



To Whom It may concern,

AXA Sawasdee Thailand Insurance Certificate

This is to certify that _____ is covered for outpatient and inpatient medical expense from sickness and accident including any sickness caused by COVID-19 ⁽¹⁾ while travelling in Thailand under AXA Travel Insurance Policy No. _____ **-Individual Inbound Travel Insurance Policy** plan starting from _____ to _____ with benefit as below:

<u>No</u>	<u>Benefits</u>	<u>Baht</u>
1	Personal Accident Loss of Life, Dismemberment, Loss of Sight or Total Permanent Disability	1,000,000
2	Medical Expense due to Accident or Sickness	3,500,000
3	Personal Liability	650,000

***The coverage meets the minimum requirement of 100,000 USD for Certificate of Entry (COE) Application**

Please refer to the Insurance Policy for full details of insurance conditions, coverage and exclusions.

Remark:

1. Definition of COVID-19 follows criteria from the Ministry of Public Health of Thailand and/or WHO
2. A combined limit of 3,500,000 THB applies to Outpatient and Inpatient benefits



Claude Seigne
Chief Executive Officer

Cecilia Chow
Chief Retail Officer

Should you apply for Non Immigration Category **O-A or O-X visa** and aim to obtain **Foreign Insurance Certificate** (see example below), AXA is pleased to offer you Long Stay Visa Health Insurance. Please visit **www.axa.co.th/axa-Long-Stay-Visa** for quotation and more details.

Sawasdee Thailand product will satisfy insurance requirements for COE application while Long Stay Health Insurance will satisfy the O-A and O-X Visa application.



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Insurance Policy No.	Period of Insurance to Time.....
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Foreign Insurance Certificate
for Alien to apply for Non-Immigrant Visa Type O-A (Period not exceeding 1 Year)
in accordance with the Cabinet Resolution, dated 2 April B.E. 2562 (2019)

Insurance Policy Title.....

This insurance certificate is issued to certify that Name.....Surname.....
Nationality.....Gender.....Age.....Years Passport No. ; the insured person
is insured in accordance with the Cabinet Resolution, dated 2 April B.E. 2562 (2019). The period of insurance begins from
D/M/Y..... athours until
D/M/Y.....at.....hours as stipulated on the Insurance Policy No..... of the
Company..... With the following Insurance Covers:

1. Outpatient Benefit – with a sum insured of not less than _____/year
2. Inpatient Benefit – with a sum insured of not less than _____/year

(.....) (.....) (.....)
Director Director Authorized Signature

Insurance Company Address

Telephone Number

Contact Person.....

E-mail.....

Website of the Insurance Company