



INSURANCE POLICY

AIA ACCIDENTCARE RIDER

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This **AIA AccidentCare Rider** (“Rider”) is attached to the Basic Policy as shown in the Certificate of Insurance. This Rider shall form and be read as part of the Basic Policy. If any conflict between this Rider and the Basic Policy, the terms of this Rider will prevail unless expressly stated otherwise.

I. DEFINITIONS

The words and phrases listed below will have the meanings attributed to them wherever they appear in this Rider unless the context otherwise requires. The terms used in this Rider but not otherwise defined shall have the same meaning as provided in the Basic Policy.

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.
2. **Bodily Injury** or **Injury** means an abnormal bodily condition which occurs while this Rider is in force and is affected directly and independently of all other causes by violent, external, visible, and accidental means only and is not therefore due to any disease.
3. **Discharge** means the departure of the Insured Member from the Hospital, following finalization of all formal procedures within the Hospital to end the Hospitalisation and billing of outstanding charges for full settlement.
4. **Hospital** means an establishment that is legally licensed as a medical or surgical hospital under the laws of the country in which it is situated, and which is accepted by the Company as a valid Provider offering Treatment at a Reasonable and Customary Charges.
5. **Hospitalisation** or **Hospitalised** means the admission in a Hospital for not less than a period of 6 (six) consecutive hours upon the recommendation of a Medical Practitioner or Physician or Specialist and continuous physical stay in a Hospital prior to the Insured Member’s Discharge. Hospitalisation shall be evidenced by a room and board charge by the Hospital.
6. **Loss** means complete severance or permanent and irrecoverable functional disablement of any members of a body.
7. **Loss of Hearing** means complete and permanently irrecoverable Loss of hearing to the extent that the loss is greater than 80 (eighty) decibels across all frequencies of hearing of both ears or one ear. Medical evidence in the form of an audiometry and sound-threshold test result must be provided and certified by an Ear, Nose and Throat (ENT) specialist acceptable to the Company.
8. **Loss of Eye(s)** means physical loss of eye(s).
9. **Loss of Speech** means complete and permanently irrecoverable Loss of the ability to speak. A minimum Assessment Period of 6 (six) months applies. Medical evidence to confirm to the vocal cords to support this disability must be supplied by Ear, Nose and Throat (ENT) medical specialist acceptable to the Company. All psychiatric related causes are excluded.
10. **Loss of Sight** means complete and permanently irrecoverable Loss of sight in one eye or both eyes as a result of accident to the extent that even when tested with the use of visual aids, vision is measured at 3/60 (three/sixty) or worse in one eye or both eyes using a Snellen eye chart or equivalent test, or visual field of 20 (twenty) degrees or less



- in one eye or both eyes. The blindness must be confirmed by an ophthalmologist. The blindness must not be correctable by surgical procedures, implants, or any other means.
11. **Medically Necessary or Medical Necessity** means treatment, service or procedure which in the opinion of the Medical Practitioner is appropriate and consistent with the diagnosis and the generally accepted medical standards.
 12. **Medical Practitioner** refers to any person qualified in western medicine who is registered with the medical council of the country of his practice to render medical or surgical services and in providing such treatment, is practicing within the scope of one's licensing and training, but excluding You, the Insured Member, respective spouses, and all immediate family members of such persons.
 13. **Physician** means 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 You, the Insured Member, respective spouses and all immediate family members of such persons.
 14. **Reasonable and Customary** means no benefit shall be paid for Hospitalisation in excess of the general practice of other Hospitals of similar standing in the locality where the Hospitalisation is taking place, when providing like or comparable treatment, services or supplies for a similar injury. The Company will determine the general practice by the Company's own experience in similar cases and the assessment the Company can receive from similar Hospitals within the region.
 15. **Treatment** means surgical, medical or other medical procedures, the sole purpose of which is the cure or relief, within a reasonable time, of a medical condition.
 16. **Total Paralysis** means complete and permanently irrecoverable Loss of use of at least 2 (two) limbs is applicable if it is certified by a registered hospital at provincial level or above that the loss occurs after the 18th (eighteenth) birthday of the Insured Member and lasts for at least 6 (six) months.

II. SUBJECT OF INSURANCE

This Rider has life and body as the subject of insurance.

