Life Protection Policy Wording
(Term Life, Total Permanent Disability and Annuity)

Contents

1. Basis of the contract

In case of Death or Total Permanent Disability (TPD) of the insured under the present policy of "Life Protection", the company will pay to the beneficiary the coverage benefit amount specified in the schedule as purchased by the insured person.

The benefit consists of
  a) Term life or TPD capital mentioned in the schedule, is the basis of Sum insured to be paid whether the nature of death or TPD was caused by Accident and/or Non-accident.
     • Non-accidental Death or Non-accidental TPD the sum insured will be the same as "Term life or TPD capital"
     • Accidental Death or Accidental TPD, the sum insured will be the double of "Term life or TPD capital"
     • In case of payment of a TPD Capital, no additional lump sum will be paid in case of subsequent death.
  b) Annuities payout yearly without indexation to the beneficiary until 60 years old of the deceased insured.

2. Definition

"Total Permanent Disability" (TPD) refers to accident or illness.

It refers to disability accident, from bodily injury, sickness or disease so as to prevent the insured to perform any kind of work, occupation or profession for compensation, profit or gains for the remainder of his lifetime; assessed at least 12 months after the diagnosis of TPD installment.

Health Certificate from registered Physician recognized by the authority and the medical council, describing the detail of total permanent disability is required.

For the loss of sight and Permanent dismemberment, the following cases are considered as TPD:
  ✓ Loss of both hands or both feet or loss of sight for both eyes
  ✓ Loss of one hand & one foot,
  ✓ Loss of one hand & loss of sight in one eye,
  ✓ Loss of one foot & loss of sight for in one eye

"Permanent dismemberment" refers to the loss of body organ from the wrist, joint, the ankle joint, and also the loss of use of that organ, which according to the medical indication, will never be able to function at any time in the future.

"Loss of sight" refers to complete blindness, which is permanently incurable

TPD must be assessed and approved by the appointed Medical doctor of the Company.

"**Death**" means death at any cause (illness and accident)

"Company or Insurer" refers to the Company issuing this Insurance Policy.

"**Subscriber**" refers to the Policy Holder in the Schedule and who signs the contract and, as a rule, who pays the premium.

"**Insured**" refers to the person named as Insured in the Schedule.

"**New Insured**" refers to all applicants who subscribe for the first time for life insurance at AGL

Any insured who did not renew, and did not pay his/her policy insurance premium more than 6 months after expiry date of the previous one, out of the database of AGL are considered as new insured

"Accident" refers to an event which happens suddenly from external means giving rise to a result which is not intended or anticipated by the Insured.

"Injury" refers to bodily injury which is caused directly and solely from an accident and is independent from other causes.

"Accidental Death or Accidental TPD" means death caused uniquely by accident and independently from other causes

"Annuities" refers to an amount of annuity payout of 10% or 20% of Term life capital until 60 years old of the Insured and/or will base on the schedule as chosen by the insured at the time of application. Payment Instalments: Quarterly to Yearly.

"An act of terrorism" refers to an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear

Terrorism shall also include any act which is verified or recognized by the Lao Government as an act of terrorism.

"Pre-existing Conditions" (**Prior insurance purchase**)
Pre-existing conditions are medical conditions or any related conditions for which one or more symptoms have been displayed at some point during the Insured's lifetime, irrespective of whether any medical treatment or advice was sought. Any such condition or related condition which presented signs or symptoms which the Insured was aware of or should reasonably have been aware will be deemed to be a pre-existing condition.
Any pre-existing conditions are subject to medical underwriting therefore applicants are required to disclose it in detail at the time of application otherwise coverage will be voided

3. Eligibility and obligation of the applicant

3.1) The applicant must
✓ Age limits: 20 to 60 years old.
✓ Be present physically and living in LAO PDR at the time of application
✓ Provide Medical Checkup as required by the company for enrolment study. Medical checkup is required only one-time during insurance application.
✓ Provide copy of passport or ID card
✓ Fill in an Application Form and Medical Questionnaire, sincerely and declare the detail of his / her health status or medical condition in order for the insurer to evaluate the risk acceptation accordingly.
✓ Be physically and mentally healthy at the time of application

3.2) Applicants with conditions below are not eligible for this policy insurance
✓ Applicant with any psychiatric or mental disorder,
✓ Applicant with any cancer at any stage of its development
✓ Applicant with heart failure, cerebro-vascular accident (stroke), renal failure, cirrhosis, any paralysis at the time of insurance application unless it has been declared and approved by the insurer

✓ Applicant with any congenital diseases unless it has been declared and approved by the insurer.

✓ Applicant living with the symptom or diagnosed for HIV infection or Acquired Immunization Deficiency syndrome (AIDS),

✓ Applicants whose professions are soldier, army, police, volunteer and participating in war or crime suppression are not eligible for this insurance policy. Coverage will end automatically at the day the insured changed and acquires new related profession.

Insured must inform the company immediately in case of change of profession related to the profession of non-eligibility above if it happened during his / her valid period of coverage policy in order to terminate his/her contract and to process on premium refund if any based on the remaining day not used from the termination.

By signing the contract, the applicant agrees with the policy wording and related premium payment.

4. Coverage

The contract policy shall be at least in yearly basis

The benefit consists of

a) Fixed sum insured according to the nature of Death or TPD whether it was caused by Accident and/or Non-accident. The sum insured is based on the "Term Life or TPD capital" as below:

- In case the death or TPD is not from accident, AGL will pay to the beneficiary the Sum insured equivalent to the "Term life or TPD capital"
- In case of death due to accident or TPD due to accident, the company will pay to the beneficiary the sum insured equivalent to the double of "Term life or TPD capital"

The limit of Term life or TPD capital is per insured but not per contract. Its limit per insured is 50 million to 500 million kip. This means and the maximum Sum insured for accidental death or accidental TPD is 1 billion kip

b) Annuities payout yearly to the beneficiary until the 60 years old of the deceased insured, if the age of decease insured over 59 years old, the annuity will not be applied.

Example1:

An insured with term life capital 100 million and annuity 10% died at 40 years

The number of annuity is 20 (40 years old to 60 years old)

Benefit	Caused by	Sum Insured	Annuities up to the 60 Years of the Insured	Sum Total
Death	Illness	100 Million	20(A)*10%*100M=200M	300M
	Accident	200 Million	20(A)*10%*100M=200M	400M
Total Permanent Disability	Illness	100 Million	20(A)*10%*100M=200M	300M
	Accident	200 Million	20(A)*10%*100M=200M	400M

- Annuity can be substituted to a unique lump sum in case the beneficiary would prefer it for his / her convenience.

The calculation of that unique lump sum from annuity (ULA) is provided as below:

ULA = Cm * Annuity from schedule

Cm is a Coefficient multiplier based on table 2,

It is the link between the Government bond rounded down at the row header and the number of annuity at the first column

The number of annuity is the number of year from the year of death up to the 60 years old at last birthday of the deceased insured.

