



INSURANCE POLICY

FAMILY ALLOWANCE RIDER

FORM NO. [XXX]

I. DEFINITIONS

The words and phrases listed below will have the meanings attributed to them wherever they appear in this FAMILY ALLOWANCE RIDER (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 terms and conditions of the Basic Policy.

1. **Basic Policy** refers to the terms and conditions relating to the Basic Product that this rider attached to and forming part of the Insurance Policy.
2. **Policy** refers to the terms and conditions relating to this Rider.
3. **Complete and Permanently Irrecoverable Loss** means physical loss of eye(s) or complete blindness, loss of arm(s) above the wrist, and loss of leg(s) above the ankle. Such certification could be carried out at any time within the Rider term and when the Rider is in full force.

In this definition, Complete and Permanently Irrecoverable Loss of use of arm(s) and leg(s) 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 and lasts for at least 6 (six) months.

4. **Rider Sum Assured** shall refer to the coverage amount of this rider purchased as shown on the Certificate of Insurance or as revised by an Endorsement from time to time.
5. **Total and Permanent Disabled/Disability** shall mean Complete and Permanently Irrecoverable Loss of the following:
 - (i) two limbs; or
 - (ii) two eyes; or
 - (iii) one limb and one eye.

II. SUBJECT OF INSURANCE

This Rider can be attached to a life insurance product that has life and body (disability) as the subject of Insurance.

III. SCOPE OF COVERAGE

If the Insured dies or becomes Total and Permanent Disable while this Rider is in force and before the Expiry Date of this Rider, the Company will pay You or the Beneficiary the Rider Sum Assured annually starting from the Policy Anniversary immediately following the death or Total and Permanent Disability until the end of coverage term of this Rider.

IV. INSURANCE BENEFITS

Type of Coverage	of Rider Sum Assured
Family Allowance Benefit (Additional annual financial support following Death/Total Permanent Disability event)	100% (As stated on the Certificate of Insurance)

V. PREMIUM PAYMENT PROVISIONS

1. All premiums shall be payable on or before their Due Dates to the Company by 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 You.
3. Other Premium payment provisions shall follow the Basic Policy.

VI. EXCLUSIONS

This Rider shall not cover any 1 (one) of the following occurrences:

1. death is due to suicide, self-inflicted injury, whether sane or insane, within 2 (two) years from the Effective Date or Commencement Date, whichever is later; or
2. death is due to Human Immunodeficiency Virus (HIV) and/or any HIV-related illnesses including Acquired Immune Deficiency Syndrome (AIDS) and/or any mutations, derivation or variations thereof; or
3. death or Total and Permanent Disability due to a criminal offence committed or attempted to commit by You, or the Insured, or the Beneficiary; or
4. death or Total and Permanent Disability due to drugs or stimulators or alcohol abuse, drunk driving, or their complications as determined by the law in force such as Law on Land Traffic, and Law on the Control of Drug, etc; or
5. Total and Permanent Disability resulting from wilful exposure to danger or attempted self-destruction or self-inflicted injuries while sane or insane;
6. Total and Permanent Disability resulting from service in the armed forces in time of declared or undeclared war or while under orders for warlike operations or restoration of public order;
7. Total and Permanent Disability resulting from entering, exiting, operating, servicing, or being transported by any aerial device or conveyance except when the Insured is a fare-paying passenger or crew member on a commercial passenger airline on a regular scheduled passenger trip over its established passenger route; or
8. Total and Permanent Disability resulting from a physical or mental condition which existed before the Effective Date or Commencement Date, whichever is later, which was not disclosed in the application or health statement.

VII. GEOGRAPHIC AREA

This Rider provides worldwide coverage to the Insured.

VIII. OWNERSHIP PROVISIONS (BENEFICIARY)

The Policy Owner/You who is also the Insured of this Rider may nominate a natural person to receive the moneys payable upon Your death. You may name the Beneficiary(ies) at the time of Your application or at any time after the Rider has been issued in the Company's prescribed form.

You shall have the right, subject to any legal constraints, to revoke any such nominations and/or to name another Beneficiary(ies) by written notification to the Company. Your written notification must be received and registered by the Company during Your lifetime.

