

## HEALTHCARE INSURANCE INSTRUCTION

<b>The Insured:</b>	<b>REGENT GARMENT FACTORY LIMITED</b> ( <i>Member of Crystal International Group Limited</i> )
<b>Policy Number:</b>	<b>HAN.D18.ITC.18.HD32</b>
<b>Address:</b>	Nam Sach Iz, Ai Quoc Wards, Hai Duong City, Hai Duong Province
<b>Period of Insurance:</b>	<i>From 01/01/2019 to 31/12/2019 (both days inclusive)</i>
<b>Scope of territory:</b>	Worldwide
<b>Insurance Company</b>	Baoviet Insurance Corporation
<b>Claims settlement unit:</b>	Baoviet Claim Settlement Department – Baoviet Insurance Corporation
<b>Type of insurance:</b>	BAOVIET INTERCARE
<b>The broker:</b>	GiNET Co., Ltd.

### I. CORE PLAN: IN-PATIENT TREATMENT DUE TO DISEASES/ILLNESS AND ACCIDENT (IP)

**Coverage**

The Benefits mentioned in this Policy are provided to the Insured Person for medical and emergency transportation expenses following an illness/accident in the scope of insurance as specified in this Policy

*Currency: VND*

IP	Select (Manager)	Essential (Executive)
<b>Area of coverage</b>	Worldwide	Worldwide
<b>Maximum Annual Aggregate Limit</b>	<b>1.050.000.000</b>	<b>2.100.000.000</b>
1. Room and Board/day	4.200.000 /day	6.300.000 /day
2. Intensive care unit (max 30 days/ disease)	Full cover	Full cover
3. Companion Accomodation /person/day (max 10 days/year)	1.260.000/ day	1.890.000/ day
4. Hospital Miscellaneous Expenses (charges incurred for medical supplies and services during a in-patient and/or day-patient treatment) MRI, PET, CT scans X-rays, pathology, diagnostic tests	Full cover	Full cover

5. Pre-hospitalization treatments within 30 days prior to the hospital admission	21.000.000	42.000.000
6. Post hospitalization immediately following hospital discharge but not exceeding 90 days from the hospital discharge	21.000.000	42.000.000
7. Home nursing (as prescribed by Doctor) - Maximum limit per year	21.000.000	42.000.000
8. Expenses for Surgeons, consultants, operating theatre anesthetists, medical practitioners	Full cover	Full cover
9. Organ Transplantation of Heart, Lung, Liver, Pancreas, Kidney, Bone, Marrow. Limit per lifetime	630.000.000	840.000.000
10. <b>In-hospital Specialist Consultation</b> (max. one visit /day and 90 days/year)	4.200.000 /day	Full cover
11. Emergency Accidental Pregnancy treatment immediately after an accident per policy (exl .embryotrophic)	Full cover	Full cover
12. Emergency Accidental Dental Inpatient Treatment (treatment received within 24 hours at the emergency room of a hospital immediately following an accident) per policy period	21.000.000	Full cover
13. Expenses for transportation in emergency case	21.000.000	42.000.000
14. Emergency Medical Evacuation & Repatriation (including by air)	Full cover	Full cover
15. Emergency Ward Treatment	Full cover	Full cover
16. Acute mental disorder (in-patient only)	21.000.000 /year 105.000.000 /lifetime	63.000.000 /year 210.000.000 /lifetime
17. Family visit	N/A	N/A
18. Daily Allowance per night (Up to 20 nights/year)	105.000	210.000
19. Daily Allowance per night in public hospitals (Up to 20 nights/year)	210.000	420.000

<p>20. Sub-limit applied for special diseases/ critical illnesses /lifetime  (exclusively applied for individuals and families including in-patient, out-patient, emergency transportation and term life)</p>	<p>210.000.000</p>	<p>420.000.000</p>
<p>21. AIDS/ HIV  Cover for treatment occurring during the Insured Period, including the subsequent renewal year(s), provided that it manifests itself after the policy has been continuously in effect for a period of five (5) years since the Entry date.</p>	<p>105.000.000/ lifetime</p>	<p>210.000.000/ lifetime</p>

**II. OPTIONAL PLANS**

**PERSONAL ACCIDENT (PA)**

PA	Manager	Executive
<b>Maximum sum insured per person</b>	<b>VND 1.365.000.000</b>	<b>VND 2.730.000.000</b>
Area of coverage	Worldwide	Worldwide
<p><b>Coverage:</b> Cover for Death, Permanent Total &amp; Partial Disablement as a result of accident(s) happen 24 hours a day</p>		
<p>Permanent Total &amp; Partial Disablement: a percentage of Capital Sum as per Scale of Compensation up to Maximum limit</p>		

