



Ministry of Planning and Finance
Myanma Insurance

phone No: 0-9

Email :

Certificate of Insurance - Inbound Travel Accident Insurance

Insurance Period : 15 Days Benefits : As per benefit table
 Certificate Number : 0 Journey from : CHINA
 Policy Holder : China PP/Country: : China
 Covid-19 coverage : Yes Payment Date : 5 Dec 2022
 Buy for yourself (This passport holder) Payment Ref No 1-4

This Certificate of Insurance confirms coverage for :

Insured's Name	Date of birth	Age	Insurance Period	Passport No
	6 Dec 1992	30	15 Days	China

Table of Benefits

Benefit	Remark	Sum Insured	
Accidental Death		50,000,000 MMK	\$25,000
Permanent Disablement		50,000,000 MMK	\$25,000
Medical Expenses for Covid-19 infection (hospitalization and death)	max	50,000,000 MMK	\$25,000
Repatriation (Dead Body)	max	50,000,000 MMK	\$25,000
Medical Expenses:	max	20,000,000 MMK	\$10,000
Sub-Limits for Medical Expenses			
Home Isolation, in-patient hospitalization, Room and other medical charges per day max 300,000 kyats or USD 150 (up to 30 days)	max	9,000,000 MMK	\$4,500
ICU per day max 400,000 kyats or USD 200 (up to 15 days)	max	6,000,000 MMK	\$3,000
Hospital General Expense	max	3,500,000 MMK	\$1,750
In-hospital Surgeon Visit-max 30 days	max	1,500,000 MMK	\$750

We hereby confirm that the Insured is covered for medical treatment expenses for accident, covid-19 and repatriation of dead body up to USD 50,000, subject to the terms & conditions and exclusions stated in the Policy issued by Myanma Insurance. Refund premium is subject to General Conditions and Provisions clause of No.7. Effective date refers to the date of premium payment or the date of arrival in Myanmar (after passing the immigration counter stationed at the arrival airport) whichever is later.



Print Date : 05 Dec 2022

**INBOUND TRAVEL ACCIDENT INSURANCE
POLICY TERMS AND CONDITIONS**



SECTION I: COVERAGES

1. DEFINITIONS

ACCIDENT/ACCIDENTAL refers sudden, unintended and unforeseen mishap caused by external, violent and visible means.

INSURED refers to a natural person or legal entity that purchases an Insurance Policy, and in some cases, an insured can be a policy owner as well as an insured person.

EFFECTIVE DATE refers to the date of premium payment or the date of arrival in Myanmar(after passing immigration counter stationed at the arrival airport) whichever is later.

MEDICAL EXPENSE refers to the services fee that an Authorized Hospital or Medical Center charges Insured that are considered Normal and Customary while he/she is their Inpatient.

MEDICAL PRACTITIONER refers to a person who has a medical degree, is licensed or registered in the country which they operate and is accredited by a medical board or equivalent organization to render medical services, except of Family Members.

LOSS OF SIGHT refers to a physical condition where the Insured is completely blind and cannot be cured.

PERIOD OF INSURANCE refers to the period of cover shown in the Policy Schedule and/or Certificate of Insurance for which the appropriate premium has been paid.

PERMANENT DISABLEMENT refers to Injury which:

- i. falls into one of the categories listed in the Scale of Permanent Disablement Benefits Table.
- ii. having lasted for a continuous period of twelve (12) calendar months from the date of the Accident entirely prevents the Insured from engaging in gainful employment of any and every kind and from which there is no hope of improvement.

PREMIUM refers to the amount paid by an insured to an insurer under an Insurance Policy as consideration for the obligations assumed by the insurer.

REASONABLE AND CUSTOMARY CHARGES refer to charges or fees which are generally prevailing and of normal standard for the medical condition concerned in the country and city where the insured is treated.

THE COMPANY refers to Myanmar Insurance.

TRAVELING ROUTE refers to the journey within the Republic of the Union of Myanmar.

TRIP refers to the period between the Commencement of Cover and Expiry of Cover.

COVID-19 Coronavirus disease 2019 (COVID-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

2. SCOPE OF COVER

PERSONAL ACCIDENT BENEFITS

• ACCIDENTAL DEATH

The Company will pay the sum insured as stated in the Schedule of Benefit, if the Insured sustained Accident during the Trip which results in Death within 90 days from the day the incident occurred.

• PERMANENT DISABLEMENT

The Company will pay the sum insured as stated in the Schedule of Benefit, if the Insured sustained Accident during the Trip which results in Permanent Disablement. The disablement must be certified by a Medical Practitioner.

