

MYANMA INSURANCE

627 / 635, Merchant Street, Yangon, Myanmar.

FAX No.: 095 - 1 - 250275

: 095 - 1 - 387247

E-mail

: md-mi@mof.gov.mm

: MYANMARINS @mptmail.net.mm

22 January 2018

ITALIAN AGENCY FOR DEVELOPMENT COOPERATION

Debit Note(Life-F.D/0141/1-2018)

TYPE:

Health Insurance

INSURED:

Italian Agency for Development Cooperation

REINSURED:

Myanma Insurance

REINSURER:

LAMP Insurance Co.,Ltd

PERIOD:

From 16.12.2017 to 15.12.2018

LIMIT OF LIABILITY:

As per attach

INSURED PERSON:

(3)persons

TOTAL PREMIUM:

USD 1,188.00

R/I PREMIUM (70%)

USD 706.86

MI RETENTION PREMIUM (30%)

USD 356.4

R/I COMMISSION (15%)

USD 124.74

Note-

- a) The total amount of MI retention premium 30% and R/I Commission 15% (i.e USD 481.14) to be remitted to Myanma Insurance Account No.IDA 0691885 at Myanma Foreign Trade Bank.
- b) 70% of the Total Premium (i.e USD 706.86) to be remitted to Reinsurer-LAMP Insurance Company Limited and banking detail as follows:

For & on behalf of Myanma Insurance

Carol

Khin Moe Kywe Deputy General Manager

Date: 25th January, 2018

	(3) Cards of IAD				
No.	Name	Policy No			
1	Thazin Phone Zaw	1820IAD0001			
2	Khin Chaw Thu Zar	1820IAD0002			
3	Zaw Win Naing	1820IAD0003			

By Lamp Team





Proposal

Date : 4 Dec 2017

Group Scheme : Italian Agency for Devlopment & Cooperation

Coverage Period : TBA

TABLE OF E	ENEFITS Care Benefit per Participant	BRONZE Policy Limits	SILVER Policy Limits	GOLD Policy Limits	PLATINUM Policy Limits
3.1 3.2	Dental Treatment Dental Surgery	Nil	Nil (\$100 Additional option available)	Nil (\$100 Additional option available)	Up to \$100
4. Person 4.1	al Accident Benefit per Participant Accidental Death		POSOPE PICTO	el eghada	
4,2	Loss of Sight or Loss of Limb Permanent Total Disablement	Up to \$5,000	Up to \$5,000	Up to \$5,000	Up to \$5,000
Premium Ra	te Per Person Per Year	\$245	\$262	\$277	\$396
Note:	Myanma Insurance Fronting Fee is included in this premium. Please note that the above premiums are indicative only and are subject to confirm. The above benefits are standard benefits and additional benefits are available. BRONZE, SILVER, GOLD: FMU new business for 15 Lives or less. PLATINUM: FMU new business for 30 Lives or less.	mation once a full	census is availabi	ie.	

