



To Whom it may concern,

Date

AXA Sawasdee Thailand Insurance Certificate

This is to certify that _____
ID no./Passport no. _____ 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 _____ (single trip)⁽¹⁾ with
benefit as below:

| No. | Benefits | Baht |
|------------|--|-------------|
| 1 | Loss of life, Dismemberment, Loss of sight or Total Permanent Disability due to accident | 1,000,000 |
| 2 | Medical Expense due to Accident and Sickness (including COVID 19 ⁽²⁾) a) Outpatient benefit ⁽³⁾ b) Inpatient benefit ⁽³⁾ | 1,750,000 |
| 3 | Third Party Liability | 850,000 |

*The coverage meets the minimum requirement of 50,000 USD for Certificate of Entry (COE) and Thailand pass application

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

Remark:

1. This is a single trip policy. This Insurance Policy terminates upon departure from Thailand or the above stated expiry date, whichever is earlier
2. Definition of COVID-19 follows criteria from the Ministry of Public Health of Thailand and/or WHO
3. A combined limit of 1,750,000 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 Thailand Pass and COE application while Long Stay Health Insurance will satisfy the STV, O-A and O-X Visa application.



Department of Health Service Support, Ministry of Public Health of Thailand

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E-mail: medicalhub.hss@gmail.com website: www.hss.moph.go.th

| | |
|---------------------------|---|
| Insurance Policy No. | Period of Insurance to Time..... |
|---------------------------|---|

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