	Table of Benefits	Scale of Compensation
1	Accident Death	100%
2	Permanent Total Disablement	
2a	Loss of Sight (both eyes)	100%
2b	Loss of two limbs	100%
2c	Loss of one Limb and one eye	100%
2d	Permanent Total and absolute disablement as certified by Medical Practitioner	100%
3	Permanent Partial Disablement	
3a	Loss of Sight on one eye	50%
3b	Loss of one limb	50%
3c	Loss of all toes	20%



	Two Phalanges	5%
	One Phalange	2%
	More than one toe, each	1%
	Loss of hearing (both ears)	50%
	Loss of hearing (one ear)	15%
	Loss of Speech	50%
	Loss of four fingers and thumb of one hand	40%
	Loss of four fingers	35%
	Loss of thumb – both phalanges	25%
	Loss of thumb – one phalange	10%
	Loss of Index finger	4%
	i) One Phalange	8%
	ii) Two Phalanges	10%
	iii) Three Phalanges	
	Loss of Middle finger	2%
	i) One Phalange	4%
	ii) Two Phalanges	6%
	iii) Three Phalanges	
	Loss of ring finger	2%
	i) One Phalange	4%
	ii) Two Phalanges	5%
	iii) Three Phalanges	
	Loss of little finger	
	i) One Phalange	2%
	ii) Two Phalanges	3%
	iii) Three Phalanges	4%
	Loss of Metacarpals	3%
	i) First or second (additional)	2%
	ii) Third, fourth or fifth (additional)	
	Any other part permanent partial disablement	As assessed by Medical Practitioner appointed by us

SECTION II: GENERAL CONDITIONS AND PROVISIONS



1. DUTY OF DISCLOSURE

The accuracy of the information provided over any means of electronic communications or in the Insured's proposal form will form the basis of and be part of the contract. Before Insured enter into the Insurance contract and during the Period of Insurance, Insured must declare to The Company everything Insured know or could reasonably be expected to know which will affect The Company's decision on the coverage and the terms of the insurance. If Insured are uncertain about whether a fact is relevant or not, Insured must declare to The Company about it. The Company will acknowledge receipt of acceptance of material information by stating these on the Policy Schedule. If Insured do not provide this information to The Company, The Company may:

- i. reduce the amount payable for the claim under this Policy; or
- ii. refuse to pay the claim that may arise; or
- iii. cancel Insured's Insurance Policy from inception.

2. ELIGIBILITY

Persons eligible for cover under this Policy are:

- i. It can be purchased from one year age.

3. AMENDMENT OF THE INSURANCE POLICY

The Amendment of the Insurance Policy will be valid when The Company accepts such agreement and it is legally binding after a formal written statement being attached to the Policy or being issued as an endorsement by the Company.

4. CHANGE OF INSURANCE AGREEMENT

Insured shall give The Company immediate written notice of any changes in the Country of Residence, occupation, pursuits or health of any Insured, which is likely to result in a material increase in hazard to The Company and shall pay any additional premiums that may be required by The Company. Failure to do so shall entitle The Company, in the event of a claim, to repudiate such a claim or at The Company's discretion, adjust the benefits payable.

The Company reserves the rights to amend the terms and provisions of this Policy on any Policy Anniversary date by giving Insured thirty (30) days' written notice of such change. Notice can be delivered via electronic means or sent by ordinary mail to Insured's last known correspondence address in The records. No alteration to this Policy shall be valid unless approved in writing by The Company's authorized representative and reflected in an endorsement. No broker or advisor has the authority to amend or waive any of the terms and conditions of this Policy.

5. MISSTATEMENT

- Misstatement of Age

If the date of birth of any Insured has been incorrectly stated on the proposal form, then the renewal premium shall be adjusted based on the correct age. Any excess premium that may have been paid as a result of any misstatement of age shall be refunded without interest. If at the correct age Insured would not have been eligible for cover under this Policy, no benefit shall be payable, and The Company's liability shall be limited to the refund of the premium paid without interest. Proof of age of each Insured must be submitted to The Company before any claims can be made under the Policy.

- Misstatement or fraud

The Company shall have no liability to pay any benefit under this Policy if Insured or any Insured:

- fail to fully and truthfully disclose to The Company all material information known (or which could reasonably be expected to be known) before inception of this policy and upon each renewal;
- fail to properly fulfil the terms and conditions of this policy;
- make any untruth statement;
- omit, suppress or incorrectly state any material information affecting the risk;
- make any claim that is fraudulent or exaggerated or make any false declaration or statement in support of a claim.