\$ 396 × 3 = 1188

Policy's holder's signature	Date
-----------------------------	------





Proposal

Date : 4 Dec 2017

Group Scheme : Italian Agency for Devlopment & Cooperation

Coverage Period : TBA

	ENEFITS / Limit (per Participant per Period of Insurance)	BRONZE Policy Limits Up to \$5,000	SILVER Policy Limits Up to \$5,000	GOLD Policy Limits Up to \$5,000	PLATINUM Policy Limits Up to \$5,000
	Plan : does not include the annual overall policy limit up to \$20,000 for Major Intervention in ild Limit (for up to 14 days after birth)	Bangkok only) Nil	Nil	Nil	Nil
Modica	I & Hospital Benefits per Participant		44218-903011ahh	atti Sinia Sinia Sinia	p joal oue
1.1.	Ambulance Services:	Up to \$75	Up to \$75	Up to \$75	Up to \$75
1.2.	Hospitalisation Costs:	· ·			
	1.2.1 Accommodation in a single-bedded room (subject to availability) and meals:				U
	1.2.2 Medical Treatment including:				
	1.2.2.1 Surgeon's and Anaesthetist's charges,				
	1.2.2.2 Physician, Consultant and Nursing charges,				
	1.2.2.3 Diagnostic procedures (including CT, MRI and PET scans);	Full Refund	Full Refund	Full Refund	Full Refund
	1.2.2.4 Surgical appliances and intra- operatively prostheses; and				
	1.2.2.5 Medicines, Drugs and Dressings.				
	1.2.3 Intensive Care:				
	1.2.4 Day-care:				
	1.2.5 Post – Hospitalisation Treatment	、, Nil	Nil	Nil	Nil
1.3.	Chronic Conditions:	7,1411	1411	1411	14
1.3.	1.3.1. First Onset	Up to \$5,000	Up to \$5,000	Up to \$5,000	Up to \$5,000
	(Up to \$2,500	Up to \$2,500	Up to \$2,500	Up to \$2,500
	1,3.2. Ongoing Management	Op to \$2,500	υρ το \$2,500	Op to \$2,500	Op to \$2,500
1.4.	Maternity Care (10 Month Waiting)	ŧ:	Nil	Nil	
	1.4.1. Pre and Post-natal examinations by a Physician	NO.			11- 4- #F00
	1.4.2. Costs of Normal Childbirth or C-Section (elective or non-elective)	- Nil	(\$500 Additional	(\$500 Additional	Up to \$500
	1.4.3. Post-natal examinations by a Physician		option available)	option available)	
1.5.	Major Intervention	.35.	. 4711		11-1-4-2-2-2
	1.5.1. Hospitalisation Costs	Nil	Nit	Nil	Up to \$20,000 ,
	1.5.2. Transportation Costs	Ņil	Nil	Nil	Up to \$1,000
	1.5.3. Transportation Costs for Treatment not available in the Geographic Area	Nil	Nil	Nil	Up to \$2,500
ional De	eductible for Treatment outside the Geographic Area	Nil	Nil	Nil	\$25
Outpat	ient Benefit per Participant		10天880年3月	建设的	
2.1.	Physician Fees, Prescription Drugs and Dressings				
2.2.	Specialist and Consultant Fees	Up to \$100	Up to \$200	Up to \$300	Up to \$300
2.3.	Diagnostic tests, medical scanning, imagery services				
2.4.	Optical Care				
18/11	2.4.1. One annual vision test		Nil	Nil	
	2.4.2. Glasses	Nil	(\$100 Additional	(\$100 Additional	Up to \$100
	2.4.3. Gláucoma Test for Participants over 45 years	-	option available)	option available)	
2.5.	Hearing Care	Nil	Nil	Nil	Up to \$100
-10.		(\$100 Additional	(\$100 Additional	(\$100 Additional	•
		option available)	option available)	option available)	



LAMP Insurance Company Limited Suite 822, Europort Gibraltar

Statement No.: IAD S1801
Total Amount: \$1,188.00
Statement Date: Dec 29, 2017
Total Sum Insured: \$15,000.00

<- << -- Period -- >> ->

<< << -- -- Coverage -- -- >>

Coverage Period From: Dec 16, 2017 To: Dec 15, 2018 Myanmar Insurance 627/635, Merchant Street, Yangon, Myanmar Policyholder: Italian Agency for Development Cooperation

Sum Billed	Insured Amount (\$)	\$5,000.00 \$396.00	\$5,000.00 \$396.00	\$5,000.00 \$396.00
	To	Dec 15, 2018	Dec 15, 2018	Dec 15, 2018
	From	Dec 16, 2017	Dec 16, 2017	Dec 16, 2017
Geographical	Area	Myanmar	Myanmar	Myanmar
	Programme	IAD Platinum	IAD Platinum	IAD Platinum
	Insured	Thazin Phone Zaw	Khin Chaw Thu Zar	Zaw Win Naing
Policy	Number	1820IAD0001	1820IAD0002	1820IAD0003

\$1,188.00	\$706.86	\$481.14	
Total Amount:	LAMP's Part:	MI's Part	

Please make your bank transfer payable to: