



រ៉ូយ៉ាល់ក្រុម ម៉ាយត្រូ មីក្រូសុវណ្ណ ម.ក
អាគារលេខ១៤ ផ្លូវ១០០៣ ភូមិបាយាប សង្កាត់ ភ្នំពេញថ្មី ខណ្ឌ វិសាខ សៀមរាប
ក្រុងភ្នំពេញ ប្រទេសកម្ពុជា
ទូរសព្ទ ៖ (៨៥៥) ៦១ ៤៣១ ១១១

Royal Group Micro Insurance Plc.
Building No. 14, St. 1003, Phum Bayab, Sangkat Phnom Penh Thmey,
Khan Sen Sok, Phnom Penh, Cambodia.
Tel: (855) 61 431 111

Micro Insurance Policy

Royal Group Micro Insurance Plc.

Address: House No. K14, Street 1003, Bayab Village,
Phnom Penh Thmey Commune, Sen Sok District, Phnom Penh.
Contact Number: 061 431 111

Micro Insurance Certificate

Insurance Policy Number:

Policyholder Information:

Name:Date of Birth:Gender:ID Card No.:
.....Address:

Insured Person:

Name:Date of Birth:Gender:ID Card No.:
.....Address:

Beneficiary:

Name:Date of Birth:Gender:ID Card No.:
Address:
Relationship:

Type of Insured Risk: Death/Total Permanent Disability or Partial Permanent Disability

Insurance Policy Details

Insurance Product Name: **RAKSMEY SOVATTEPHEAP**

Insurance Policy Term:Start Date:
Expiry date:

Geographical Coverage: Kingdom of Cambodia and Worldwide

Insurance Premium Payment Method:

.....

Product Name	Sum Insured	Premium
XXX	XXX	XXX

The insurance company has the right to cancel the insurance contract if:



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- The insured person has intentionally concealed information, made inaccurate age declarations, or provided false statements, leading to a change in the risk exposure.
- The insured has not paid the insurance premium for thirty (30) consecutive days.
- In case the age of the insured exceeds the insured age.

The insured person may request to cancel this insurance policy for a valid reason by providing ten (10) working days' advance notice. In the event of early termination, the insured person will receive 90% of the remaining premium after deducting expenses for the past coverage period.

Unofficial

Microinsurance Policy

Article 1: Definitions

- **Accidental Death:** Refers to the immediate loss of life due to an accidental event occurring during the validity period of the insurance policy.
- **Hospitalization Benefit (Prak Somrak Pet):** This provides financial support for hospitalization during the validity period of the insurance policy. The insurance company will provide a benefit for hospitalization caused by accident or illness. The insured person must be hospitalized for at least 12 consecutive hours.
- **Total and Permanent Disability:** Refers to the complete loss or irreversible loss of function of any limb, such as hands, legs, or eyes, during the validity period of the insurance policy. Total and Permanent Disability is defined as follows:
 - Complete and permanent loss of both hands, both legs, or both eyes.
 - Complete and permanent loss of one leg, one hand, or one eye.
 - **Loss of Eyesight:** Refers to complete and untreatable blindness.
 - **Loss of Hand or Leg:** Refers to complete severance of the limb at or above the wrist or ankle, including the loss of all its parts, rendering it permanently unusable and irrecoverable.
- **Critical Illness:** refers to Cancer, Diabetes, Heart Disease, Liver Disease, Stroke, Lung Disease, Hypertension, and kidney disease.

Article 2: Insurance benefits

During the validity period of this insurance policy, the insurance company shall provide insurance benefits based on the policy terms as follows:

2.1. Death due to Accident or Illness:

a) The insurance company shall pay the **total sum assured to the beneficiary** if the insured person passes away due to an accident or illness. The validity of this insurance policy will terminate once the insurance benefit has been fully settled with the beneficiary.

b) **Benefit:** The compensation amount shall be up to the **maximum sum assured** as stated in the insurance certificate.

2.2. Total and Permanent Disability due to Accident or Illness:

a) The insurer will disburse the **total sum assured to the designated beneficiary** if the insured person sustains a total and permanent disability event. The validity of this insurance policy will terminate once the insurance benefit has been fully settled with the beneficiary.

b) **Benefit:** The compensation amount shall be up to the **maximum sum assured** as stated in the insurance certificate.

2.3. Hospitalization Benefit (PRAK SOMRAK PET) (Optional):

a) Unless otherwise specified in the insurance policy, this policy does not cover daily allowances for hospitalization resulting from accident or illness.

b) The **Hospitalization Benefit (PRAK SOMRAK PET)** is specified in the insurance certificate and is subject to the following maximum limits:

- **3 (three) days** for a one-month coverage period.
- **8 (eight) days** for a quarterly coverage period.
- **15 (fifteen) days** for a semi-annual coverage period.
- **30 (thirty) days** for an annual coverage period.