Starting date of annuity calculation is based on date of deceased insured and the payment will be begun to pay within 30 days.

Government bonds refers to the official government bonds of 3 years in the year of the insured's death

Example2:

An insured with term life capital 100 million and annuity 10% died at 40 years in 2019,

The number of annuity is 20 (40 years old to 60 years old)

Supposed that the government bond of year 2019 for 3 years is 6.18%

Within table 2, we refer to government bond equal to 6 (6.18% rounded to 6%)

The coefficient multiplier for government bond 6% and annuity 20 is 11.4699 or 11.50

The unique lump sum from annuity (ULA) is 100 million*10%*11.4699 or 11.50

Benefit	Caused by	Sum Insured	Lump Sum Annuities	Sum Total
Death	Illness	100 Million	11.5*100 million*10%=115M	215M
	Accident	200 Million	11.5*100 million*10%=115M	315M
Total Permanent Disability	Illness	100 Million	11.5*100 million*10%=115M	215M
	Accident	200 Million	11.5*100 million*10%=115M	315M

In any case, claim is attributed to one item only per insured, or Death or Total Permanent Disability. Consequently; once TPD benefit paid, any Life protection contract linked to the insured are cancelled automatically and there will be **no additional** benefit payment in case of subsequent death of the insured. All related claim processes are closed and not receivable.

Table1 in annex show an example of benefit

The contract takes effect at the time of the related premium payment and expires completely at the fixed date recorded in the Schedule. Payment will be made to the Beneficiary only.

Insurance coverage is only valid if the premiums are paid. The insurer is not liable to pay any benefit for Death or TPD occurring prior premium payment whatever the reason of nonpayment or delay or absence of renewal

Waiting period:

Death from cancer and tumor of any stage of development, cardio vascular diseases; renal failure, cirrhosis, epidemics and pandemics occurring within the period of 3 months after the inception date of the issued policy and contract are not covered by this insurance for all new insured.

However, renal failure secondary to an accident is covered under the present policy and contract without waiting period. Medical report from recognized registered medical doctor is required to validate the claim.

Death and total permanent disability from accident are not subject to waiting period

Any insured who did not renew, and did not pay his/her policy insurance premium more than 6 months after expiry date of the previous one are considered as new insured and consequently required to provide all documents such as application form, medical checkup required for new applicant; consequently waiting period as described above will be applied.

Medical report from recognized officially registered medical doctor is required for reference for all TPD claim and must be validated by the medical doctor appointed by the company.

5. The beneficiary

In case of death of the insured, the sum insured will be paid primarily to the designated beneficiary declared by the insured at the time of insurance application.
In absence of "designated beneficiary", the beneficiary will be the legal and current wife/husband.
In absence of wife / husband, the beneficiary will be the children
In absence of children, the beneficiary will be the parents of insured
In absence of parents, the beneficiary will be the legal heir according to the Lao inheritance Law

6. Payment of premium and adjustment

The contract comes into force at the time of premium payment and contract signing and expires completely at the fixed date recorded in the schedule.
Premium must be fully paid at once for the period of coverage requested.
Quotation does not grant any coverage
There is no premium refunded.
There is no valid claim process prior premium payment whatever the reason and circumstance.
Coverage begin at the time of premium payment

7. Payment of Capital insured by the insurer

In claiming for compensation, the Insured, the beneficiary or the representative of the said person, whichever the case may be, must furnish all necessary evidences as required at his own expense to the Company.

In the case of total permanent disability or death of the insured; the following documents are required and must be submitted to AGL within 30 days from the date of death or the commencement of the total permanent disability:

1. The insurance contract (Required for death claim and total permanent disability claim)
2. Copy of the death certificate issued by the authority (Required for death claim)
3. Health certificate certifying the nature of the death and the report on the death if available(Required for death claim)
4. Health Certificate from registered Physician recognized by the authority and the medical council, describing the detail of total permanent disability (Required for total permanent disability claim)
5. Passport or ID card of the deceased "insured or TPD claimant"
6. Passport or ID card of the beneficiary
7. Any other additional document that may be asked by the Insurance Company

For Death claim, AGL will pay to the beneficiary the sums due within 30 days following the date of transmission of all required documents for proof.

For TPD claim, AGL will pay to the beneficiary the sums due within 30 days following the end of TPD evaluation period and validated after transmission of all required documents for proof.

8. Examination rights

The company has the right to medically examine a person covered who is claiming benefit from total permanent disability under this policy. Total permanent disability must be evaluated and approved by the medical doctor appointed by the company before any payment.

The company has the right to conduct autopsy, within the limits of the Law, in case of death.

9. Exclusion

This insurance does not cover any loss arising from/ or in consequence of the following causes:

1. Suicide or attempted suicide or self-inflicted injury of the insured.
2. Terrorism, explosion of UXO, working in tunnel, underground / underwater and using of dynamite
3. Insurance related crime
4. While the Insured is taking part in a brawl or taking part in inciting a brawl
5. While the insured participates in any illegal act or criminal activity including sabotage and terrorism
6. While the Insured serves as a soldier, police, or a volunteer and participates in war or crime suppression.
7. War (whether declared or not), invasion, act of foreign enemies, civil war, revolution, insurrection, civil commotion, popular rising against the government, riot, strike.
8. 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.

9. Any death claim in presence of HIV infection and / or Acquired Immunization Deficiency syndrome (AIDS), drug intoxication except it has been prescribed by physician for therapeutic use only, disregard of any possible concurring or coexisting cause of death

10. Any accidental death claim from traffic road injury as a driver of motor vehicle in presence of acute alcohol intoxication according to the medical report with Blood Alcohol Concentration (BAC) 50mg/dl and above, disregard of any concurring or coexisting cause of death,

11. Death claim in presence of congenital diseases disregard of any concurring or coexisting cause of death unless that congenital diseases has been declared and approved by the insurer during the time of Insurance application.

12. Death claim in presence of the following pre-existing conditions, unless it has been declared and approved by the insurer during insurance application: cancer at any stage of its development, cerebro-vascular accident (stroke), myocardial infarction; heart failure, renal failure, cirrhosis,

13. While the Insured is boarding or traveling in an aircraft which has no license for carrying passengers or does not operate as a commercial aircraft.

14. Participation in any professional sport, championship and sport tournament

15. Loss occurring in any stay out of LAO PDR, which is longer than 90 consecutive days in any one year policy.

16. Any economic sanction which prohibit the insurer or member of the Allianz group from providing cover under this policy insurance

17. Any Total permanent Disability attributed to subjective complaints not detectable with imaging, laboratory measurement and microbiological means. TPD shall not be attributed to psychiatric and mental disorder

18. The coverage and protection ends automatically when the Insured reaches 60 years old at last birthday.

10. Disappearance

In case of "disappearance of the insured", the insurer will pay to the beneficiaries the amount of coverage if the policy was in effect on the date of the insured person's presumed death, officially sentenced by the court.