**I. DEFINITION OF SPECIAL DISEASES AND PRE-EXISTING DISEASES**

WAITING PERIOD	BAO VIET INTERCARE
<b>For insured who engaged full and over 365 days of insurance time</b>	Not applied
<b>For insured who engaged but not enough 365 days of insurance time</b>	Apply the waiting period for the remaining time
<b>For new insured person</b>	
Accident	Not applied
Normal Illness and Diseases	Not applied
Special diseases, Pre-existing diseases	Not applied
Death due to Normal diseases	90 days
Death due to Pre-existing diseases, Special diseases	365 days

**\* Special Disease :**

- Cancer and tumors of any kind
- Diseases of heart, liver (hepatitis A, B, C), pancreas, kidney, lung failure
- Diseases related to hematopoietic (blood forming) system including pancreatic failure, acute and chronic leukemia.
- Growth hormone deficiency.
- Diabetes mellitus. Parkinson's disease.

**\* Pre-existing conditions :** Any medical conditions of the Insured Person which have been diagnosed; or for which symptoms existed that would cause an ordinary prudent person to seek diagnosis, care or treatment; or for which medical treatment was recommended by a medical practitioner, irrespective of whether treatment was actually received or not.

Adenoidectomy, Tonsillectomy, Septoplasty (Deviated nasal septum surgery), vestibular disorders, asthma, middle ear infection (otitis media) surgery, Sinusitis, Degenerative diseases of the vertebral column/joints, Hemorrhoid Surgery, Herniated disc, polyps.

**II. EXTENSION CLAUSES**

Extension Clauses	BAO VIET INTERCARE
Automatic additional/deletion clause - full year benefit - prorata premium ( <i>Premium of endorsements issued in the year will be paid on balance basic at the end of the policy</i> )	Applied
Premium Warranty (30 days)	Applied
Motor Cycling Extension Clause	Applied - for insured event in scope of coverage
Deleterious food and drink poisoning, gas poisoning and poison gas suffocation (under Personal Accident schedule)	2,100,000,000/occurrence/policy
Expanded to cover for medical materials: physiological saline, deep sea water (Sodium Clorid, Sterima, Humer ...)	Max: 200,000 VND/visit Max 500,000 VND/ person/ year
Equipment implanted inside the body such as pacemakers, aerosols, stent and Longo knife for hemorrhoid surgery	Fully covered
Diseases due to swine flu, bird flu, influenza A (H1N1), H5N1 (maximum accumulative VND 2.1 billion VND / contract), exclusion of disease notified by the health authorities (coverage for medical expenses )	Applied
Tendon and ligament treatment surgery (apply for new insured)	Fully covered
Strike, riot & civil commotion extension	Applied
Occupational disease extension	Applied
Vitamins and minerals supporting the treatment of diseases	max 20% total description value
Counted as one hospitalization day when an Insured Person stay less than 24 consecutive hours in case of overnight in the hospital	Fully covered

Exemption for company stamp and manager's signature on Claim form	Applied
Accepting VAT invoice of medicine issued within 30 days from the date of prescription	Applied
Accepting prescription at a hospital with an electronic barcode, no need to be stamped	Applied
Accepting prescription up to 60 days directed by the doctor, but not exceeding the insurance period and in the list of diseases that require long-term treatment	Applied
Exemption for hospital stamp on medical papers in Nancy Clinic - 615A Tran Hung Dao, Dis. 5, HCM City	Applied

