Coverage B shall be increased 0.05% / year.

III. EXCLUSIONS

Article 7: Exclusions

Any accident caused by the following causes shall be excluded:

1. Willful act of the Insured or the legal heirs (unless the legal heirs is under 14 years old).
2. The Insured is under direct influence of alcohol, drug or other similar stimulants.
3. The Insured seriously violates the law, internal regulation, regulation of local authority or of social associations.
4. Treatment or drug usage not indicated by a Medical institution.
5. Convalescent leave or sanatorium
6. Hospitalization for health examination or medical survey which does not concern with the treatment of disease or bodily injury
7. Treatment or surgical operation of innate diseases, bodily injuries and the appointed surgical operation which existed before the commencement of insurance
8. Treatment not recognized by science or experimental treatment
9. Cosmetic plastic, orthopedic, functional restoration, making amputation leg or hand, false eye, false tooth.
10. Family planning
11. Special diseases as defined in Article 4
12. Pre-existing conditions as defined in Article 4. Nevertheless, this exclusion:
 - a. is enforceable for first year only from the inception date for group policy comprising of less than 50 insured persons.
 - b. is waived for group policy comprising more than 50 insured persons.
13. The Assured who suffer from leprosy, syphilis, gonorrhoea, HIV, malaria, pulmonary, tuberculosis and professional diseases
14. Participating in Aviation activities (other than as a fare-paying passenger), participating in manoeuvre, military training.
15. Fighting combat of army force other than a self-defense action
16. Earthquake, volcano eruption, or radioactive contamination.
17. War, civil war, strike.
18. Terrorism.

IV. INSURANCE POLICY, PREMIUM, SUM INSURED AND INSURANCE EFFECT

Article 8: Insurance Policy

Where there is an insurance application, the Company will upon acceptance issue a group policy including a list of Insured Persons. Upon The Insured's request, the Company will additionally issue an insurance certificate for each insured person.

Article 9: Premium and sum insured

Premium and sum insured shall be specified in insurance policy or insurance certificate attached to this policy wordings.

Article 10: Insurance effectiveness

In respect of renewal policy, insurance effectiveness shall commence when the Insured

has fully paid the insurance premium except for otherwise provided.

In respect of first insurance policy or inconsecutive insurance policy, insurance effectiveness is subject to following Coverages except for otherwise provided:

1. Coverage A: in respect of death not caused by an accident, effectiveness shall only commence 30 days after the date the Insured has fully paid premium. In respect of death caused by an accident, effectiveness shall commence at the time the Insured has fully paid premium.
2. Coverage B: effectiveness shall commence at the time the Insured has fully paid premium.
3. Coverage C:
 - a. In respect of illness, disease (not is an accident): effectiveness shall only commence 30 days after the date the Insured has fully paid premium.
 - b. In respect of miscarriage, abortion indicated by a Physician, ovary cystomy, and pregnancy treatment: effectiveness shall only commence 90 days after the date the Insured has fully paid premium.
 - c. In respect of delivery: effectiveness shall only commence 270 days after the date the Insured has fully paid premium.

above 3a, 3b, 3c Coverages of this Article are not enforceable for group policy comprising of more than 50 insured persons.

Article 11: Termination

Where one party requests to terminate this insurance, such party shall provide a 30 day written notice to the other party. Should this insurance policy be agreed to terminate, The Insured will be entitled to a return of 80 percent (%) of the premium corresponding to the unexpired period provided always that, by the time of such agreed termination, there has been no claim accepted by the Company.

V. INSURANCE BENEFITS

Article 12: Insurance benefits

- 1a. Where the Insured has enrolled in Coverage A, if the Insured die, the Company shall pay total sum insured, which is specified under Coverage A.
- 1b. Where the Insured has not enrolled in Coverage A, if the Insured die due to an accident, the Company shall pay total sum insured, which is specifies under Coverage B.
2. Where the Insured sustains disablement due to an insured accident (both permanent and temporary disablement): the Company shall pay a sum equal to a percentage of sum insured under Coverage B as specified in the Table of Schedule Payment issued by the Company.
3. Where the Insured suffers insured illness or disease or pregnancy (not is an accident) and have to:
 - a. Undergo hospitalization, the Company shall pay a sum equal to 0.5% of Sum Insured of Coverage C per day, maximum is 60 days per insurance year. Where the Insured hospitalized in an Oriental Medicine Hospital, the Company shall pay a sum equal to 0.2% of Sum Insured of Coverage C per day, maximum is 150 days per insurance year. Provided always that, total sum payable to

hospitalization in one insurance year, in no case exceed 30% of Sum Insured under Coverage C.

- b. Undergo surgery, adding to insurance benefits payable under item a, the Company pay a sum equal to a percentage of Sum Insured under Coverage C as specified in Table of Surgery Schedule Payment issued by the Company.

VI. THE INSURED'S DUTY

Article 13: The Insured's duty

- Truthfully and completely filling in the Application Form and paying premium.
- Upon the occurrence of an insured event, the Insured or his relatives shall take all necessary and possible measure to minimise and prevent further injury.
- Being truthful in all declaration and in providing document relevant to the insured event.

VII. CLAIM PAYMENT PROCEDURE

Article 14: Claim files

Where requires the Company to pay insurance benefits, the Insured or his legal heirs shall provide the Company with:

1. Request of claim (The Form of The Company).
2. Certificate of Insurance or a copy of Insurance Policy.
3. Accident report certified by the Insured's organization, local authority or the local police in the area where the accident took place.
4. Medical document: hospital discharge bill, treatment bill (in respect of inpatient treatment), operation bill (in respect of operation) etc. certified and stamped by an authorized person of Medical institution.
5. Certificate of Death (where the Insured dies).
6. Document proving legal inheritance (where the Insured dies).

If the Insured authorizes another person to receive claim amount, then legally authorized letter is required.

Article 15: Claim payment

Claim amount shall be paid to the Insured or the person authorized by the Insured. In case the Insured dies, the legal heir is entitled to receive that amount.

Article 16: Obligation of good faith

Should the Insured or his legal heir(s) be fraudulent in complying with the terms and conditions of this Policy Wording, the Company shall have the right to decline a part or

the entire claim amount depending on level of fraudulence. In case there is criminal act, the Company will have the right to submit the case to authority for investigation.

Article 17: Time limit for insured event notification and claiming insurance benefits

Within 30 days from the date of the occurrence of an insured event The Insured or his legal heirs shall give the Company a written notice.

If the Insured fails to do so, the Insured or his legal heirs shall be declined to partial or total of claim amount unless a force majeure.

Within one year from the date of the occurrence of insured event, the Insured or his legal heirs shall provide the Company the claim file. If the Insured fails to do so, the Insured or his legal heir(s) will forfeit the right to claim unless a force majeure.

Article 18: Time limit for Claim settlement

The Company shall consider, settle and pay claim amount within 15 days from the date of receipt of the sufficient claim document, unless otherwise agreed.

Article 19: Time limit for complaining and proceeding lawsuit

The time limit for the Insured or his legal heirs to complain the Company as to any claim payment is six (6) months as from the date the Insured or his legal heirs receives the Company's payment notification. Time limit for proceeding lawsuit given under this Insurance Policy is three (3) years as from the date of the dispute arises.

VIII. DISPUTE SETTLEMENT

Article 20: Dispute settlement

If any dispute arising from this Policy Wording which is not able to be solved through negotiation, either party shall have the right to submit the case to the Court located in the Insured's resident area in Vietnam.