11. Documents misrepresentation

The insured person has the obligation to correctly disclose all facts known to him and all facts which may cause the increase of risk as provided in the insurance policy in order to help accurately assess the risks which will be borne by the insurer during the insurance contract processing.

The company has the right to cancel the policy and coverage in case of fraud, documents misrepresentation or undeclared medical condition at the time of insurance application or claim process.

12. Jurisdiction

This policy falls under the laws and regulations of Lao People's Democratic Republic.

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13.   Data Privacy Notice

The Company obtains and processes personal information for the purposes of preparing quotations, underwriting policies, collecting premium, paying claims and for any other purpose which is directly related to administering policies in accordance with the insurance contract. The confidentiality of the Insured information is of paramount concern to The Company. The Insured has a right to access the personal data that is held about them. The Insured also has the right to request that The Company amend or delete any information which the Insured believes is inaccurate or out of date. The Company will not retain the Insured's data for longer than is necessary for the purposes for which it was obtained.

We may disclose your personal information to others with whom we have business arrangements for the purposes listed in the paragraph above or to enable them to offer their products and services to you. These parties may include insurers, intermediaries, reinsurers, insurance reference bureaus, related companies, our advisers, persons involved in claims, external claims data collectors and verifiers, parties that we have an insurance scheme in place with under which you purchased your policy (such as a financier or motor vehicle manufacturer and/or dealer). Disclosure may also be made to government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law

We may record incoming and/or outgoing telephone calls for training or verification purposes. Where we have recorded a telephone call, we can provide you with a copy at your request, where it is reasonable to do so.

By providing us with personal information you and any other person you provide personal information for, consent to these uses and disclosures until you tell us otherwise. If you wish to withdraw your consent, including for such things as receiving information on products and offers by us or persons we have an association with, please contact us.

14. Others

Detail of any other optional coverage requested and agreed by the applicant not stated in the present master policy will be attached as additional clause for its implementation.

Applicant are required to read carefully and understand before signing and paying premium.

Table1: Example of benefit and premium

All benefit limits including specific benefit limits are subject to the Annual Plan Limit.
All limits are per Insured, per period of cover, unless otherwise stated.

Plan Name	AGL Protection 1	AGL Protection 2
Plan Type	Term Life +TPD+Dblt per Accident+ Annuities up to 60 Years	Term Life +TPD+Dblt per Accident+ Annuities up to 60 Years
Annual Plan Limit	Kips 50,000,000 to Kips 500,000,000	Kips 50,000,000 to Kips 500,000,000
Area of Cover	Worldwide	Worldwide
Deductible	None	None
Annuities up to 60 Years of the Insured	10% of Capital Insured	20% of Capital Insured
ESSENTIAL BENEFITS		
Term Life Capital	Fully Covered	Fully Covered
Total Permanent Disability Capital	Fully Covered	Fully Covered
Doublement of Capital in case of accident	Fully Covered	Fully Covered
Annuities up to the 60 Years of the Insured	Fully Covered	Fully Covered
Example of covers		
Term Life Capital	100,000,000 Kips	100,000,000 Kips
Total Permanent Disability Capital	100,000,000 Kips	100,000,000 Kips
Death or Total Permanent Disability by Accident	200,000,000 Kips	200,000,000 Kips
Annuities up to the 60 Years of the Insured	10,000,000 Kips	20,000,000 Kips
Premiums		
Net Premium	2,000,000 Kips	3,000,000 Kips
VAT	Exempted	Exempted
Registration Fees	10,000 Kips	10,000 Kips
Total Premium	2,010,000 Kips	3,010,000 Kips

Notes:

The tariff is based on the Thai Mortality Table rates used by Allianz Thailand including the net rates for Term Life + 50% for loadings and 40% for margin of error

Benefit limits : This product has a maximum Limit per Capital cover per Insured of 500 Million Kips ; 1 Billion Kips in case of Accident and 20 million Kips per year for annuities.

These limits are set per Insured and not by contract

Table 2: Coefficient Multiplier for Unique Lump Sum from Annuity

Number of Period	1%	2%	3%	4%	5%	6%	7%	8%	9%
1	0.9901	0.9804	0.9709	0.9615	0.9524	0.9434	0.9346	0.9259	0.9174
2	1.9704	1.9416	1.9135	1.8861	1.8594	1.8334	1.8080	1.7833	1.7591
3	2.9410	2.8839	2.8286	2.7751	2.7232	2.6730	2.6243	2.5771	2.5313
4	3.9020	3.8077	3.7171	3.6299	3.5460	3.4651	3.3872	3.3121	3.2397
5	4.8534	4.7135	4.5797	4.4518	4.3295	4.2124	4.1002	3.9927	3.8897
6	5.7955	5.6014	5.4172	5.2421	5.0757	4.9173	4.7665	4.6229	4.4859
7	6.7282	6.4720	6.2303	6.0021	5.7864	5.5824	5.3893	5.2064	5.0330
8	7.6517	7.3255	7.0197	6.7327	6.4632	6.2098	5.9713	5.7466	5.5348
9	8.5660	8.1622	7.7861	7.4353	7.1078	6.8017	6.5152	6.2469	5.9952
10	9.4713	8.9826	8.5302	8.1109	7.7217	7.3601	7.0236	6.7101	6.4177
11	10.3676	9.7868	9.2526	8.7605	8.3064	7.8869	7.4987	7.1390	6.8052
12	11.2551	10.5753	9.9540	9.3851	8.8633	8.3838	7.9427	7.5361	7.1607
13	12.1337	11.3484	10.6350	9.9856	9.3936	8.8527	8.3577	7.9038	7.4869
14	13.0037	12.1062	11.2961	10.5631	9.8986	9.2950	8.7455	8.2442	7.7862
15	13.8651	12.8493	11.9379	11.1184	10.3797	9.7122	9.1079	8.5595	8.0607
16	14.7179	13.5777	12.5611	11.6523	10.8378	10.1059	9.4466	8.8514	8.3126
17	15.5623	14.2919	13.1661	12.1657	11.2741	10.4773	9.7632	9.1216	8.5433
18	16.3983	14.9920	13.7535	12.6593	11.6896	10.8276	10.0591	9.3719	8.7556
19	17.2260	15.6785	14.3238	13.1339	12.0853	11.1581	10.3356	9.6036	8.9501
20	18.0456	16.3514	14.8775	13.5903	12.4622	11.4699	10.5940	9.8181	9.1285
21	18.8570	17.0112	15.4150	14.0292	12.8212	11.7641	10.8355	10.0168	9.2922
22	19.6604	17.6580	15.9369	14.4511	13.1630	12.0416	11.0612	10.2007	9.4424
23	20.4558	18.2922	16.4436	14.8568	13.4886	12.3034	11.2722	10.3711	9.5802
24	21.2434	18.9139	16.9355	15.2470	13.7986	12.5504	11.4693	10.5288	9.7066
25	22.0232	19.5235	17.4131	15.6221	14.0939	12.7834	11.6536	10.6748	9.8226
26	22.7952	20.1210	17.8768	15.9828	14.3752	13.0032	11.8258	10.8100	9.9290
27	23.5596	20.7069	18.3270	16.3296	14.6430	13.2105	11.9867	10.9352	10.0266
28	24.3164	21.2813	18.7641	16.6631	14.8981	13.4062	12.1371	11.0511	10.1161
29	25.0658	21.8444	19.1855	16.9837	15.1411	13.5907	12.2777	11.1584	10.1983
30	25.8077	22.3965	19.6004	17.2920	15.3725	13.7648	12.4090	11.2578	10.2737
35	29.4086	24.9986	21.4872	18.6646	16.3742	14.4982	12.9477	11.6546	10.5688
40	32.8347	27.3555	23.1148	19.7928	17.1591	15.0463	13.3317	11.9246	10.7574
45	36.0945	29.4902	24.5187	20.7200	17.7741	15.4558	13.6055	12.1084	10.8812
50	39.1961	31.4236	25.7298	21.4822	18.2559	15.7619	13.8007	12.2335	10.9617
55	42.1472	33.1748	26.7744	22.1086	18.6335	15.9905	13.9399	12.3186	11.0140