III. SCOPE OF COVERAGE

1. ACCIDENTAL DEATH BENEFIT

While this Rider is in force, if an Insured Member dies due to Accident within 180 (one hundred and eighty) days from the date of Accident, the Company will pay the claimant the Amount of Insurance as stated in the Certificate of Insurance and Member Listing, subject to the terms, conditions and exclusions herein contained, less any benefit paid out for Accidental Disability Benefit for the said Insured Member in accordance with the provisions in this Rider.

2. ACCIDENTAL DISABILITY BENEFIT

While this Rider is in force, if the Insured Member suffers from Accident and it solely and directly causes the accidental disability as listed under Clause IV. 2 below within 180 (one hundred and eighty) days from the day of Accident, the Company will pay the claimant the Amount of Insurance as stated in the Certificate of Insurance and Member Listing, subject



to the terms, conditions and exclusions herein contained in accordance with the provisions in this Rider.

The aggregate of the lump sum payments made under this benefit shall not exceed 100% (one hundred percent) of the Amount of Insurance stated in the Certificate of Insurance and Member Listing for this benefit. In the event of a total of 100% (one hundred percent) of the Amount of Insurance has been paid, all insurance benefits under this Rider shall immediately cease to be in-force.

If there are multiple accidental disabilities due to 1 (one) Accident, the Company shall pay the accidental disability with the highest indemnity.

3. ACCIDENTAL MEDICAL EXPENSE BENEFIT

While this Rider is in force, if Injury sustained which is caused by Accident and require Treatment by a Physician or Medical Practitioner or shall require Treatment in a Hospital or the employment of a licensed nurse, the Company will pay the expenses actually incurred by the Insured Member within 52 (fifty-two) weeks from the date of Accident for medical Treatment, hospital charges and nursing but not exceeding the Amount of Insurance as stated in the Certificate of Insurance and Member Listing, subject to the terms, conditions and exclusions herein contained.

If the Insured Member has already been reimbursed from social welfare (NSSF) or any other fringe benefits or other insurance, the Company shall be responsible only for the cost of medical treatment that has not yet been reimbursed.

IV. INSURANCE BENEFITS

Benefits of this Rider include:

No.	Type of Coverage	Amount of Insurance
1.	Accidental Death Benefit	Up to limit stated in the Benefits Schedule
2.	Accidental Disability Benefit	Up to limit stated in the Benefits Schedule
	Loss of two limbs	Up to limit stated in the Benefits Schedule
	Loss of Sight, Hearing and Speech	Up to limit stated in the Benefits Schedule
	Loss of both hands, or of all fingers and both thumbs	Up to limit stated in the Benefits Schedule
	Total loss of sight of both eyes	Up to limit stated in the Benefits Schedule
	Total paralysis	Up to limit stated in the Benefits Schedule
	Injuries resulting in being permanently bedridden	Up to limit stated in the Benefits Schedule



Loss of one arm at shoulder	Up to limit stated in the Benefits Schedule
Loss of one arm between shoulder and elbow	Up to limit stated in the Benefits Schedule
Loss of one arm at elbow	Up to limit stated in the Benefits Schedule
Loss of one arm between elbow and wrist	Up to limit stated in the Benefits Schedule
Loss of one hand at wrist	Up to limit stated in the Benefits Schedule
Loss of one leg at hip	Up to limit stated in the Benefits Schedule
Loss of one leg between knee and hip	Up to limit stated in the Benefits Schedule
Loss of one leg below knee	Up to limit stated in the Benefits Schedule
Loss of whole eye in one eye	Up to limit stated in the Benefits Schedule
Loss of sight of one eye, except perception of light	Up to limit stated in the Benefits Schedule
Loss of lens of one eye	Up to limit stated in the Benefits Schedule
Loss of four fingers and thumb of one hand	Up to limit stated in the Benefits Schedule
Loss of four fingers of both hands	Up to limit stated in the Benefits Schedule
Loss of thumb of one hand	
- two phalanges	Up to limit stated in the Benefits Schedule
- one phalanx	Up to limit stated in the Benefits Schedule
Loss of index finger of one hand	
- three phalanges	Up to limit stated in the Benefits Schedule
- two phalanges	Up to limit stated in the Benefits Schedule
- one phalanx	Up to limit stated in the Benefits Schedule
Loss of middle finger /ring finger/little finger of one hand	
- three phalanges	Up to limit stated in the Benefits Schedule