Article 3: Exclusions

3.1. Death or Total and Permanent Disability (TPD)

The insurer will **not** pay claims if the death or Total and Permanent Disability of the insured person results from:

1. Death or Total and Permanent Disability occurring within the **first sixty (60) days** from the policy's effective date, caused by the critical illness.
2. Human immunodeficiency virus (HIV), AIDS, or diseases related to AIDS.
3. Attempted or committed criminal acts or any illegal activities.
4. Participation in activities such as war, invasion, rebellion, civil commotion, riots, popular uprisings against the government, and acts of terrorism.
5. Any epidemic disease referring to the outbreak of serious diseases as defined by the Ministry of Health.
6. Death or TPD resulting from the insured is performing duties as a member of armed forces (military, police, armed forces) or law enforcement.

7. Any disability resulting from diseases, injuries, or treatments of the insured prior to the start date of the insurance policy.
8. Death or disability resulting from the actions of the insured while under the influence of alcohol at a level of 0.8 grams per liter in the blood or drugs that impair the ability to control emotions.

3.2 Hospital Allowance (PRAK SOMRAK PET)

The insurance company will not pay compensation if treatment of the insured is caused by:

1. Suicide attempts or self-harm while in a good or impaired mental state.
2. Rest and treatment or health care from illegal drug addiction, intoxication, withdrawal, sexually transmitted diseases and their consequences, AIDS, and diseases related to the AIDS virus.
3. Attempting to commit or committing any criminal offense or illegal activity.
4. Participation in activities such as war, invasion, revolution, riots, civil disobedience, protests, and popular uprisings against the government and acts of terrorism.
5. Any epidemic disease refers to the outbreak of serious diseases defined by the Ministry of Health and any infectious disease that requires mandatory reporting by authorities.
6. Cosmetic surgery/cosmetic procedures, eye examinations, glasses, and correction of eye defects (Radial Keratotomy or Lasik).
7. Dental health care.
8. Treatment or surgery for congenital defects or disabilities, including hereditary conditions.
9. Pregnancy, childbirth, miscarriage, abortion, and prenatal or postnatal care and surgery or treatment related to complications or intoxication.
10. Radioactive iodine or contamination from radioactive substances from nuclear fuel or any nuclear waste from the process of nuclear fission.
11. Investigation and treatment of sleep disorders and anxiety, hormone replacement therapy.
12. Mental illness, psychological disorders, or neurological disorders (including neurological diseases and their physical or psychological symptoms).
13. Diseases or injuries resulting from any type of racing (except foot racing), dangerous sports such as, but not limited to, skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports, and illegal activities.

Article 4: Geographical Scope of Coverage

This insurance policy is valid and provides coverage for risks resulting in the insured person's total and permanent disability or death due to accidental events or illness occurring within the **Kingdom of Cambodia and worldwide**.

Article 5: Beneficiary Eligibility

- The beneficiary of this insurance product can be the **policyholder, biological relatives, parents, spouse, parents-in-law, or a legal guardian** (with proper documentation proving the relationship).
- When completing the insurance application, the applicant or insured person may designate one or more beneficiaries to receive the insurance benefit. If the applicant or insured person wishes to change beneficiaries during the policy's validity period, the insured person must notify the insurer in writing. The change will only be valid upon the insurer's written consent through a policy endorsement or the issuance of a supplementary policy.
- In the event the insured person's death is a direct result of murder, and the beneficiary is found to be the **perpetrator, co-perpetrator, instigator, or accomplice**, that beneficiary will forfeit their right to the benefit. The insurance benefit will then be paid to other designated beneficiaries in the following order of precedence.
- If a beneficiary is **under eighteen (18) years of age**, their legal guardian will be designated as the authorized representative to receive the insurance benefit. The authorized representative must provide documentation clearly proving their relationship with the beneficiary.
- However, if no beneficiary is specified in the insurance application form, the remaining benefits will be paid to the insured person's immediate family members in the following order:
 - **Spouse:** The claimant must provide a marriage certificate as proof of relationship.
 - **Children over 18 years old:** The claimant must provide a birth certificate and family book as proof of relationship.
 - **Parents:** The claimant must provide a family book as proof of relationship.

Article 6: Modification of Insurance Contract

- During the term of this insurance policy, the **policy applicant** may notify the insurer to amend certain policy provisions. The effective date of such amendments can be negotiated and mutually agreed upon between the insurer and the insured person.
- If either the policy applicant or the insurer discovers an **error in the insured person's declared age**, the policy applicant or the insurer must promptly rectify the age information.
- In the event the **insured person changes their address or other contact information**, the insured person must immediately notify the insurer in writing. Should the insured person fail to fulfill this obligation, the insurer will send all correspondence and notifications to the latest address and contact information on file with the company.

