



TEMPORARY INABILITY TO WORK INSURANCE PRODUCT

Article 1. Definitions

1.1 “Beneficiary” means the lender (bank, microfinance institution or other credit provider) to receive the insurance benefit directly to cover any outstanding loan installments.

1.2 “Good Credit History” means a record showing no installment arrears exceeding five (5) days in any single repayment within the three (3) months immediately preceding any claim demand.

Article 2. Insurance Benefits

This insurance will cover scheduled loan repayments if the Insured is temporarily unable to work due to sickness or an accident.

Covered Events

- Illness
- Accident

Benefit Payment Schedule

Consecutive Days of Inability to Work due to ill or accident	Benefit Payment
7 days	Repayment of 1 month’s loan, based on the loan repayment schedule or until the sum insured is exhausted.
15 days	Repayment of 2 months’ loan, based on the loan repayment schedule or until the sum insured is exhausted.
30 days	Repayment of 3 months’ loan, based on the loan repayment schedule or until the sum insured is exhausted.
60 days	Repayment of 4 months’ loan, based on the loan repayment schedule or until the sum insured is exhausted.



Consecutive Days of Inability to Work due to ill or accident	Benefit Payment
90 days	Repayment of 6 months' loan, based on the loan repayment schedule or until the sum insured is exhausted.

The insurance benefit shall terminate in full upon the earliest occurrence of any of the following events:

- Repayment of six (6) months' loan installments.
- Exhaustion of the total sum insured.
- Full repayment of the outstanding loan balance.

Article 3. Premium Payment

The Policyholder must ensure that all premiums due for this policy (including any renewals or endorsements) are paid in full to Royal Group Micro Insurance Plc. within thirty (30) days from the date of policy issuance.

Article 4. Exclusions

The following events are excluded from coverage for temporary inability to work:

1. Suicide or attempted suicide
2. Intentional self-inflicted injury or bodily harm
3. Violation of safety regulations or fire safety codes
4. Self-medication or treatment by an unlicensed third party
5. Participation in activities such as war, invasion, revolution, insurrection, civil commotion, rebellion against the government, or acts of terrorism
6. Service in any armed forces
7. Violation of traffic laws by the insured (except in cases of self-defense)
8. Use of alcohol, narcotics, or toxic substances without a medical prescription
9. Epidemic or contagious disease requiring quarantine



10. Pregnancy, childbirth, or related complications
11. Cosmetic or plastic surgery
12. Pre-existing medical conditions
13. Any treatment related to mental illness or psychiatric disorders
14. Death
15. Permanent disability

Article 5. Territory coverage

This insurance policy shall be valid and enforceable with respect to coverage for risks resulting in the Insured’s inability to engage in gainful occupation, arising from accidental injury or illness, occurring within the Kingdom of Cambodia.

Article 6. Eligibility of the Insured Person

The Insured Person must satisfy all of the following conditions:

- Be between eighteen (18) and sixty-five (65) years of age
- Maintain an active loan with the Beneficiary (Lender)
- Have maintained a good loan repayment history for at least three (3) months

Article 7. Beneficiary

The insurance benefits under this Policy shall be paid directly to the Creditor (Lender) and shall terminate upon the occurrence of the earliest of the following events:

- Repayment of six (6) months’ loan installments.
- Exhaustion of the total sum insured.
- Full repayment of the outstanding loan balance.

Article 8: Amendment of the Insurance Contract



- During the term of this Insurance Contract, the Policyholder may notify the Insurance Company to request amendments to certain provisions of this Contract. The effective date of such amendments shall be subject to negotiation and mutual agreement between the Insurance Company and the Insured Person.
- In the event that the Policyholder or the Insurance Company becomes aware that the actual age of the Insured Person has been incorrectly stated, the Policyholder or the Insurance Company shall promptly correct the age information without delay.
- In the event that the Insured Person changes residence or other contact information, the Insured Person shall immediately notify the Insurance Company in writing. If the Insured Person fails to fulfill this obligation, the Insurance Company shall send all notices to the last known address and contact information available to the Company.

Article 9: Renewal of the Insurance Contract

This Insurance Policy may be renewed and remain in force only upon prior confirmation of consent from the Insured Person.

Article 10: Termination and Cancellation of the Insurance Contract

The Insured Person may request termination of this Insurance Contract for valid reasons by providing prior written notice at least ten (10) working days in advance. In the event that the Insurance Contract is terminated before its expiry date, the Insured Person shall be entitled to receive ninety percent (90%) of the remaining insurance premium, after deduction of the premium corresponding to the elapsed coverage period.

In the event that the Insurance Contract is terminated after the occurrence of a covered risk and the Company has already paid the claim, the insurance premium for the remaining period shall not be refunded by the Insurance Company.

The Insurance Contract shall be cancelled by the Insurance Company upon discovery of any of the following circumstances:

- The Insured Person has concealed or misstated their true age, or has intentionally made false declarations, thereby altering the nature of the risk.
- Non-payment of insurance premium for a continuous period of thirty (30) days.
- The Insured Person’s age exceeds the maximum insurable age under this Policy.
- The loan amount has been fully repaid.



Article 11: Claim Procedure

11.1. Eligibility of the Claimant

The claimant shall be the Insured Person or the Beneficiary designated in the Insurance Certificate.

11.2. Notification Procedure

- In the event of death or total and permanent disability of the Insured Person, the Beneficiary must notify the Insurance Company within thirty (30) days from the date of death or the date the Insured Person becomes totally and permanently disabled.
- Exception: If the Beneficiary was unaware of the Insured Person’s death or disability, or was unaware of the existence of the Insurance Policy, the Beneficiary must notify the Insurance Company within seven (7) days from the date of becoming aware of the death, disability, or the existence of the Policy.

11.3. Submission of Documents and Evidence

- 1) The claimant shall provide official documentary evidence and medical certification issued by a duly licensed hospital or clinic. The claimant is obliged to provide any additional documents requested by the Insurance Company, with all related expenses borne by the claimant.
- 2) Claim documents must be submitted to the Insurance Company within thirty (30) days from the date of discharge from the hospital.
- 3) Required documents for an insurance claim include:

Required Documents for Claim Settlement

The insurance claim shall be payable provided that the Beneficiary submits the following documents:

- a) A duly completed Claim Form
- b) Loan credit history issued by the Beneficiary Bank
- c) Medical documents related to the treatment
- d) Employer’s statement or hospital discharge letter
- e) Recent loan repayment schedule
- f) Recent photograph of the Insured Person

11.4: Maximum Period for Insurance Claim Settlement

1. The Insurance Company shall pay the benefits to the Beneficiary once the Beneficiary has complied with all requirements of the Insurance Company.
2. Upon receipt of the completed claim form, supporting evidence, and the required documents as specified above, the Insurance Company shall verify the claim within fifteen (15) working days. In the



case of complex claims requiring investigation beyond fifteen (15) working days, the Insurance Company shall notify the Beneficiary of such delay.

11.5: Insurance Claim Payment Procedure

1. Upon completion of verification, the Insurance Company shall settle the insurance claim and pay the benefits to the Beneficiary within three (3) working days. In the event that the claim is rejected, the Insurance Company shall issue a written notice of rejection to the Beneficiary within three (3) working days, clearly stating the reasons for such rejection.
2. Claim payments may be made by bank transfer, cheque, or cash.

Article 12: Confidentiality

All information provided to the Insurance Company shall be treated as confidential, and no personal information shall be disclosed to any third party without prior consent, except as required or permitted by applicable laws or regulations.

Article 13: Dispute Resolution

Any dispute arising under this Insurance Contract relating to insurance business between the contracting parties may be submitted to the Insurance Regulator of Cambodia for mediation prior to filing a claim with an arbitration tribunal or a competent court, except in cases of criminal matters.

Article 14: Jurisdiction

This Insurance Contract shall be governed by and construed under the jurisdiction of the Kingdom of Cambodia.

Royal Group Micro Insurance Plc.

Chief Executive Officer

Johnny Wong Yon Siong