ບໍລິສັດ AGL ປະກັນໄພລາວ
Assurances General Laos

Table 3: Application Form

ໃບສະເໜີເອົາການປະກັນໄພ APPLICATION FORM
ປະກັນຊີວິດອຸ່ນໃຈຫາຍຫ່ວງ Life Protection Plan

ຜູ້ຂໍເອົາການປະກັນໄພ / Subscriber………………………………………………………….....

ໜ້າທີ່ຮັບຜິດຊອບ / Occupation………….…..…………

ວັນເດືອນປີເກີດ / Date of birth (dd-mmm-yyyy) .... ສັນຊາດNationality …………………………..

ທີ່ຢູ່ /Address (P.O.Box:)………………………………………...............ໂທ / Tel…………….…………….. ແຟັກ / Fax: …………………….

ອີເມລ / E-mail : ....

ລາຍລະອຽດກ່ຽວກັບຜູ້ສະເໜີເອົາການປະກັນໄພ / Details of Applicant:

ຊື່ແລະນາມສະກຸນ / Name and Surname ....

ວັນເດືອນປີເກີດ / Date of birth (dd-mmm-yyyy) .... ສັນຊາດNationality …………………………..

ອາຊີບ / Occupation ....

ບັດປະຈຳຕົວເລກທີ / I.D. Card / Passport Nº........……………… ອອກເມື່ອວັນທີ / Date of issue............…………ທີ່/ at...............................

ສະຖານະສົມລົດ / Marital Status: ☐ ແຕ່ງງານ / Married, ☐ ໂສດ / Single, ☐ ໝ້າຍ / Widow, ☐ ຮ້າງ / Divorced.

ລາຍຮັບປະຈຳປີ/ Annual Income: ☐≤50,000,000 / ☐≤100,000,000 / ☐≤200,000,000 / ☐>200,000,000

ທີ່ຢູ່ / Address. ບ້ານ/ Village.. ເມືອງ/District ....……………

ແຂວງ / Province ....ໂທ / Tel: ....…………………...…ອີເມວ / Email: ....

ວົງເງິນຄຸ້ມກັນ / Sum Insured: ສະກຸນເງິນ Currency: ☐ ກີບ / Kip, ☐ ໂດລາ / Us Dollar ($)

- ເສຍຊີວິດ / Term Life Capital:……………………………………………..

- ເງິນອຸດໜຸນລາຍປີ / Annuities: ☐10% of Capital Insured, ☐20% of Capital Insured

 # ເງິນອຸດໜຸນລາຍປີພາຍຫຼັງຜູ້ເອົາປະກັນໄພເສຍຊີວິດ ຫຼື ພິການຖາວອນທັງໝົດ ຈົນຄົບອາຍຸຂອງຜູ້ເອົາປະກັນໄພທີ່ 60 ປີ / Annuities up to 60 Years of the Insured
ກໍລະນີຜູ້ເອົາປະກັນໄພເສຍຊີວິດ ຫຼື ພິການຖາວອນທັງໝົດ ຈາກອຸປະຕິເຫດ, ບໍລິສັດປະກັນໄພຈະຈ່າຍ2ເທົ່າຂອງວົງເງິນຄຸ້ມກັນບວກກັບເງິນອຸດໜຸນລາຍປີ
In case of Accidental Death or Total Permanent Disability of insured, the insurer will pay the double of Term life capital plus the annuity
ກໍລະນີຜູ້ເອົາປະກັນໄພເສຍຊີວິດ ຫຼື ພິການຖາວອນທັງໝົດ ທີ່ບໍ່ແມ່ນຈາກອຸປະຕິເຫດ, ບໍລິສັດປະກັນໄພຈະຈ່າຍ1ເທົ່າຂອງວົງເງິນຄຸ້ມກັນບວກກັບເງິນອຸດໜຸນລາຍປີ
In case of Non-accidental Death or Total Permanent Disability of insured, the insurer will pay the equivalent of Term life capital plus the annuity

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ຊື່ ແລະນາມສະກຸນຜູ້ໄດ້ຮັບຜົນປະໂຫຍດ / Name and Surname Beneficiary : …………………………………………………...……………

ວັນເດືອນປີເກີດ / Date of birth (dd-mmm-yyyy) .... ສັນຊາດNationality …………………………..

ສາຍພົວພັນຄອບຄົວ / Relationship……………..……..,ອາຊີບ / Occupation,……………..……

ທີ່ຢູ່ / Address: ບ້ານ / Village.. ເມືອງ/District ....ແຂວງ / Province ....

...... ໂທ/ Tel: ....……………

ໄລຍະທີ່ຕ້ອງການເອົາການຄຸ້ມກັນ / Period of coverage ……………………………..☐ວັນ / day(S), ☐ ເດືອນ / month(s), ☐ ປີ / year

ເລີ່ມວັນທີ / Commencing date……………………………… ສິ້ນສຸດວັນທີ / Expiry date…………………………………

- ຂໍ້ຄວນປະຕິບັດສຳລັບຜູ້ສະໝັກທຸກທ່ານ Each applicant must
a. ຕ້ອງຕື່ມຂໍ້ມູນລົງໃນແບບຟອມສະໝັກດ້ວຍຕົວທ່ານເອງ Fill in the application form by him / herself
b. ຕ້ອງຕື່ມຂໍ້ມູນທາງສຸຂະພາບຂອງທ່ານລົງໃນແບບຟອມດ້ວຍຕົວທ່ານເອງ Fill in the Medical questionnaire by him / herself
c. ຕ້ອງປະກອບຜົນການກວດສຸຂະພາບຕາມລາຍການທີ່ ບປລ ຕ້ອງການຢ່າງຄົບຖ້ວນ Provide result of Medical checkup based on the list provided by AGL

ຂ້າພະເຈົ້າຂໍຢັ້ງຢືນວ່າຂໍ້ມູນທີ່ກ່າວມາທັງໝົດຂ້າງເທິງນັ້ນຖືກຕ້ອງ ແລະ ເປັນຄວາມຈິງທຸກປະການ I hereby certify that the all information I provided are correct and sincere

ທີ່/At...................................... ວັນທີ/Date......................................