	- two phalanges	Up to limit stated in the Benefits Schedule
	- one phalanx	Up to limit stated in the Benefits Schedule
	Loss of metacarpals	
	- first or second	Up to limit stated in the Benefits Schedule
	- third, fourth or fifth	Up to limit stated in the Benefits Schedule
	Loss of toes of one foot	
	- all	Up to limit stated in the Benefits Schedule
	- great, two phalanges	Up to limit stated in the Benefits Schedule
	- great, one phalanx	Up to limit stated in the Benefits Schedule
	- other than great, if more than one toe lost each	Up to limit stated in the Benefits Schedule
	Loss of hearing	
	- two ears	Up to limit stated in the Benefits Schedule
	- one ear	Up to limit stated in the Benefits Schedule
	Loss of speech	Up to limit stated in the Benefits Schedule
3.	Accidental Medical Expense Benefit	Up to the limit stated in the Benefits Schedule

V. PREMIUM PAYMENT PROVISIONS

1. The Policy Owner can pay their Premium via the method specified by the Company. The validated deposit slip or premium deduction shown in your account statement shall be considered as proof of payment.
2. The frequency of Premium payments under this Rider shall always be same as frequency of Premium payment of the Basic Policy. The Rider frequency of Premium payment will change if the frequency of Premium payment of Basic Policy is changed by the Policy Owner.
3. Other Premium payment provisions shall follow the Basic Policy.

VI. EXCLUSIONS

1. Exclusions for Accidental Death Benefit and Accidental Disability Benefit:

This Rider shall not cover the accidental death or accidental disability caused directly or indirectly, wholly or partly, by any one of the following occurrences:



- (i) suicide or attempted suicide, or any self-inflicted injuries while sane or insane; or
- (ii) a criminal offence committed or attempted to commit by You, or the Insured Member, or the Beneficiary; or
- (iii) miscarriage, pregnancy, birth-giving or pregnancy complications except that such event has been induced by Accident; or
- (iv) Accident occurring while or because the Insured Member is under the influence of alcohol, any non-prescribed drug abuse or illegal drug; or
- (v) any form of mental or psychiatric disorder; or
- (vi) hernia, ptomaines or bacterial infection (except pyogenic infection which shall occur with and through an accidental cut or wound); or
- (vii) Injuries are caused by insect bites including but not limited to mosquito bites and bee stings; or
- (viii) participating in professional sports or activities of a hazardous nature such as skydiving, parachuting, bungee jumping, mountain climbing, racing, scuba diving, racing of any form; or
- (ix) engaging in air travel, except when the Insured Member is a fare-paying passenger in a properly licensed commercial aircraft that is on a regular scheduled route operated; or while the life Insured Member works as a pilot or a crew in any aircraft or
- (x) strike, riot and civil commotion, rebellion or insurrection, or terrorist activity; or
- (xi) war, declared or undeclared, or revolution; or
- (xii) service in the armed forces in time of declared or undeclared war or while under orders for warlike operations or restoration of public order; or
- (xiii) nuclear weapons, radiation or radioactivity from any nuclear fuel or nuclear refuse arising from the combustion of nuclear fuel and any process of self-sustaining nuclear fission/fusion; or
- (xiv) death or disability due to any illness or disease; or
- (xv) an accidental disability resulting from a physical or mental condition which existed before the Effective Date, which was not disclosed in the application or health statement.

2. Exclusions for Accidental Medical Expense Benefit

This Rider shall not cover the medical expenses for Injury caused directly or indirectly, wholly or partly, by any one of the following occurrences:

- (i) suicide or attempted suicide, or any self-inflicted injuries while sane or insane; or
- (ii) a criminal offence committed or attempted to commit by You, or the Insured Member, or the Beneficiary; or
- (iii) miscarriage, pregnancy, birth-giving or pregnancy complications; or
- (iv) Accident occurring while or because the Insured Member is under the influence of alcohol, any non-prescribed drug abuse or illegal drug; or
- (v) any form of mental or psychiatric disorder; or
- (vi) hernia, ptomaines or bacterial infection (except pyogenic infection which shall occur with and through an accidental cut or wound); or
- (vii) Injuries are caused by insect bites including but not limited to mosquito bites and bee stings; or
- (viii) participating in professional sports or activities of a hazardous nature such as skydiving, parachuting, bungee jumping, mountain climbing, racing, scuba diving, racing of any form; or
- (ix) strike, riot and civil commotion, rebellion or insurrection, or terrorist activity; or



