

# School Personal Accident “Safe Student”

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## 1) INSURED CONDITION

All pupils and students aged **not less than 2 years or not more than 18 years** at the commencement of the period of insurance and whose name is registered in a school implemented in LAO PDR.

## 2) DEFINITIONS

**“Policyholder or subscriber”** Refers to the school or educational establishment or the parents or legal or authorized guardian shown in the Schedule who arranges this insurance for the insured person.

**“Insured Person”** refers to all pupils and students named as insured in the Schedule whose name appear in the School's register.

The insured person is aged not less than 2 years or not more than 18 years at the commencement of the period of insurance.

If the subscriber is the parent (not the school), school certificate is required for reference.

**“Total Permanent Disability”**: refers to disability to the extent of being unable to perform the normal duty in the Insured's regular occupation or any other occupation totally and permanently. Disability continues not less than 180 days after the accident. Medical certificate from physician is required

**“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

**“Operative times”** means in respect of pupils or students, the time related to School Activities, during all social, sport and leisure activities taking place with the full knowledge and authority of the School, indicated by the reference School Activities 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 covered person.

**“Injury”** refers to bodily injury which is caused directly and solely from an accident and is independent from other causes while this policy is in force.

**“School Activities”** refers to any activity usual to the school which is carried out with the full knowledge of authority and under the control of the board of management / governors of the School or of any other person specifically authorized by them

## 3) COVERAGE

This policy cover the insured from Accidental Bodily Injury related to school activities (sport and hobbies...), during the operative time of the school including the whole period of break for lunch time, and during the time required for the path transportation home – school – home,

Coverage for the path home – school and vice versa is limited to 1 hour after or before the operative time of the school. If the school activity is out of the school establishment place, requiring traveling, the coverage is extended to the reasonable path transportation from and to the site of activities.

The path for transportation must be with the full knowledge and under authority of the School.

The contract is effective uniquely in Lao PDR. However, activities to be performed in neighbor countries can be covered but must be subject to declaration to the company in advance for approval.

In any event, letter from the school is required to attest whether the event occurred during the school operative time and/ or happened under the school initiative.

**This insurance does not cover any activities during the holidays and weekend except those extra school activities proposed by the school only**

#### 4) DETAIL OF COVERAGE AND SUM INSURED

This insurance covers

→ Any losses or injuries to the insured arising from bodily injury, which is caused by an accident, resulting to loss of life, dismemberment, loss of sight or permanent disability within 180 days from the date of the accident or the injury

→ Loss of life occurs later because of such injury,

The insured will receive the compensation in accordance with the sum insured stated in the Schedule as follows:

100% of the sum insured for loss of life

100% of the sum insured for permanent disability

100% of the sum insured for loss of both hands or both feet or loss of sight for both eyes

100% of the sum insured for loss of one hand & one foot

100% of the sum insured for loss of one hand & loss of sight in one eye

100% of the sum insured for loss of one foot & loss of sight for in one eye

60% of the sum insured for loss of one hand or loss of one foot or loss of sight for in one eye

#### 5) EXCLUSIONS

This insurance does not cover:

1. Any loss or Injury arising from/ or in consequence of the following causes:

a. Action of the Insured while under the influence of alcohol, addictive drugs, narcotic drugs to the extent of being unable to control one's mind. The term "under the influence of alcohol" in case of having a blood test refers to a blood/alcohol level of 120mg percent and over.

b. Suicide or attempted suicide or self-inflicted injury.

c. Infections except pyogenic infections, tetanus, or rabies from a wound or cut suffered as a result of an accident.

d. Food poisoning.

e. Medical treatment or surgical treatment except the necessary treatment for the injury which is covered under this Insurance Policy and occurring within the period of this Insurance Policy.

f. Miscarriage and abortion.

g. Dental care, root canal treatment, replacement of or new sets of dentures except necessary first aid treatment following an accident. Backache as a result of Herniated Disc, Prolapsed Disc, Subluxation or Spondylolisthesis, Degeneration or Spondylosis except if there is a fracture or dislocation of spinal cord as a result of an accident.

h. War (whether declared or not), invasion, act of foreign enemies, civil war, revolution, insurrection, civil commotion, popular rising against the government, riot, strike. 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.

i. Preexisting condition and congenital diseases.

j. Any loss or material damage arisen from accident.

k. Alternative treatment such as chiropractic, homeopathy, massage and all empiric and traditional therapy (SPA, reflexotherapy...)

#### 2. Loss or Injury which occurs:

a. While the Insured is hunting for animals, racing of all kinds of car or boat, horse racing, ski playing or racing, skate racing, boxing, parachute jumping (except for the purpose of life saving), boarding or traveling in a hot-air balloon, gliding, bungee jumping, mountain climbing with equipment, or diving with oxygen tank and breathing equipment under water.

b. 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.

c. While the Insured is taking part in a brawl or taking part in inciting a brawl.

d. While the Insured is committing a felony or while the Insured is being arrested, under arrest, or escaping the arrest.

## **6) REPORT OF ACCIDENT**

The subscriber, the beneficiary or the representative of the said person, whichever the case may be, must report the accident to the Company without delay. In the event of death, an immediate notice must be made to the Company unless it can be proved that the circumstances make it impossible to do so and the notification is given to the Company as early as possible.

## **7) PROOF OF LOSS**

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.

The evidence stated above must be given to the Company within 30 days from the date of death or the commencement of total permanent disability or dismemberment.