ລາຍເຊັນຜູ້ສະເໜີເອົາການປະກັນໄພ/Applicant's Signature

ບໍລິສັດ AGL ປະກັນໄພລາວ
Assurances General Laos

Table 4: Medical Questionnaire

(ແບບສອບຖາມທາງສຸຂະພາບ/ວັນທີ): **MEDICAL QUESTIONNAIRE / DATE** ....
1) ຂໍ້ຄວນປະຕິບັດສໍາລັບຜູ້ສະໝັກທຸກທ່ານ Each applicant must
d. ຕ້ອງຕື່ມຂໍ້ມູນທາງສຸຂະພາບຂອງທ່ານລົງໃນແບບຟອມດ້ວຍຕົວທ່ານເອງ Fill in the Medical questionnaire by him / herself
e. ຕ້ອງປະກອບຜົນການກວດສຸຂະພາບຕາມລາຍການທີ່ບປລຕ້ອງການຢ່າງຄົບຖ້ວນ Provide result of Medical checkup based on the list provided by AGL
2) ບປລ ມີສິດໃນການຂໍຜົນກວດສຸຂະພາບເພີ່ມຕື່ມໃນກລະນີທີ່ ເງື່ອນໄຂທາງສຸຂະພາບຂອງຜູ້ສະໝັກບໍ່ຊັດເຈນ ຫຼື ບາງພະຍາດທີ່ຕ້ອງການຄໍາຊີ້ແຈງຈາກ ທ່ານເພີ່ມເພື່ອປະກັບເຂົ້າກັບຜົນກວດ AGL reserve the right to request additional medical checkup in case the medical condition or disease requires more clarification. The costs of those additional medical check-up are under applicant's responsibility
3) ບປລ ມີສິດໃນການປະຕິເສດການສະໝັກ ຖ້າທາງວ່າຜູ້ສະໝັກທາງມີເງື່ອນໄຂທາງດ້ານສຸຂະພາບ ຫຼື ພະຍາດໃດໆທີ່ບໍ່ຢູ່ໃນເງື່ອນໄຂທີ່ສາມາດຍອມຮັບ ໄດ້ AGL reserve the right to reject any application or medical condition or disease considered as out of its acceptable risk
ຜູ້ສະເໜີເອົາການປະກັນໂພຫຼືຜູ້ໄດ້ຮັບການຄຸ້ມກັນ ຈົ່ງແຈ້ງສຸຂະພາບຮ່າງກາຍແລະຈິດໃຈ ແລະ ປະຫວັດການເຈັບປ່ວຍພະຍາດໃນໄລຍະ 3ປີຜ່ານມາເຖິງປະຈຸບັນ ຕັ້ງຕາຕະລາງ ຂ້າງລຸ່ມນີ້ (ຈົ່ງໃຊ້ເຄື່ອງໝາຍ ຖືກ □ ໃນຫ້ອງ, ຖ້າຕອບ ເຖິງ ຈົ່ງຂຽນລາຍລະອຽດ)
The applicant or person to be covered must now complete the following table concerning physical and mental health at time of application and previous last three year of any health disorder (Please use ✓ in the space "Yes" or "No" if yes, and give details in next column)
ສໍາລັບຜູ້ທີ່ມີປັນຫາທາງສຸຂະພາບຕ້ອງໄດ້ກວດເພີ່ມຕື່ມ
For each anomaly, please provide result of last exploration (laboratory, Xray…) and copy of medical prescription
ກະລຸນາບອກລາຍລະອຽດການໃຊ້ຊີວິດຂອງທ່ານ ຕາມສະຖານະພາບລຸ່ມນີ້: **Please describe your life habit on situations below**
ນ້ຳໜັກ/ Weight..... ……...........ກລ/ kgs ລວງສູງ/ Height: ....ຊມ[cm]. ດັດສະນີມວນກາຍ[BMI]:..............[*Formula: BMI = weight / height*height)]*
ຢາສູບ [Smoking]: ຄວາມຖີ່ [Frequency]: .... ກອກ / ນີ້ (ຈຳນວນສະເລ່ຍ)[cigarettes / day in average]
ເລີ່ມຕັ້ງແຕ່ [Since when]: ....ຈົນຮອດ [Until when]: ....
ຢາ ຫຼື ສານເສບຕິດ ທີ່ໃຊ້ເປັນປະຈຳ [Medicine or drug or specific substance taken regularly]?: ....
ເລີ່ມຕັ້ງແຕ່ [Since when]: ....ຈົນຮອດ [Until when]: ....
ທ່ານເຄີຍຄິດສັ້ນ (ຂ້າໂຕຕາຍ)ຫຼື ບໍ່ [Have you ever taken action to end your life?] ເຄີຍ [Yes] □ ບໍ່ເຄີຍ [No] □

ກະລຸນາອະທິບາຍຂໍ້ມູນທາງສຸຂະພາບ, ປະຫວັດການເຈັບປ່ວຍ ແລະ ສະຖານະການເຈັບປ່ວຍພະຍາດຂອງທ່ານຕາມດ້ານລຸ່ມ
Please describe your medical condition or diseases history and status

