



INSURANCE POLICY
HOSPITAL ALLOWANCE BENEFIT RIDER

Form No. [XXXX]

TABLE OF CONTENTS

I. DEFINITIONS	1
II. SUBJECT OF INSURANCE	2
III. SCOPE OF COVERAGE	2
IV. INSURANCE BENEFITS	2
V. PREMIUM PAYMENT PROVISIONS	2
VI. EXCLUSIONS	3
VII. GEOGRAPHIC AREA	4
VIII. OWNERSHIP PROVISIONS (BENEFICIARY)	4
IX. ALTERATION	4
X. RENEWAL CLAUSE	4
XI. REINSTATEMENT	4
XII. TERMINATION	4
XIII. CANCELLATION	5
XIV. CLAIM PROCEDURES	5
1. QUALIFICATIONS OF THE CLAIMANT	5
2. NOTICE OF CLAIM	5
3. REQUIRED DOCUMENTS OR PROOF OF EVIDENCE	5
4. CLAIM TURNAROUND TIME	5
5. CLAIM REIMBURSEMENT METHOD	5
6. DEDUCTION OF PREMIUM AT CLAIM	6
XV. CONFIDENTIALITY	6
XVI. DISPUTE RESOLUTIONS	6
1. COMPLAINT PROCEDURES	6
2. DISPUTE RESOLUTIONS	6
XVII. JURISDICTION	6



INSURANCE POLICY

HOSPITAL ALLOWANCE BENEFIT RIDER

I. DEFINITIONS

The words and phrases listed below will have the meanings attributed to them wherever they appear in this HOSPITAL ALLOWANCE BENEFIT 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. **Day(s) of Hospitalisation** or **Day(s)** means a necessary period of Hospitalisation in a Hospital as an inpatient for which a day room and board is charged.
3. **Hospital** refers to any medical establishment duly constituted and registered for the care and treatment of sick and injured persons as paying bed-patients, which:
 - (i) has facilities for diagnosis and provide treatment
 - (ii) provides 24 (twenty-four) hour a day nursing services by registered and graduate nurses,
 - (iii) is under the supervision of a Medical Practitioner, and
 - (iv) is not primarily a clinic; a place for alcoholics or drug addicts; a nursing, rest or convalescent home or a home for the aged or similar establishment.For clarity, cabinets and similar institutions do not meet the definition of Hospital under this provision.
4. **Hospitalisation** or **Hospitalised** is defined as warded in a licensed Hospital for a minimum of 6 (six) consecutive hours with proof of room and board charged by the Hospital, provided the Hospitalisation is Reasonable and Customary.
5. **Intensive Care Unit (ICU)** means a section within a Hospital which is designated as an intensive care unit by such Hospital and which is operating on a 24 (twenty-four)-hour basis solely for treatment of patients in critical medical condition, is equipped for constantly monitoring vital bodily functions of patients and provide special nursing and medical services not available elsewhere in such Hospital. For clarity, High Dependency Unit (HDU) shall not be covered under this definition.
6. **Medically Necessary** or **Medical Necessity** shall mean treatment, service or procedure which in the opinion of the Medical Practitioner and the medical facility where the Medical Practitioner is working is appropriate and consistent with the diagnosis and the generally accepted medical standards.
7. **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, respective spouses, and all immediate family members of such persons.
8. **Policy** refers to the terms and conditions relating to this Rider.



9. **Pre-Existing Condition** means illnesses that the Insured/You has/have reasonable knowledge of. An Insured/You may be considered to have reasonable knowledge of a Pre-Existing Condition where the condition is one of which:
 - (i) the Insured had received or is receiving treatment; or
 - (ii) medical advice, diagnosis, care or treatment has been recommended; or
 - (iii) clear and distinct symptoms are or were evident; or
 - (iv) its existence would have been apparent to a reasonable person in the circumstances.
10. **Reasonable and Customary** 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.
11. **Rider Sum Assured** refers 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.

II. SUBJECT OF INSURANCE

Hospital Allowance Benefit Rider has the body (health) as the subject of insurance.

III. SCOPE OF COVERAGE

While this Rider is in force, if the Insured is Hospitalised, provided the Hospitalisation is Reasonable and Customary, the Company shall pay You or the Beneficiary(ies) Hospital Allowance Benefit in the amount specified on Certificate of Insurance (or in the relevant Endorsement if such amount is changed subsequently) multiplied by the number of Day(s) of Hospitalisation of the Insured, subject to the limits shown on the Certificate of Insurance.

If Hospital Allowance Benefit is paid for Intensive Care Unit (ICU) room for a Day, then no additional allowance will be paid for ordinary room for the same Day of Hospitalisation.

IV. INSURANCE BENEFITS

No	Type of Coverage	Benefit
1	For ordinary room	100% of Rider Sum Assured/Day
2	For Intensive Care Unit (ICU) room	300% of Rider Sum Assured/Day

Remarks: The benefits mentioned above are subject to terms, conditions, and exclusions of this Rider.

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.
4. The premium of this Rider is not guaranteed, and the Company reserves the right to revise or adjust it at the Due Date by giving You a 1 (one) month prior notice via email or text message or other methods as determined by the Company. The revised or adjusted premium will be applicable from the Due Date.

VI. EXCLUSIONS

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

1. provoke assault or murder; or
2. riot and civil commotion, or terrorist activity; or
3. war, declared or undeclared, or revolution; or
4. 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
5. suicide or attempted suicide, or any self-inflicted injuries while sane or insane; or
6. engaging in air travel, except when the Insured is a fare-paying passenger in a properly licensed commercial aircraft; or
7. violation or attempted violation of the law or resistance to arrest; or
8. accident occurring while or because the Insured is under the influence of alcohol, any non-prescribed drug abuse or illegal drug; or
9. Hospitalisation as a result of a Pre-Existing Condition; or
10. routine physical check-up and rest cures, rehabilitation and hospice care; or
11. 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
12. mental, nervous disorders or manifested sleep disorders or any other complications arising therefrom; or
13. acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or infection by Human Immunodeficiency Virus (HIV); or
14. congenital defect or disease, which manifested or was diagnosed before the Insured turned seventeen 17 (seventeen) years old, except of conditions that have been disclosed and accepted at application; or
15. Hospitalisation prior to the Effective Date or Commencement Date of this Rider, whichever is later; or
16. Hospitalisation due to illness within 45 (forty-five) calendar days from the Effective Date or Commencement Date of this Rider, whichever is later; or
17. Any Hospitalisation for which the underlying Medical Condition or any number of Day(s) of Hospitalisation which is not Medically Necessary, as determined by the Company.



VII. GEOGRAPHIC AREA

This Rider provides worldwide coverage to the Insured.

VIII. OWNERSHIP PROVISIONS (BENEFICIARY)

You may nominate the Beneficiary(ies) at the time of Your application 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 at any time. Your written notification must be received and registered by the Company during Your lifetime.

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

If at the time of claim settlement, no Beneficiary is nominated, or the person(s) nominated is/are dead, the benefit payable may be paid 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.

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) calendar 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/(855) 23 999 242 or your Life Planner or email to Kh.claim@aia.com.

3. REQUIRED DOCUMENTS OR PROOF OF EVIDENCE

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

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 analyzed 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/(855) 23 999 242.

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 Insurance Contract shall be governed by jurisdiction of the Kingdom of Cambodia.