

# Term Life Policy Wording

## Contents

1.	Definition.....	2
2.	Eligibility and obligation of the applicant .....	2
3.	Coverage.....	3
4.	The beneficiary .....	3
5.	Payment of premium and adjustment.....	4
6.	Payment of Sum insured by the insurer.....	4
7.	Examination rights .....	4
8.	Exclusion .....	5
9.	Disappearance .....	5
10.	Documents misrepresentation.....	5
11.	Jurisdiction.....	6
12.	Data Privacy Notice .....	6
13.	Other .....	6

# Term Life Policy Wording

In case of death of the insured, the company will pay to the beneficiary the capital insured as specified in the schedule

## 1. Definition

“**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.

“**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

“**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.

## 2. Eligibility and obligation of the applicant

2.1) Applicant must

- ✓ Be between **18-64 years old**
- ✓ Be present physically and living in LAO PDR at the time of application
- ✓ Provide medical checkup as required by the company
- ✓ Provide copy of passport or ID card
- ✓ Fill in the application form sincerely

2.2) Applicants with conditions below are not eligible for this policy insurance

- ✓ Applicant with any psychiatric or mental disorder,
- ✓ 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.

### **3. Coverage**

In case of death of the insured, the company will pay the capital insured as specified in the contract to the beneficiary.

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 have been paid, whatever the cause of nonpayment.

Death from Cancer and tumor, cardiovascular diseases; renal failure occurring within the period of 3 months after the inception date of the issued policy are not covered by this insurance for all new insured.

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

Any insured who did not renew, and did not pay his/her policy insurance more than 3 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 applicants.

### **4. The beneficiary**

In case of death of the insured, the sum insured will be paid primarily to the designated beneficiary declared by the insured or by the subscriber 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

## 5. Payment of premium and adjustment

Premium must be fully paid at once for the period of coverage requested.

Quotation does not grant any coverage

There is no valid claim prior premium payment whatever the reason and circumstance.

Coverage begin at the time of premium payment

In case the insured needs to cancel the contract, the table at the right shall be used for premium refund calculation

No. of day(s) used	% of Annual Premium refund
<30	85%
31-60	75%
61-90	65%
91-120	55%
121-150	45%
151-180	35%
181-210	25%
211-240	20%
241-270	15%
271-300	10%
301-330	5%
331-365	0%

## 6. Payment of Sum insured by the insurer.

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

In the case of death of the insured; the following documents are required and must be submitted to AGL within 30 days from the date of death

1. The insurance contract
2. Copy of the death certificate issued by the competent authority
3. Health certificate from medical doctor certifying the nature of the death in case the company judges it necessary
4. Report on the death if in case the company judges it necessary
5. Passport or ID card of the deceased insured and the beneficiary
6. Any other additional document that may be asked by the Insurance Company

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

## 7. Examination rights

In case of death, the company has the right to conduct an autopsy within the limits of the Law,

## 8. 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. Claim resulting directly or indirectly from Acquired Immunization Deficiency syndrome (AIDS),
10. Abuse of alcohol or drugs
11. 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.
12. Participation in any professional sport, championship and sport tournament
13. Loss occurring in any stay out of LAO PDR, which is longer than 90 consecutive days in any one-year policy.
14. Any economic sanction which prohibits the insurer or member of the Allianz group from providing cover under this policy

## 9. 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.

## 10. Documents misrepresentation

The insured person has the obligation to correctly disclose all facts known to him and all facts which may cause an 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.

## **11. Jurisdiction**

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

## **12. 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.

## **13. 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

**Table 1: 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 General Laos Data Privacy Notice.

**ການອະນຸຍາດໃຫ້ສື່ສານຜ່ານຊ່ອງທາງດິຈິຕອນ**

ໂດຍການຕົກລົງຊື້ປະກັນໄພນີ້, ທ່ານຕົກລົງທີ່ຈະຮັບຂໍ້ມູນກ່ຽວກັບການແຈ້ງຕໍ່ສັນຍາ, ການແຈ້ງສະຖານະການຊໍາລະຄ່າທຳນຽມປະກັນໄພ ແລະ/ຫຼື ການຈ່າຍສິນທິແທນປະກັນໄພ ແລະ ຂໍ້ມູນອື່ນໆທີ່ເປັນປະໂຫຍດສໍາລັບທ່ານກ່ຽວກັບປະກັນໄພນີ້ ຜ່ານທາງຂໍ້ຄວາມສັ້ນ (SMS) ຫາເບີມິຖີ 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 ອາລີອັນສ໌ ປະກັນໄພລາວ, ນຳໃຊ້ຂໍ້ມູນສ່ວນຕົວຂອງທ່ານເພື່ອຈຸດປະສົງໃນການຕິດຕໍ່ ແລະ ສົ່ງຂໍ້ມູນທາງການຕະຫຼາດຂອງບໍລິສັດເຊັ່ນ: ການບໍລິການ ແລະ ຜະລິດຕະພັນປະກັນໄພ, ກິດຈະກຳສົ່ງເສີມການຂາຍ, ການຈັບສະຫຼາກຊິງໂຊກ, ການສຳຫຼວດຕະຫຼາດ, ແລະ ຂໍ້ມູນອື່ນໆທີ່ທ່ານອາດມີຄວາມສົນໃຈ. ຖ້າທ່ານບໍ່ອະນຸຍາດໃຫ້ໃຊ້ຂໍ້ມູນສ່ວນຕົວເພື່ອຈຸດປະສົງດັ່ງກ່າວ ທ່ານສາມາດແຈ້ງປະຕິເສດຮັບຂໍ້ມູນ ໂດຍການສົ່ງຂໍ້ຄວາມສັ້ນ (SMS) ພິມຄຳວ່າ "123" ສົ່ງໄປທີ່ເບີ +856 20 56689805 ຫຼື ແຈ້ງຜ່ານທາງ My Insurance Web ແລະ My Insurance App.