#	ຄວາມບົກຜ່ອງ / ພະຍາດ [Disorder / Diseases]	ເຄີຍ Yes (✓)	ບໍ່ເຄີຍ No (✓)	ອະທິບາຍ Describe: ວັນທີເລີ່ມມີອາການ [Date of last occurrence] …dd/mm/yyyy... ວັນທີເລີ່ມປິ່ນປົວ [Treatment date]: ຕັ້ງແຕ່ວັນທີ [From] ....ຈົນຮອດ[to] .... ສະຖານທີ່ປິ່ນປົວ ແລະ ໝາຍເຫດ [Place of treatment]: ....
1	ເຄີຍໄດ້ຮັບການຜ່າຕັດຫຼືບໍ່ Ever [undergone an operation]?	□	□	ວັນທີເລີ່ມມີອາການ [Date of last occurrence] .... ວັນທີເລີ່ມປິ່ນປົວ [Treatment date]: ຕັ້ງແຕ່ວັນທີ [From] ....ຈົນຮອດ[to] .... ສະຖານທີ່ປິ່ນປົວ ແລະ ໝາຍເຫດ [Place of treatment]: ....
2	ຊຶມເສົ້າ, ຄວາມຜິດປົກກະຕິທາງຈິດ ແລະ ພຶດຕິກຳ [depression, mental and comportment disorder]?	□	□	ວັນທີເລີ່ມມີອາການ [Date of last occurrence] .... ວັນທີເລີ່ມປິ່ນປົວ [Treatment date]: ຕັ້ງແຕ່ວັນທີ [From] ....ຈົນຮອດ[to] .... ສະຖານທີ່ປິ່ນປົວ ແລະ ໝາຍເຫດ [Place of treatment]: ....
3	ອາການຊັກ ຫຼື ບ້າໝູ Seizure disorder or epilepsy?]	□	□	ວັນທີເລີ່ມມີອາການ [Date of last occurrence] .... ວັນທີເລີ່ມປິ່ນປົວ [Treatment date]: ຕັ້ງແຕ່ວັນທີ [From] ....ຈົນຮອດ[to] .... ສະຖານທີ່ປິ່ນປົວ ແລະ ໝາຍເຫດ [Place of treatment]: ....
4	ອາການເຈັບໜ້າເອິກຫຼັງຈາກການເຮັດກິດຈະກຳໃດໜຶ່ງ ຫຼື ເຈັບເອລາມັກຜ່ອນ- [Chest pain after activities or spontaneous] ?	□	□	ວັນທີເລີ່ມມີອາການ [Date of last occurrence] .... ວັນທີເລີ່ມປິ່ນປົວ [Treatment date]: ຕັ້ງແຕ່ວັນທີ [From] ....ຈົນຮອດ[to] .... ສະຖານທີ່ປິ່ນປົວ ແລະ ໝາຍເຫດ [Place of treatment]: ....

ບໍລິສັດ AGL ປະກັນໄພລາວ
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#	Question	☐	☐	Details	
5	ພະຍາດຫົວໃຈສັ່ນ-[palpitation]?	☐	☐	ວັນທີເລີ່ມມີອາການ [Date of last occurrence] .... ວັນທີເລີ່ມປິ່ນປົວ [Treatment date]: ຕັ້ງແຕ່ວັນທີ [From] ....ຈົນຮອດ[to] .... ສະຖານທີ່ປິ່ນປົວ ແລະ ໝາຍເຫດ [Place of treatment]:	
6	ອາການວິນວຽນທີ່ເກີດຂຶ້ນເອງ ຫຼື ຫຼັງຈາກການເຮັດກິດຈະກຳໃດ ໜຶ່ງ [Vertigo / dizziness/ spontaneous or after activities]?	☐	☐	ວັນທີເລີ່ມມີອາການ [Date of last occurrence] .... ວັນທີເລີ່ມປິ່ນປົວ [Treatment date]: ຕັ້ງແຕ່ວັນທີ [From] ....ຈົນຮອດ[to] .... ສະຖານທີ່ປິ່ນປົວ ແລະ ໝາຍເຫດ [Place of treatment]:	
7	ອາການເຈັບແລະຄວາມຜິດປົກກະຕິຫາງປະສາດ?(ໄມ ເກຣນ, ເຈັບປະສາດ, ອາການເຈັບປວດຮນແຮງຢ່າງ, ອໍາມະພາດເຄິ່ງຄີງ, ເຈັບຫົວຊໍາເຮື້ອ, ເຈັບສັນຫຼັງ ຫຼື ປວດ ກ້ານຄໍ)Neurological pain and disorder? (Migraine, Neuralgia, sciatica, paralysis, chronic head ache, vertebral or neck pain?)	☐	☐	ວັນທີເລີ່ມມີອາການ [Date of last occurrence] .... ວັນທີເລີ່ມປິ່ນປົວ [Treatment date]: ຕັ້ງແຕ່ວັນທີ [From] ....ຈົນຮອດ[to] .... ສະຖານທີ່ປິ່ນປົວ ແລະ ໝາຍເຫດ [Place of treatment]:	
8	ພະຍາດຕ່ອມໄທຣອຍ / (Thyroid disease)?	☐	☐	ວັນທີເລີ່ມມີອາການ [Date of last occurrence] .... ວັນທີເລີ່ມປິ່ນປົວ [Treatment date]: ຕັ້ງແຕ່ວັນທີ [From] ....ຈົນຮອດ[to] .... ສະຖານທີ່ປິ່ນປົວ ແລະ ໝາຍເຫດ [Place of treatment]:	
9	ພະຍາດຫືດ ຫຼື ພະຍາດອື່ນໆທີ່ເຮັດໃຫ້ຫາຍໃຈຍາກ [Asthma or any other breath difficulty]	☐	☐	ວັນທີເລີ່ມມີອາການ [Date of last occurrence] .... ວັນທີເລີ່ມປິ່ນປົວ [Treatment date]: ຕັ້ງແຕ່ວັນທີ [From] ....ຈົນຮອດ[to] .... ສະຖານທີ່ປິ່ນປົວ ແລະ ໝາຍເຫດ [Place of treatment]:	
10	ພະຍາດຕັບ (ຕັບອັກເສບ, ມະເຮັງຕັບ, ຫີນຖົງບີ) [Liver Disease (hepatitis, cirrhosis, bile duct stone] ?	☐	☐	ວັນທີເລີ່ມມີອາການ [Date of last occurrence] .... ວັນທີເລີ່ມປິ່ນປົວ [Treatment date]: ຕັ້ງແຕ່ວັນທີ [From] ....ຈົນຮອດ[to] .... ສະຖານທີ່ປິ່ນປົວ ແລະ ໝາຍເຫດ [Place of treatment]:	
11	ພະຍາດຫົວໃຈ [Disease of the Heart]?	☐	☐	ວັນທີເລີ່ມມີອາການ [Date of last occurrence] .... ວັນທີເລີ່ມປິ່ນປົວ [Treatment date]: ຕັ້ງແຕ່ວັນທີ [From] ....ຈົນຮອດ[to] .... ສະຖານທີ່ປິ່ນປົວ ແລະ ໝາຍເຫດ [Place of treatment]:	
12	ພະຍາດຄວາມດັນເລືອດສູງ-ຕໍ່າ [High or Low blood pressure], ການວັດແທກຄັ້ງຫຼ້າສຸດ Last measure:................mmHg	☐	☐	ວັນທີເລີ່ມມີອາການ [Date of last occurrence] .... ວັນທີເລີ່ມປິ່ນປົວ [Treatment date]: ຕັ້ງແຕ່ວັນທີ [From] ....ຈົນຮອດ[to] .... ສະຖານທີ່ປິ່ນປົວ ແລະ ໝາຍເຫດ [Place of treatment]:	
13	ຄວາມຜິດປົກກະຕິຂອງຂໍ້ ຫຼື ກ້າມຊີ້ນ ຫຼື ກະດູກ [disorder of Joints, Muscles, bones , Gout] (ອາການບວມ, ກະດູກຫຼຸດໂບກ, ອາການເຄັດ, ກະດູກຫັກ) swelling, dislocation, strain, fracture)	☐	☐	ວັນທີເລີ່ມມີອາການ [Date of last occurrence] .... ວັນທີເລີ່ມປິ່ນປົວ [Treatment date]: ຕັ້ງແຕ່ວັນທີ [From] ....ຈົນຮອດ[to] .... ສະຖານທີ່ປິ່ນປົວ ແລະ ໝາຍເຫດ [Place of treatment]:	
14	ໂຣກໝາກໄຂ່ຫຼັງ, ທາງເດີນປັດສະວະ, ຫີນ... [Disorder of Kidneys & Urine Passage, stone…]	☐	☐	ວັນທີເລີ່ມມີອາການ [Date of last occurrence] .... ວັນທີເລີ່ມປິ່ນປົວ [Treatment date]: ຕັ້ງແຕ່ວັນທີ [From] ....ຈົນຮອດ[to] .... ສະຖານທີ່ປິ່ນປົວ ແລະ ໝາຍເຫດ [Place of treatment]:	
15	ພະຍາດເບົາຫວານ [Diabetes]?	☐	☐	ວັນທີເລີ່ມມີອາການ [Date of last occurrence] .... ວັນທີເລີ່ມປິ່ນປົວ [Treatment date]: ຕັ້ງແຕ່ວັນທີ [From] ....ຈົນຮອດ[to] .... ສະຖານທີ່ປິ່ນປົວ ແລະ ໝາຍເຫດ [Place of treatment]:	
16	ພະຍາດເນື້ອງອກບໍ່ຮ້າຍແຮງ/ມະເຮັງ [Non-Malignant Growth / Cancer]	☐	☐	ວັນທີເລີ່ມມີອາການ [Date of last occurrence] .... ວັນທີເລີ່ມປິ່ນປົວ [Treatment date]: ຕັ້ງແຕ່ວັນທີ [From] ....ຈົນຮອດ[to] .... ສະຖານທີ່ປິ່ນປົວ ແລະ ໝາຍເຫດ [Place of treatment]:	