### III. GENERAL EXCLUSIONS

*(Other exclusions please refer to the exclusions in insurance policy)*

- ✓ War, invasion, act of enemy, hostilities or warlike operations, civil war ...
- ✓ Injury, sickness, illness or disease sustained as a result of a criminal act of the policyholder or insured person, violation or attempted violation of law and resistance to lawful arrest or any resultant imprisonment.
- ✓ Suicide, self-injury or willful exposure to peril (other than in an attempt to save human life),
- ✓ The Insured's act of fighting, unless such act can be proved that it is only a defense against an attack, participation in or training for any professional sport activities or any form of professional race or competition.
- ✓ Treatment for sleep related breathing disorders (including snoring), fatigue, or stress.
- ✓ The Insured is under treatment for alcoholism, drug or substance abuse or any addictive condition of any kind and any injury or illness arising directly or indirectly from such abuse or addiction.
- ✓ Any normal eye test/examination, normal hearing test/examination, non-medical/natural refractive eye defects and any corrective surgery for non-medical/natural degenerative sight and hearing defects
- ✓ Any type of treatment for Beauty purpose, cosmetic or plastic surgery unless it is re-constructive surgery necessitated by an accidental injury that occurred during the period of insurance stated on the Policy. Treatment for obesity, weight reduction and weight improvement programs.
- ✓ Cost of acquisition of organ for transplant
- ✓ Any investigation test or treatment which directly or indirectly results from or is related to infection by, which includes sero-positivity to, any Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)

### IV. INSTRUCTION FOR USING DIRECT BILLING SERVICES

#### 1. Direct billing services in Vietnam

**Hospitalization:** following to the Direct Billing list of Baoviet

#### 2. Instruction for using Baoviet Insurance Card

- Present immediately the BAOVIET insurance card and Passport/ ID card for receptionist desk at hospitals
- After completing all medical treatment, BAOVIET and hospitals will process all procedures to direct billing for The Insured at that time

– **Deposit:** some hospitals (Vinmec, FV...) can require a deposit at admission (for some special serious cases) and will back this deposit to clients at discharge.

⇒ **Note:** *Customers can contact the Hotline number of BAOVIET (back of card) to receive the support instructions in emergency cases and transportation services*

⇒ **Note:** *During the holidays, BAOVIET insurance company may refuse to guarantee due to insufficient information and required documents, or because the hospital does not have the personnel to guarantee. Please pay first and claim back.*

**V. INSTRUCTION FOR CLAIM DOCUMENTS**

❖ **Claim form (original)**

Complete the following required information:

- ✓ *Full name of insured (patient’s name).*
- ✓ *Date of birth.*
- ✓ *Gender.*
- ✓ *Number of insurance card / Membership card number.*
- ✓ *Name of employee (if insured is dependent).*
- ✓ *Name of company.*
- ✓ *Mobile phone number.*
- ✓ *Email.*
- ✓ *Claim amount and currency.*
- ✓ *Bank account information (with branch).*

▪ Name and signature of the insured to confirm the information. If insured is a child, father / mother can sign but he/ she needs to note the relationship with insured clearly.

❖ **Classify documents**

	<b>MEDICAL DOCUMENTS</b>	<b>ACCOUNTING DOCUMENTS</b>
<b>DOCUMENT FOR DENTAL TREATMENT</b>	<ul style="list-style-type: none"> <li>▪ Dental treatment form:               <ul style="list-style-type: none"> <li>✓ <i>Address &amp; phone number of Dental clinic.</i></li> <li>✓ <i>Stamp of Dental clinic.</i></li> <li>✓ <i>Signature &amp; name of physician.</i></li> <li>✓ <i>Status of treated teeth.</i></li> <li>✓ <i>Dental filling materials.</i></li> <li>✓ <i>Dental treatment process (if treatment needs many times, many days).</i> <ul style="list-style-type: none"> <li>▪ X-ray or Panorex film. If not, Clinic must confirm “<b><u>No film</u></b>” in treatment form.</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Voucher/Receipt (for total cost under VND 200,000).</li> <li>▪ VAT invoice/ Particular invoice (for total cost above VND 200,000).</li> <li>▪ Detailed list of cost (if VAT invoice doesn’t note).</li> </ul>
	<p>➤ <b>Note:</b> <i>Insurance company may request for details of investigations if verification is needed.</i></p>	

DOCUMENT FOR INPATIENT TREATMENT	MEDICAL DOCUMENTS	ACCOUNTING DOCUMENTS
	<ul style="list-style-type: none"> <li>▪ Hospital discharge form.</li> <li>▪ Discharge prescriptions.</li> <li>▪ The results of paraclinical tests.</li> <li>▪ Minor surgery/ surgery certificate (in case of minor surgery / surgery).</li> <li>▪ Medical record (in case of insurance companies needs check health information).</li> </ul>	<ul style="list-style-type: none"> <li>▪ VAT invoice/ Particular invoice.</li> <li>▪ The detailed list of hospital costs.</li> </ul>