For other types of compensation, the evidence must be furnished within 180 days from the date of accident. Nevertheless, non-compliance within the specified time shall not jeopardize the right to claim if it can be proved that there is reasonable explanation why a claim could not be made in a timely manner and that the claim was filed as soon as possible.

For medical expenses claim, the original receipt must be presented. The Company will return the original receipt if it is not fully paid noting the amount already paid, so that the Insured can claim the balance from other Insurers, if any. If the Insured receives reimbursement from the government or other welfare, the Insured may submit a copy of the receipt together with the original statement showing the amount paid by the government or other welfare and claim the balance from the Company in accordance with Policy Conditions.

## **8) EXAMINATION RIGHTS**

The Company has the right to medically examine the covered person who is claiming benefit under this policy and has the right to conduct an autopsy, within the limits of the law, in case of death, and the expense incurred will be paid by the Company.

## **9) INDEMNIFICATION**

The compensation shall be paid by the Company within 20 days after receipt of complete and proper proof of loss. Compensation for death and reimbursement for medical expenses will be paid to the beneficiary

In the event the Company wishes to investigate a claim for compensation under Insuring Agreement, the time so specified may be extended if necessary but in no event shall this total period be more than 90 days after all documents received by the Company.

The Company shall not be liable to compensate any other third party under this insurance policy.

## **10) BENEFICIARY**

Parents or legal guardian are the beneficiary. Upon the Insured's death, the benefit will be paid to such named beneficiary.

In case the beneficiary dies before the Insured, the subscriber must notify the change of the beneficiary to the Company in writing. If this is not done or the Insured dies in the same accident as the beneficiary, the benefit will be paid to the Closest and elder relative of the insured. Documents from the authority attesting related death must be furnished to the insurer.

## 11) PREMIUM ADJUSTMENT

Premium according to benefit is shown in table below

ລາຍລະອຽດການຄຸ້ມກັນ / Policy Coverage Details:			
ຜົນປະໂຫຍດ / Benefits	ທາງເລືອກ1 /Option1	ທາງເລືອກ2 /Option2	ທາງເລືອກ3 /Option3
1. ເສຍຊີວິດຈາກອຸປະຕິເຫດ /Accidental death	LAK 10,000,000	LAK 16,000,000	LAK 30,000,000
2. ພິການຖາວອນທັງໝົດຫຼືການສູນເສຍອະໄວຍະວະຖາວອນ ຫຼື ການສູນເສຍສາຍຕາ/ Total permanent Disability or Permanent dismemberment or Loss of sight	LAK 10,000,000	LAK 16,000,000	LAK 30,000,000
3. ຄ່າປິ່ນປົວຈາກອຸປະຕິເຫດ/Medical expenses	LAK 1,000,000	LAK 1,600,000	LAK 3,000,000
<b>⇒ ຄ່າທຳນຽມ /Premium</b>	<b>LAK 60,000</b>	<b>LAK 90,000</b>	<b>LAK 160,000</b>

The premium can be calculated in pro-rata with scientifically rounded monthly basis (but not daily basis).

Example: 3.5 months duration corresponds to premium of 4 months duration

Under any circumstance, there is no premium refund.

The premium above includes VAT and registration fee.

Any premium must be paid and received in full by the Company before the inception date of the policy.

Otherwise, no claim can be considered as valid.

## 12) CHANGE OF SCHOOL OR EDUCATIONAL ESTABLISHMENT

The insured person or parents / legal guardian of the insured person or the new subscriber (if they contracted policy with the company) must declare to the insurer all information related to change of school or educational establishment for possible endorsement.

The subscriber must inform the insurer for any removal of student from the school registration.

Such removal from the register of the school terminates automatically the coverage of the insured.

There is no premium refund upon change or leaving the school / educational establishment.

There is no coverage for students exiting the school and consequently without school registration despite the policy not expired.

**However, in case of change of school, coverage of non-expired policy will take effect at the time of subscription to the new school and will remain effective until expiry date.**

## 13) CLAIMING FOR DEATH BENEFIT

The beneficiary must submit the following documents at their own expense within 30 days of the date of loss.

1. Completed claim form.
2. Death Certificate
3. A copy of the autopsy report, certified by authorized personnel if the company judges it necessary.
4. A copy of the police report, certified by authorized officer.
5. A copy of the Identity Card and/ or “family book” or “House Registration” of the Insured stating the Insured is “deceased”.
6. A copy of the Identity Card and the House Registration of the beneficiary.

## 14) CLAIMING FOR DISABILITY

The Insured must submit the following documents at their own expense within 30 days of diagnosis by a physician that the insured suffers from disability: dismemberment, loss of sight, total permanent disability

1. Completed claim form
2. Certificate from attending Physician stating the detail of the disability:

Nevertheless, non-compliance within the specified time shall not jeopardize the right to claim if it can be proved that there is reasonable explanation why a claim could not be made in a timely manner and that the claim was filed as soon as possible.

The insurer has the right to re-examine the insured regarding any claim for disability.

## **15) 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.

## **16) EXPOSURE CLAUSE**

If an Insured Person suffers Accidental Bodily Injury as a result of unavoidable exposure to the elements the Company will consider it as having been caused by an Accident

## **17) PRECAUTIONS**

The insured, subscriber and parents shall take reasonable precautions to avoid accidental bodily injury

## **18) 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.

## **19) 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.com.la> to view Assurances General Laos Data Privacy Notice.

**MARKETING CONSENT**

BY purchasing this insurance, you give consent to Assurances 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 consent “123” to +856 20 56689805 or opt-out via My Insurance Web and My Insurance App.

30 January 2026