บໍລິສັດ AGL ປະກັນໄພລາວ
Assurances General Laos

17	ສະເພາະຜູ້ຍິງ: ປະຈຳເດືອນຜິດປົກກະຕິ ຫລື ມີພະຍາດເຕົ້ານົມ, ທໍ່ສົ່ງໄຂ່, ມົດລູກ, ຮວຍໄຂ່, ປາກມົດລູກ ບໍ? [Any menstrual disorders or symptoms of disease of breast, tubes, uterus, ovaries, cervix?] (For women)	☐	☐	ວັນທີເລີ່ມມີອາການ [Date of last occurrence] .... ວັນທີເລີ່ມປິ່ນປົວ [Treatment date]: ຕັ້ງແຕ່ວັນທີ [From] ....ຈົນຮອດ[to] .... ສະຖານທີ່ປິ່ນປົວ ແລະ ໝາຍເຫດ [Place of treatment]: ....
18	ຖ້າມີພະຍາດອື່ນນອກຈາກຕາຕະລາງ ຂ້າງເທິງນີ້ ຈົ່ງແຈ້ງ ລະອຽດ [Is there any other disease you have suffered from that is not mentioned in the above schedule?]	☐	☐	ວັນທີເລີ່ມມີອາການ [Date of last occurrence] .... ວັນທີເລີ່ມປິ່ນປົວ [Treatment date]: ຕັ້ງແຕ່ວັນທີ [From] ....ຈົນຮອດ[to] .... ສະຖານທີ່ປິ່ນປົວ ແລະ ໝາຍເຫດ [Place of treatment]: ....

ການແຈ້ງຂໍ້ມູນກ່ຽວກັບສຸຂະພາບແລະອື່ນໆ / Health and other declarations

ກ. ປະຈຸບັນຜູ້ສະເໜີເອົາການປະກັນໄພ ຫລື ຜູ້ໄດ້ຮັບການຄຸ້ມກັນ ມີປະກັນອຸປະຕິເຫດ ຫລື ສຸຂະພາບ ກັບບໍລິສັດອື່ນໆບໍ? ຖ້າມີຈົ່ງໃຫ້ລາຍລະອຽດ

Does the applicant or person to be covered have health or accident insurance with any other insurance companies? If so, please give details

....……………………

ຂ. ຜູ້ສະເໜີເອົາການປະກັນໄພ ຫລື ຜູ້ໄດ້ຮັບການຄຸ້ມກັນ ເຄີຍໄດ້ຮັບການປະຕິເສດການປະກັນຊີວິດ ການປະກັນອຸປະຕິເຫດ ຫລື ສຸຂະພາບ ຈາກບໍລິສັດປະກັນໄພໃດຫລືບໍ?

Has the applicant or person to be covered ever had a request for life, accident or health insurance rejected by another insurance company?

ເຄີຍ/ Yes………......ບໍ່ເຄີຍ/No...... ຖ້າເຄີຍໄດ້ຮັບການປະຕິເສດ ຈົ່ງຂຽນລາຍລະອຽດ/ If yes, please give details: …………………………………………

…………………………..…………………………………………………………………………..

- ຂ້າພະເຈົ້າຂໍຢັ້ງຢືນວ່າຂໍ້ມູນທີ່ກ່າວມາຫັງໝົດຂ້າງເທິງນັ້ນຖືກຕ້ອງ ແລະ ເປັນຄວາມຈິງທຸກປະການ I hereby certify that the all information I provided are correct and sincere

- ຂ້າພະເຈົ້າມີຄວາມເຂົ້າໃຈຢ່າງລະອຽດເຖິງຂັ້ນຕອນຕ່າງໆ ຖ້າຫາກວ່າຂໍ້ມູນທີ່ຂ້າພະເຈົ້າໃຫ້ມາບໍ່ເປັນຄວາມຈິງ, ແບບຟອມສະໝັກ ແລະ ການຮຽກສິນ ທົດແທນຈະຖືກປະຕິເສດໃນທຸກເຮື່ອນໄຂ I understand that in case of documents misrepresentation, my application and claim can be denied at any stage of process

- ຂ້າພະເຈົ້າເຫັນດີຕົກລົງອະນຸຍາດໃຫ້ທ່ານໝໍ/ໂຮງໝໍ/ຄລີນິກເປີດເຜີຍແບບປະຫວັດສຸຂະພາບຂອງຂ້າພະເຈົ້າ ແລະ ການປິ່ນປົວທີ່ຂ້າພະເຈົ້າໄດ້ຮັບເພື່ອ ຕອບສະໜອງໆ ຕາມທີ່ບໍລິສັດ ອາລີອັນສ໌ ປະກັນໄພລາວ ມີຄວາມຮຽກຮ້ອງຕ້ອງການ, ທັງນີ້ແມ່ນແນ່ໃສ່ການຄິດໄຕ່ຄ້ອງພິຈາລະນາ ໃນສະເໜີເຮັດການ ປະກັນໄພ ກໍຄື ການຊຳລະສິນທົດແທນ ປະກັນໄພຕາມຕາມລະບຽບການ I agree to allow the physician / hospital / clinic to disclose records of my medical treatment to the extent that Allianz General Laos requires for the purpose of considering the insurance application or payment of benefits.