DOCUMENT FOR ACCIDENT TREATMENT	MEDICAL DOCUMENTS	ACCOUNTING DOCUMENTS
	<ul style="list-style-type: none"> <li>▪ Medical certificate.</li> <li>▪ Prescription.</li> <li>▪ The results of paraclinical tests.</li> <li>▪ The result of determination for concentration of alcohol. Or medical certificate for not implementing concentration of alcohol test.</li> <li>▪ Accident report (original).</li> <li>▪ Document of vehicle and driving license.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Voucher/Receipt (for total cost under VND 200,000).</li> <li>▪ VAT invoice/ Particular invoice (for total cost above VND 200,000).</li> <li>▪ Detailed list of cost (if VAT invoice doesn't note).</li> </ul>
<p>➤ <b>Note:</b></p> <ul style="list-style-type: none"> <li>✓ <i>If there is life or traffic accident without witness =&gt; requirement for the signature of the declarer in the report only.</i></li> <li>✓ <i>If there is life or traffic accident with the witness of local government or the attendance of traffic police =&gt; requirement for the confirmation of local government or accident report of traffic police.</i></li> <li>✓ <i>If there is labor or worksite accident =&gt; it should be certified by HR &amp; company's seal in the report.</i></li> </ul>		

DOCUMENT FOR ALLOWANCE CLAIM	ALLOWANCE FOR HOSPITAL STAY DAY
	<ul style="list-style-type: none"> <li>▪ Hospital discharge form.</li> <li>▪ If number of hospitalization days is more than usual medical practice, the detailed list of hospital expense to determine the number of hospital days is required.</li> </ul>
	SALARY ALLOWANCE

	<ul style="list-style-type: none"> <li>▪ Hospital discharge form / Certificate of leave under SI/ Specify for leave of doctor on medical record.</li> <li>▪ Examination receipts for each specified leave of doctor.</li> <li>▪ Confirmation of company of the actual leave.</li> <li>▪ Timesheets/ days off tracking (certified by the company).</li> <li>▪ Labor contract/ Increasing salary decision.</li> <li>▪ The company's confirmation of paid dates sick leave / accident.</li> <li>▪ The latest 3 month salary.</li> </ul>
	<p>➤ <b>Note:</b></p> <ul style="list-style-type: none"> <li>✓ <i>The insured need to send documents for allowance claim.</i></li> <li>✓ <i>The insured should specified "Allowance claim" in claim form.</i></li> </ul>

<b>DOCUMENT FOR RATE OF PERMANENT DISABILITY CLAIM</b>	<ul style="list-style-type: none"> <li>▪ Disability certificate of Medical Examination Center /The Council of Forensic Examination.</li> <li>▪ Medical records relating to the injury.</li> </ul>
<b>DOCUMENT FOR DEATH CLAIM</b>	<ul style="list-style-type: none"> <li>▪ The latest medical documents related to the cause of death.</li> <li>▪ Death notice (if die in the hospital).</li> <li>▪ Death certificate.</li> <li>▪ Certificate for the legal right of inheritance.</li> <li>▪ Power of attorney for inheritance.</li> <li>▪ Commitment about receiving insurance amount by authorized person.</li> <li>▪ ID card/ birth certificate of the insured.</li> <li>▪ The proof for relationship of legal heirs to the insured.</li> <li>▪ Certificate of marital status (single, separated, divorced).</li> <li>▪ Death certificate of person belonging to the legal heirs if person die.</li> <li>▪ Document inheritance declaration.</li> </ul>

**General note:**

- ✓ Claim documents must be documents with clear treatment; not re-examine every 03 months, 06 months...
- ✓ Any additional information to be added or edited on medical records must be certified by the signature & name of physician.
- ✓ Medical certificate or Prescription must be signed by Doctor and the stamp of Clinic/Hospital.
- ✓ Prescription must be purchased within 5 days of treatment. If VAT invoice is made after 5 days, it should



be provided a receipt / invoice showing the purchase of drugs within 5 days.



- ✓ Total expenses from a Clinic/Hospital is above VND 200,000 must have VAT invoices.
- ✓ Vouchers / Receipts / VAT Invoices must be made immediately after the completion of medical examination or be made within month.
- ✓ Information on Vouchers / Receipts / VAT Invoices must be in accordance with the criteria prescribed by Ministry of Finance.
- ✓ Reimbursement of claim will only be made when the original copy of the receipt or invoice is received.