6. GOVERNING LAW AND JURISDICTION

The Policy shall be governed by and interpreted in accordance with the Law of Republic of the Union of Myanmar. The jurisdiction is the competent court in Republic of the Union of Myanmar.

7. CANCELLATION OF THE INSURANCE

In the event the Insured cancels his/her application after the Company has issued the policy but prior to the effective date of the Policy, the Company shall refund the premium to the Insured after the deduction of cancellation administration fee; however, bank charges or any other charges or fees for the remittance of refund premium shall be incurred by the Insured. No refund shall be made after the effective date of the Policy or in the event the Insured returns home prior to the expiry of the Policy.

(i) Eligibility for Applying Refund Premium

- In the event of the rejection to the E-Visa application of the insured who has purchased the Inbound Travel Accident Insurance, refund premium shall be applied for within 14 days from the date of E-Visa rejection together with the evidence of E-Visa rejection.
- In the event that the premium is paid more than once by the insured or proposer for the same policy with the same insurance period, the refund premium shall be applied for together with the evidence.
- In no other circumstances except above two circumstances, Myanma Insurance shall be liable for the refund premium
- The refund supporting documents shall be submitted together with the following information:



Insured's name
Passport
Debit/Credit Card
Original Payment Transaction Date
Original Payment Transaction Amount
Invoice Number

8. CURRENCY

The currency of the premium and any coverage amounts (benefits) will be in US Dollar. The Company accesses the claims. This Provision remain applicable unless there is a regulation to control the use of currency.

9. CONFIDENTIALITY

The Company shall keep all information to which Insured provided confidential either through filling the application form or via electronic communication.

10. DISAPPEARANCE

If during the period of cover and whilst on the insured Trip, an Insured disappears following the disappearance, sinking or wrecking of a conveyance in which they were traveling and their body has not been found within twelve (12) months after the date of disappearance, they will be deemed to have died as a result of an Accident at the time of disappearance, sinking or wrecking of the conveyance. If benefit under PERSONAL ACCIDENT BENEFITS is payable because of a disappearance, the Company will only pay provided the Insured's beneficiary give the Company a signed undertaking that the amounts will be repaid to the Company if the Insured is subsequently found to be alive.

11. MEDICAL AUTHORIZATION

The Appointed Assistance Company would repatriate the Insured only when medical authorization from the attending doctor and the Appointed Assistance Company medical advisors certify that a repatriation is necessary.

SECTION III: EXCLUSIONS

ADDICTION/ INTOXICATION

Those claims derived from illnesses or pathological states caused by the voluntary consumption of alcohol, drugs, toxic substances, narcotics or medicines acquired without medical prescription, as well as any kind of mental illness or mental imbalance.

AERIAL ACTIVITIES

This Policy does not pay claims arising from flying or other aerial activity except as a fare paying passenger in a fully licensed aircraft operated by a licensed commercial air carrier or recognized charter company.

BACTERIAL & VIRAL INFECTION

The Company will not pay for claims arising from bacterial or viral infections even if contacted by accident except bacterial infection that is the direct result of an accidental cut or wound.

CARELESSNESS

Those claims caused directly or indirectly by the bad faith of the Insured, by his/her participation in criminal acts, or as a result of his/her fraudulent, seriously negligent or reckless actions. The consequences of the actions of the Insured in a state of derangement or under psychiatric treatment are not covered either.

COSMETIC/ PLASTIC SURGERY

Any Plastic, Elective, Reconstructive Surgery including treatments for skin, blemishes, aging spots, freckles, dandruff, hair loss, weight control or elective surgery to improve physical appearance, except where such Surgery is necessary for the repair of damage caused solely by bodily injuries as a result of an Accident.

HAZARDOUS ACTIVITIES & SPORTS

Any treatment or accident arising from participating in:

- animal hunting (game hunting), car/ boat/ horse racing, Boxing
- all Skiing for recreation or competition including Jet Skiing, Skating, and Parachuting (unless to save Insured's life)
- while getting in, getting out or taxing in Balloons or Gliders
- Bungee Jumping, Mountain Climbing with or without Mountain Climbing Equipment and Diving using Oxygen Cylinders and others Breathing Apparatus
- travelling in an aircraft not operated by a commercial airline which is taxiing, taking off or landing.
- This extends to driving a car or motorcycle without a driver's license.
- Participation in competitions or tournaments organised by sporting federations or similar organisations.

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FELONY / MISDEMEANOR / BRAWLING

- The Company will not indemnify the Insured in respect of any Liability or Injury arising out of criminal offences alleged.
- The Company will not pay claims for any accident occurring when the Insured is encouraging or taking part or participating in a brawling fight.