Article 7: Policy Renewal

This insurance policy may renew only upon the prior written consent of the insured person.

Article 8: Policy Termination and Cancellation

The insured person may request to **cancel** this insurance policy for a valid reason by providing **ten (10) working days' advance written notice**. In the event of early cancellation, the insured person will receive **90% of the remaining premium** after deducting expenses for the past coverage period.

If the policy is terminated after a risk event has occurred and the insurer has already settled the claim, the premium for the remaining coverage period will not be refunded by the insurer.

The insurance policy will be **terminated** if the insurer discovers that:

- The insured person has intentionally concealed information, made inaccurate age declarations, or provided false statements, leading to a change in the risk exposure.
- The insured has not paid the insurance premium for thirty (30) consecutive days.
- In case the age of the insured exceeds the insured age.

Article 9: Claim Procedure

9.1. Eligibility of the Claimant

The applicant for an insurance claim is the **beneficiary** as designated in the insurance certificate.

9.2. Notification Procedure

Notification and Evidence of Death or Total and Permanent Disability:

Should the insured person suffer death or total and permanent disability, the **beneficiary** must notify the insurer within **thirty (30) days** from the date the insured person incurred the total and permanent disability or death. This obligation is waived if the beneficiary was unaware of the insured person's total and permanent disability or death, or was unaware of the existence of the insurance policy.

In such cases, the beneficiary must notify the insurer within **seven (7) days** from the date they receive knowledge of the total and permanent disability or death, or from the date they become aware of the insurance policy's existence.

9.3. Submission of Documents or Evidence for Claim Settlement:

- a) The **beneficiary** must provide official and verifiable documentary evidence from competent authorities, confirming the insured person's total and permanent disability or death. The beneficiary is obligated to provide any additional necessary documents upon request from the insurer, with all associated costs borne by the beneficiary.

b) Claim documents must be submitted to the insurer within **sixty (60) days** from the date of the incident or the confirmed date of the insured person's total and permanent disability or death.

c) **Required Documents for Insurance Claim:**

An insurance claim will be settled if the beneficiary provides the following documents:

1) Requirement document for Death claims:

No	Required Documents for Claim	Death by Accident	Death by Illness
1	Completed claims form by the beneficiary	✓	✓
2	A copy of ID card/Passport/Birth Certificate of the Insured;	✓	✓
3	Document proof of beneficiaries;	✓	✓
4	Police report of accident (if any)	✓	
5	Death Certificate;	✓	✓

2) Requirement document for total and permanence disability:

No	Required documents for Claim	TPD by Accident	TPD by Illness
1	Completed claims form by the beneficiary	✓	✓
2	A copy of ID card/Passport/Birth certificate of the Insured;	✓	✓
3	Document proof of beneficiaries;	✓	✓
4	Police report of accident (if any)	✓	
5	Recent photo of the Insured;	✓	✓
6	Medical evidence of the accident as cause of the TPD state provided by licensed hospital or clinic	✓	✓

3) Hospital allowance (PRAK SOMRAK PET):

No	Required documents for Claim	TPD by Accident	TPD by Illness
1	Completed claims form by the beneficiary	✓	✓
2	A copy of ID card/Passport/Birth certificate of the Insured;	✓	✓

3	Hospital discharge letter from license hospital or clinic.	✓	✓
4	Medical report and documents of treatment	✓	✓
5	Police report of accident (if any)	✓	

9.4. Maximum Period for Claim Settlement

- a) The insurer will pay benefits to the beneficiary once the beneficiary has satisfied all the insurer's requirements.
- b) Upon receipt of the claim form, along with the evidence and documents as specified above, the insurer will verify them within fifteen (15) working days. For complex cases requiring investigation beyond fifteen (15) working days, the insurer will notify the beneficiary of the delay.

9.5. Claim Payment Mode

- a) After full verification, the insurer will process the insurance benefit payment to the beneficiary within three (3) working days. In the event a claim is denied, the insurer will issue a letter of denial to the beneficiary within three (3) working days, clearly stating the reasons for the denial.
- b) Claim payments can be made via bank transfer, check, or cash.

Article 10: Confidentiality

All information provided to the insurer will be kept confidential, and no personal information will be disclosed to third parties without prior consent, unless required or permitted by applicable laws or regulations.

Article 11: Dispute Resolution

For all disputes of this insurance contract related the insurance business, either party of dispute may bring the dispute to the Insurance Regulator of Cambodia for conciliation prior forwarded to arbitration forum or court of competent jurisdiction unless the criminal matters.

Article 12: Jurisdiction

This insurance policy shall be governed by the laws and jurisdiction of the Kingdom of Cambodia.

Cambodia Life Micro Insurance “Camlife” Plc.
Chief Executive Officer



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Mr. Johnny Wong Yon Siong

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