- (x) war, declared or undeclared, or revolution; or
- (xi) service in the armed forces in time of declared or undeclared war or while under orders for warlike operations or restoration of public order; or
- (xii) nuclear weapons, radiation or radioactivity from any nuclear fuel or nuclear refuse arising from the combustion of nuclear fuel and any process of self-sustaining nuclear fission/fusion; or
- (xiii) Treatments due to any illness or disease; or
- (xiv) Treatment prior to the Effective Date or Treatment as a result of an Accident prior to the Effective Date; or
- (xv) Treatment that is not Medical Necessary; or

VII. GEOGRAPHIC AREA

This Policy provides a worldwide coverage to the Insured Member.

VIII. THE BENEFICIARY

Each Insured Member shall designate in writing a beneficiary or beneficiaries to whom the benefits under this Policy shall be payable in the event of death and such designation shall be filed with the Policy Owner. Other Beneficiary provisions shall follow the Basic Policy.

IX. ALTERATION

If a party wishes to make any alteration to any benefits or provisions under this Rider, the said alteration has to be agreed by the parties through an Endorsement. Any Endorsement to this Rider shall bind all Insured Members whether insured under this Rider before or on or after the effective date of the Endorsement. The Endorsement has to be signed by the Company's authorized officer.

X. RENEWAL CLAUSE

Following the Basic Policy

XI. TERMINATION

The Rider shall automatically terminate upon:

- (i) this Rider becomes expired, terminated, lapsed or cancelled; or
- (ii) the Insured Member dies; or
- (iii) the Amount of Insurance of Accidental Disability Benefit are fully paid up to 100% (one hundred percent) as stated in the Certificate of Insurance; or
- (iv) the Basic Policy becomes expired, terminated, lapsed, cancelled, or is surrendered.

whichever occurs earlier.

The Policy Owner can request in writing to the Company (in the Company's prescribed form) to terminate this Rider at any time. If the Policy Owner requests to terminate the Policy on a date other than a Due Date, no refund of Premiums (if any) shall apply. The termination shall be without prejudice to any claim originating prior to the effective date of termination.



The payment or acceptance of any premium after the termination of this Rider shall not create any liability on the Company's part but the Company shall refund any such premium without interest.

XII. CANCELLATION

Following the Basic Policy

XIII. CLAIM PROCEDURES

1. QUALIFICATION OF THE CLAIMANT

Following the Basic Policy

2. NOTICE OF CLAIM

Following the Basic Policy

3. REQUIRED DOCUMENTS OR PROOF OF EVIDENCE

(i) Proof of Accidental Death Benefit & Accidental Disability Benefit

- a. The Company, upon receipt of such notice, will provide the claimant with the appropriate forms for filing proof of accidental death or accidental disability within 24 (twenty-four) hours.
- b. The Company shall determine if accidental death or accidental disability as defined in this Policy is satisfied and shall have the right to call for an examination of the Insured Member and/or the evidence used in arriving at such accidental death or accidental disability, by such person as the Company require.

(ii) Proof of Accidental Medical Expense Benefit

Proof of evidence including but not limited to original receipt, medical certificate, medical discharge letter, and any medical document shall be submitted together with the claim form to the Company. All medical documents must be obtained from medical facility which is legally licensed to supply medical treatment in the country.

The Company reserves the rights to request any other document(s)/report(s) as the Company deems necessary for the purpose of processing the claim.

4. CLAIM TURNAROUND TIME

Following the Basic Policy

5. CLAIM REIMBURSEMENT METHOD

Following the Basic Policy



XIV. CONFIDENTIALITY

Any information provided to the insurer shall be treated as confidential and no personal information shall be disclose to third party without prior consent unless required or approved by in force law or regulations.

XV. DISPUTE RESOLUTIONS

For any dispute arising in relation to the conduct of insurance business, the disputing parties may bring the case to the Insurance Regulator of Cambodia for mediation before filing a lawsuit to arbitration or a competent court, except a criminal case.

XVI. JURISDICTION

This Policy shall be governed by jurisdiction of the Kingdom of Cambodia.