FIT TO TRAVEL

Where the Insured or his/her travelling companion were not fit to undertake the Trip as confirmed by his/her medical practitioner when booking the Trip or purchasing this policy.

PSYCHIATRY

Any diagnosis, medical investigation, symptom, diseases or treatment relating to emotional, stress, psychiatric or psychological disorders, Insanity, Behavioral or Characteristic Disorders. This extends to Concentration Problems, Autism, Depression, Eating Disorders or Anxiety.

PRE-EXISTING CONDITION

Any Pre-existing condition which the Insured received medical treatment, diagnosis consultation or prescribed drugs for which medical advice or treatment as recommended by physician preceding the Effective Date of the contract.

PREGNANCY

Any treatment arising from Pregnancy, Child Delivery, Abortion, Miscarriage (except accidental miscarriage), Infertility (includes Infertility Investigation and Treatment), Vasectomy or Contraception.

RADIOACTIVITY

Nuclear Weapons, Radiation, Radioactivity from Nuclear-Fuel or Nuclear Waste or Nuclear Radiation caused by combustion of fuel and Nuclear Fission which self-ignites. Explosion by Radioactivity Nuclear material or dangerous objects used in a Nuclear Explosion.

SEXUALLY TRANSMITTED DISEASES (STDs)

Any investigation, test or treatment arising directly or indirectly from Sexually Transmitted Diseases, including Venereal Diseases, Immune Deficiency Syndrome (AIDs), any AIDs-related condition or infection by Human Immune Deficiency Virus (HIV).

SONIC BANGS

Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.

SUICIDE

This Insurance does not cover suicide or attempting to commit suicide, self-inflicted accidents, attempting to cause accidents to him/herself or arranging for any third party to undertake such an act.

TOUR OPERATOR & AIRLINE FAILURE

Any claim that results from the tour operator, airline or any other company, firm or person not being able or not being willing to carry out any part of their obligation to the Insured.

TRAVELLING AGAINST WHO ADVICE

The Insured travel to a specific area or event when the World Health Organization (WHO) or regulatory authority in the country to/from which you are travelling has advised against all, or all but essential travel.

WAR/ TERRORISM

Any accidents or treatment arising from war (whether it is announced or not), invasion or execution by foreign enemy, Civil War, Revolution, Rebellions, Demonstrations against the government, Riot, Strike, Calamity or any political unrest having to announce martial law to control the situation, including Terrorism.

NATURAL PHENOMENA

Extraordinary natural phenomena such as floods, earthquakes, landslides, volcanic eruptions, atypical cyclonic storms, falling objects from space and aerolites, and in general any extraordinary atmospheric, meteorological, seismic or geological phenomenon.

SECTION IV: CLAIM PROCEDURE



1. CLAIM

In the event of any occurrence which may give rise to a claim for indemnity under this Policy, the Insured or the authorized Hospital or Medical Center (or the Insured's beneficiary in case of death) shall:

- a) give notice to the Company in writing with full details within 30 consecutive days after the completion of the Trip or 24 consecutive hours from the date of Accident in the case of death or disablement if practicable,
- b) give the Company at his/her or authorized Hospital's / Medical Centre's own expense, all medical evidence, certificates, reports, original receipts, proof of ownership, documentation and any other evidence, verified by authorized person, which the Company may require from the Insured to support his/her claim.

In the event of an Emergency, Serious Accident, please call the 24-hours the Company's helpline number shown on the Certificate of Insurance, The Company's website, or Claim Form. The Insured shall provide his/her name, policy number and details of his/her Accident, contact details of his/her attending doctor, his/her present location and how he/she can be contacted.

2. LEGAL PROCEEDINGS

No action at law or in equity shall be brought under this Policy against the Company prior to the expiration of 60 days after the proof of claim has been filed in accordance with the requirements of this Policy nor shall such action be brought at all unless it is brought within 2 years from the expiration of the period within which proof of claim is required under this Policy. If the Company shall disclaim liability for any claim under this Policy and no action has within five (5) calendar months from the date of such disclaimer been commenced against The Company, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable.

3. DISPUTE RESOLUTION

The Parties may agree to take part in the dispute resolution or mediation in good faith and undertake to honor the terms of any settlement reached.

Or If any dispute is not reached any settlement through dispute resolution and mediation methods, the dispute may be submitted to Insurance Business Regulatory Board (IBRB) in Republic of the Union of Myanmar and IBRB's decision shall be final and in force to the Parties of the dispute.

SECTION V: BENEFITS

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Table of Benefits

Benefit	Remark	Sum Insured	
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