ທີ່/At....................................... ວັນທີ / Date......................................

ລາຍເຊັນຜູ້ສະເໜີເອົາການປະກັນໄພ / Applicant's Signature

Table 5: Medical Check-up required mentioned in table 3

<u>ໃບກວດສຸຂະພາບ</u>
<u>Medical Check-Up</u>

ເຖິງ ທ່ານໝໍ,

ພວກເຮົາມີຄວາມຍິນດີໃຫ້ທ່ານດຳເນີນການກວດສຸຂະພາບຄົບຖ້ວນຕັ້ງລຸ່ມນີ້, ເຊິ່ງມີຄວາມຈຳເປັນຕໍ່ປະກັນສຸຂະພາບ ແລະ/ຫລື ປະກັນຊິວິດ ຂອງຜູ້ທີ່ຈະເອົາປະກັນໄພທີ່ ບປລ. ກະລຸນາຄັດຕິດຜົນກວດມາພ້ອມດ້ວຍ.

ດ້ວຍຄວາມນັບຖື.

Dear Doctor,

We have the honor to solicit you a medical check-up with complementary examination below, necessary for health and/or life insurance at AGL for the present applicant. Please attach the result of the requested exploration.

Sincerely yours.

ຊື່ແຈ້ງຂອງຜູ້ສະເໜີເອົາການປະກັນໄພ [Full name]:	
ວັນເດືອນປີເກີດ [Date of birth] ....(age:)	
	To check	**Remarks**
1	Medical Certificate ………………………	With detail of Physical examination
2	ECG + blood pressure measure…………	<u>Please provide the result Interpreted by physician</u>
3	Chest X ray …………………………………	<u>Please provide the result Interpreted by physician</u>
4	Glycaemia …………………………	Please provide the result with range value of the laboratory
5	Cholesterol total …………………………..	Please provide the result with range value of the laboratory
6	LDL cholesterol …………………………	Please provide the result with range value of the laboratory
7	HDL cholesterol …………………………..	Please provide the result with range value of the laboratory
8	Triglyceride ………………………………..	Please provide the result with range value of the laboratory
9	Micro-urinalysis…………………………..	Please provide the result with range value of the laboratory
10	Antigen HbS for hepatitis B detection….	Please provide the result with range value of the laboratory

Please attach the results and provide us mail address of the physician and laboratory for communication in case of additional information required

ວັນທີກວດ: [Date of examination]: ທີ່[At] …………………,

Name, Physical Address and mail of the Physician

Table 5: Digital Communication and Marketing Consent

DIGITAL COMMUNICATION CONSENT
By agreeing to purchase this insurance, you agree to receive via SMS and/or via e-mail by the mobile number and/or e-mail address provided herein above respectively on contract renewal notice, premium and/or claim payment status and any information of your interest on this insurance. Please visit https://www.agl-allianz.com to view Allianz Genera Laos Data Privacy Notice.

ການອະນຸຍາດໃຫ້ສື່ສານຜ່ານຊ່ອງທາງດີຈິຕອນ
ໂດຍການຕົກລົງຊື້ປະກັນໄພນີ້, ທ່ານຕົກລົງທີ່ຈະຮັບຂໍ້ມູນກ່ຽວກັບການແຈ້ງຕໍ່ສັນຍາ, ການແຈ້ງສະຖານະການຊຳລະຄ່າທຳນຽມປະກັນໄພ ແລະ/ຫຼື ການຈ່າຍສິນທົດແທນປະກັນໄພ ແລະ ຂໍ້ມູນອື່ນໆທີ່ເປັນປະໂຫຍດສຳລັບທ່ານກ່ຽວກັບປະກັນໄພນີ້ ຜ່ານທາງຂໍ້ຄວາມສັ້ນ (SMS) ທາງເບີມືຖື ແລະ/ຫຼື ອີເມວ ຕາມທີ່ທ່ານສະໜອງໃຫ້ໃນໃບສະເໜີເອົາປະກັນໄພນີ້. ທ່ານສາມາດເຂົ້າເບິ່ງລາຍລະອຽດແຈ້ງການກ່ຽວກັບຂໍ້ມູນຄວາມເປັນສ່ວນຕົວໄດ້ທີ່

https://www.agl-allianz.com |

MARKETING CONSENT
By purchasing this insurance, you give consent to Allianz General Laos to use your personal information for the marketing purpose of the company e.g. communication on product/service, promotional activities, carrying out lucky draws, marketing surveys, and other information which you may be interested in. In the event you would like to withdraw your marketing consent, please send SMS content "123" to +856 20 56689805 or opt-out via My Insurance Web and My Insurance App.

ການອະນຸຍາດໃຫ້ສື່ສານຂໍ້ມູນການຕະຫຼາດ
ໂດຍການຕົກລົງຊື້ປະກັນໄພນີ້, ທ່ານອະນຸຍາດໃຫ້ ບໍລິສັດ ອາລິອັນສ໌ ປະກັນໄພລາວ, ນຳໃຊ້ຂໍ້ມູນສ່ວນຕົວຂອງທ່ານເພື່ອຈຸດປະສົງໃນການຕິດຕໍ່ ແລະ ສົ່ງຂໍ້ມູນທາງການຕະຫຼາດຂອງບໍລິສັດເຊັ່ນ: ການບໍລິການ ແລະ ຜະລິດຕະພັນປະກັນໄພ, ກິດຈະກຳສົ່ງເສີມການຂາຍ, ການຈັບສະຫຼາກຊີງໂຊກ, ການສຳຫຼວດຕະຫຼາດ, ແລະ ຂໍ້ມູນອື່ນໆທີ່ທ່ານອາດມີຄວາມສົນໃຈ. ຖ້າທ່ານບໍ່ອະນຸຍາດໃຫ້ໃຊ້ຂໍ້ມູນສ່ວນຕົວເພື່ອຈຸດປະສົງດັ່ງກ່າວ ທ່ານສາມາດແຈ້ງປະຕິເສດຮັບຂໍ້ມູນ ໂດຍການສົ່ງຂໍ້ຄວາມສັ້ນ (SMS) ມີຄຳວ່າ "123" ສົ່ງໄປທີ່ເບີ +856 20 56689805 ຫຼື ແຈ້ງຜ່ານທາງ My Insurance Web ແລະ My Insurance App.