If the Insured intends to revoke or change the current Beneficiary(ies), the Insured firstly has to be the Policy Owner. The Insured may then by written notice to the Company, by filing the proper forms, proceed to revoke the named Beneficiary(ies) and appoint other Beneficiary(ies). The revocation and change of Beneficiary(ies) shall take effect from the date of receipt of the written notice to the Company.

If You have nominated more than one Beneficiary, the Company shall pay the moneys payable in equal shares to the persons nominated who is/are alive at time of the death of the Insured unless You have specified otherwise. This is subject to the laws in force at the time.

If on the death of the Insured, no Beneficiary is nominated, or the person(s) nominated is/are dead, the moneys payable may be paid to successor. This is subject to the laws in force at the time.

IX. ALTERATION

If You intend to make any alteration or waive any provisions for this Rider, the said alteration or waiver has to be made by an Endorsement. The Endorsement has to be signed by the Company's authorised officer.

The Company may request the Insured to forward the Policy to the Company to give effect to any Endorsement.

X. RENEWAL CLAUSE

This Rider is not subject to any renewal.

XI. REINSTATEMENT

If a premium is still in default after the stipulated Grace Period, and if the Basic Policy has not been surrendered, the Rider can be reinstated along with the Basic Policy following the Terms and Conditions of the Basic Policy. The Rider cannot be reinstated independently.

XII. TERMINATION

The Rider shall automatically terminate upon:

- (i) this Rider becomes expired, terminated, lapsed; or
- (ii) all benefits under this Rider are fully paid by the Company; or

(iii) the Basic Policy becomes expired, terminated, lapsed, or is surrendered.

whichever occurs earlier.

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.

XIII. CANCELLATION

The Company reserves the right to cancel this Rider as at the Due Date by written notice of cancellation to You before the Expiry Date on which such cancellation shall be effective. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

The payment or acceptance of any premium after the cancellation of this Policy shall not create any liability on the Company's part, but the Company shall refund any such Premium without interest

XIV. CLAIM PROCEDURES

1. QUALIFICATIONS OF THE CLAIMANT

The claimant can be the Policy Owner or Beneficiary(ies) that was assigned by the Policy Owner. The claimant shall be at least 18 (eighteen) years old.

2. NOTICE OF CLAIM

- (i) Notice of a claim must be provided to the Company within 90 (ninety) days of the occurrence of any event which may give rise to a claim under this Rider. If the claimant fails to give the notice within this period, the Company will not invalidate any claim if it is shown to have been not reasonably possible to give such notice and that the notice was given as soon as was reasonably possible.
- (ii) The notice can be submitted at AIA Office or contact Client Services (855) 86 999 242 or your Life Planner or email to Kh.claim@aia.com.

3. REQUIRED DOCUMENTS OR PROOF OF EVIDENCE

(i) Proof of Death

The Company, 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) working 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.

(ii) Proof of Total and Permanent Disability

Proof of Total and Permanent Disability shall be submitted to the Company, who shall determine if Total and Permanent Disability as defined under this Rider is satisfied. The Company shall have the right to call for an examination of the Insured and/or the

evidence used in arriving at such Total and Permanent Disability, by such persons as the Company requires.

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

The Company reserves the rights to evaluate document(s)/report(s) and make decision on the claim within 15 (fifteen) working days of the date the Company has received the full document(s)/report(s) of the claim.

5. CLAIM REIMBURSEMENT METHOD

The Company will deposit the claim into the bank account provided by the claimant to the Company.

6. DEDUCTION OF PREMIUM AT CLAIM

If payment of a claim under this Rider shall terminate this Rider or reduce its amount of coverage, deduction from the proceeds shall be made for any unpaid balance of the premiums due for the portion of amount of coverage terminated or reduced for the full Policy Year in which the insured event occurred.

XV. CONFIDENTIALITY

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

XVI. DISPUTE RESOLUTIONS

1. COMPLAINT PROCEDURES

Any complaint received will be addressed and analysed within a reasonable timeframe to determine the root cause and the appropriate course of action in accordance with the Company's standard operating procedures. Complaints can be submitted to the Company via email Kh.care@aia.com or by calling the phone number (855) 86 999 242.

2. 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.

XVII. JURISDICTION

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