## VI. CLAIM PROCEDURES

- Self payment => Collecting documents & medical expense invoices (*Within 120 days after the first medical examination*)
- Send to GiNET and receive the notification of claim settlement results via email (*Within 15 working days*)
- Confirm the amount by email if required & checking account (*Within 05-07 working days*)

## VII. CONTACTS FOR SUPPORT

Content	Address
Address for sending claim papers	<p><b>1. Address for sending claim papers to GiNET:</b></p> <p><input type="checkbox"/> <b>Hanoi:</b> Mr. Hung Chien- GiNET Vietnam Jsc. Co., – Room 3, 11st Floor, Harec Building, No. 4A Lang Ha, Ba Dinh, Hanoi  <b>Tel:</b> +84 247 1080 668, Email: <a href="mailto:chiendh@ginet-vn.com">chiendh@ginet-vn.com</a></p> <p><b>2. Address for directly sending claim papers to Baoviet:</b></p> <p><input type="checkbox"/> <b>Hanoi:</b> Baoviet Claim Settlement Department – Baoviet Insurance Corporation  <b>Address:</b> 104 Tran Hung Dao, Hoan Kiem District, Hanoi  <b>Tel:</b> (84-24) 3 936 8888; <b>Fax:</b> (84-24) 3 824 5157  Email: <a href="mailto:tpa.hn@baoviet.com.vn">tpa.hn@baoviet.com.vn</a></p> <p><input type="checkbox"/> <b>Da Nang:</b> Baoviet Claim Settlement Department – Baoviet Insurance Corporation  <b>Address:</b> Floor 4, No. 97 Tran Phu, Hai Chau District, Da Nang city  <b>Tel:</b> (84-236) 3 822 855; <b>Fax:</b> (84-236) 3 822 234  Email: <a href="mailto:tpa.danang@baoviet.com.vn">tpa.danang@baoviet.com.vn</a></p> <p><input type="checkbox"/> <b>Ho Chi Minh City:</b> Baoviet Claim Settlement Department – Baoviet Insurance Corporation  <b>Address:</b> Floor 2, 233 Dong Khoi, District 1, Ho Chi Minh City  <b>Tel:</b> (84-28) 3827 4128 / 3827 4129; <b>Fax:</b> (84-28) 3520 2666  Email: <a href="mailto:tpa.hcm@baoviet.com.vn">tpa.hcm@baoviet.com.vn</a></p>
Contact about the guarantee, the status of the claim	<p><b>BAOVIET Insurance Corporation:</b></p> <p>The status of claim process: Directly contact Baoviet Claim Settlement Department – Baoviet Insurance Corporation</p> <p style="text-align: center;"><b>Hotline 24/7: 0904 832 888/ 0906 633 757</b></p>

	<p><b>GiNET Viet Nam</b></p> <ul style="list-style-type: none"> <li>Consultant Support Hotline: <i>0961 142 488</i></li> </ul>
<p><b>Inquiries about the results of compensation and Support for insurance benefits</b></p>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; align-items: center; margin-bottom: 20px;"> <div style="border: 1px solid blue; padding: 5px; background-color: #4a86e8; color: white; margin-right: 10px;">Support to advise insurance benefits</div> <div style="margin-right: 10px;">  </div> <div style="border: 1px solid blue; padding: 5px; background-color: #4a86e8; color: white; text-align: center;">             1 2           </div> <div style="border: 1px solid blue; padding: 5px; background-color: #e6f2ff;"> <p>• Ms. Nguyễn Hồng Minh • Tel: 0943 457 005 – Email: minhnh@ginet-vn.com</p> <p>• Ms. Vũ Thị Bích Thảo • Tel: 039 669 4364 – Email: thaovtb@ginet-vn.com</p> </div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid blue; padding: 5px; background-color: #4a86e8; color: white; margin-right: 10px;">Support to claims</div> <div style="margin-right: 10px;">  </div> <div style="border: 1px solid blue; padding: 5px; background-color: #4a86e8; color: white; text-align: center;">             1 2           </div> <div style="border: 1px solid blue; padding: 5px; background-color: #e6f2ff;"> <p>• Mr. Dương Hùng Chiến • Tel: 083 883 0038 – Email: chiendh@ginet-vn.com</p> <p>• Ms. Nguyễn Văn Anh • Tel: 034 595 6568 – Email: anhnv@ginet-vn.com</p> </div> </div> </div>

*In all cases, the instruction content is only for reference & does not replace the specified terms in the policy. Depending on specific circumstances, insurance company may require some other documents in order to clarify & have sufficient basis for claim settlement.*