



# COVID-19 PT CARE INSURANCE POLICY SCHEDULE



## INSURED INFORMATION:

Name:		<b>Policy#</b> 22-06-000XXX 
Surname:		
Passport No:		
Nationality:		
Date of Birth:		
Phone:		
Email:		
Occupation:		
Address:		

## DETAIL OF COMPENSATION

Cover Description	Amount of Cover (LAK)	Premium (LAK)
1) Medical Expenses		Included
1 <sup>st</sup> Infection	3,000,000	
2 <sup>nd</sup> Infection	5,000,000	
3 <sup>rd</sup> Infection	10,000,000	
2) Loss of Life Compensation	<u>32,000,000</u>	
<b>Total Compensation</b>	<b>50,000,000</b>	
<b>Total</b>		<b>350.000 LAK</b>

## EXCHANGE RATE

Premium in USD	30 USD
Premium in THB	1000 THB
Premium in VND	615,000 VND
Premium in RBM	200 RBM

Cover Period (01 year):	Inception Date	Expired Date
	...../...../2022	...../...../2023

Channel:      ☐ LIA                      LIP ☒                      ☐ Agent

Insee Life Insurance Co., Ltd	Thavisub Insurance Borker Co., Ltd	Insured:
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