



COVID-19 INSURANCE CERTIFICATE

CERTIFICATE NO : CV-016361

Name of Insured Person

Passport No.

Geographical Coverage

姓名

护照号

Within CAMBODIA

Date of Birth

Age

出生日期

年龄

Inception Date

Period of Cover

Expiry Date

生效日期

截止日期

Type of Plan

Premium

STANDARD PLAN

SCAN HERE
view certificate

For and on behalf of Forte Insurance (Cambodia) Plc.

Date of Issue: 08 December 2020 09:59

Taek Chammachith
Group CEO

SCHEDULE OF BENEFITS

COVID-19 INSURANCE		Limit (USD)
Coverage:		
In consideration of the payment of premium and the due observance and fulfilment of the terms and conditions of this Policy insofar as they relate to anything to be done or complied with by the Insured Person and subject to the terms, conditions, exclusions and memoranda contained herein or contained in the Certificate of Insurance, if the Insured Person is diagnosed Positive with COVID-19 by the laboratory authorized and appointed by the Ministry of Health Cambodia during the Period of Insurance within the Kingdom of Cambodia, INSURER will pay the Benefit to the Hospital.		
Policy Limit per Period of Insurance		50,000
Geographical Coverage		Cambodia only
Covered Illness		COVID-19 only
a) Hospital Room & Board (Overall daily max up to 90 days per disability)	i) Ordinary ii) Intensive care Unit including equipment(s) used in ICU (daily max up to 14 days)	75 per day 329 per day
b) COVID-19 Test (max \$100 per test and max 4 times per disability)		400 per disability
c) Hospital Miscellaneous Services (daily max)		150 per day
d) Diagnostic Procedure (max \$150 per time for all type of Diagnostic Procedure and max 3 times per disability)		450 per disability
e) Emergency Hospital Transfer (max per disability)	- Air ambulance - Ground ambulance	5,000 per disability 5 per disability
f) Funeral Expenses (per cash)		1,500 per disability
g) Underlying illness (max per disability)		150 per disability

Condition:

The Insured Person has to submit Health Certificate indicating a COVID-19 negative status issued by competent health authorities of your residing country no more than 72 (seventy-two) hours from the departure time from your residing countries.

Please submit the above-mentioned Health Certificate to email covid-19@forteinsurance.com within 72 hours from the departure time from your residing countries.

Without the above-mentioned Health Certificate, the COVID-19 INSURANCE CERTIFICATE is not valid.

In the event of claims, Insured Person is required to present the above-mentioned Health Certificate.

Claim Inquiry:

Tel. (+855) 086 777 929

Email: covid-19@forteinsurance.com

(+855) 093 111 829

| covid-19@forteinsurance.com | www.forteinsurance.com/covid19