ANNEX I_ PREMIUM POLICY RENEWAL (16/12/2018-15/12/2014)



LAMP Insurance Company Limited Suite 822, Europort Gibraltar



Myanmar Insurance 627/635, Merchant Street, Yangon, Myanmar

Policyholder: Italian Agency for Development Cooperation

Statement No.: HC000148 Total Amount: \$1,308.00 Statement Date: Dec 24, 2018 Total Sum Insured: \$75,000.00

Coverage Period From: Dec 16, 2018

To: Dec 15, 2019

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

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

Policy Number	Insured	Programme	Geographical, Area	From	То	Sum Insured	Billed Amount (\$)
1820IAD0001	Thazin Phone Zaw	IAD Platinum	Myanmar	Dec 16, 2018	Dec 15, 2019	\$25,000.00	\$436.00
1820IAD0002	Khin Chaw Thu Zar	IAD Platinum	Myanmar	Dec 16, 2018	Dec 15, 2019	\$25,000.00	\$436.00
1820IAD0003	Zaw Win Naing	IAD Platinum	Myanmar	Dec 16, 2018	Dec 15, 2019	\$25,000.00	\$436.00
						Total Amount:	\$1,308.00
			8			LAMP's Part:	\$778.26
						MI's Part	\$529.74

Note: 59.50% of Total Premium (i.e.USD 778.26) to be retained by LAMP, 40.50% commission in addition to 59.50% Total Premium (i.e.529.74) to be remitted to MI

Please make your bank transfer payable to:

Health Insurance Bill

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MYANMA INSURANCE

627/635, Merchant Street, Yangon, Myanmar.

Phone No

379088,379696,250152,384882

Fax No Email : 095-1-387247,095-1-252374 : myanmarins@mptmail.net.mm

md-mi@mof.gov.mm

27 DEC 2018

ITALIAN AGENCY FOR DEVELOPMENT COOPERATION

Debit Note(Life-F.D/0092/12-2018)

TYPE:

Health Insurance

INSURED:

Italian Agency for Development Cooperation

REINSURED:

Myanma Insurance

REINSURER:

LAMP Insurance Co.,Ltd

PERIOD:

From 16.12.2018 to 15.12.2019

LIMIT OF LIABILITY:

As per attach

INSURED PERSON:

(3) persons

TOTAL AMOUNT:

USD 1,308.00

R/I PREMIUM(70%)

USD 778.26

MI RETENTION PREMIUM (30%)

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R/I COMMISSION (15%)

USD 392.40 USD 137.34

Note-

- a) The total amount of MI retention premium 30% and R/I Commission 15% (i.e USD 529.74) to be remitted to Myanma Insurance Account No.IDA 0691885 at Myanma Foreign Trade Bank.
- b) 70% of the Total Premium (i.e USD 778.26) to be remitted to Reinsurer-LAMP Insurance Company Limited and banking detail as follows

For & on behalf of Myanma Insurance

A INSIN

May Thandar Assistant General Manager

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Renewal Proposal

Date

31 Oct 2018

Group Scheme

Italian Agency for Development Cooperation Coverage

Period:

16 Dec 2018 - 15 Dec 2019

TABLE OF BENEFITS	PLATINUM Policy Limits
Overall Policy Limit (per Participant per Period of Insurance) (An Additional Benefit Limit of up to \$20,000 applies to a Scheduled Major Intervention for Treatment and Transportation to a Hospital in Bangkok.)	Up to \$5,000
New Born Child Limit (for up to 14 days after birth)	Nil

New Born C	child Limit (for up to 14 days after birth)	Nil
1. Medic	al & Hospital Benefits per Participant	
1.1.	Ambulance Services:	
1,2.	Hospitalisation Costs:	Up to \$75
	1.2.1 Accommodation in a single-bedded room (subject to availability) and meals:	
	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,	
	2	Full Refund
	1.2.2.3 Diagnostic procedures (including CT, MRI and PET scans);	T dii Nejajia
	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:	J
1.3.	1.2.5 Post – Hospitalisation Treatment Chronic Conditions:	Nil
	1.3.1. First Onset	
	1.3.2. Ongoing Management	Up to \$5,000
1.4.	Maternity Care (10 Month Waiting)	Up to \$2,500
	1.4.1. Pre and Post-natal examinations by a Physician	
	1.4.2. Costs of Normal Childbirth or C-Section (elective or non-elective)Up to \$5001.4.3. Post-natal examinations by a Physician	 -
1.5.	Major Intervention	J
	1.5.1. Hospitalisation Costs	
	1.5.2. Transportation Costs	Up to \$20,000
	1.5.3. Transportation Costs for Treatment not available in the Geographic Area	Up to \$1,000
Additional Dec	ductible for Treatment outside the Geographic Area	Up to \$2,500
	the designaphic Alea	\$25
2. Outpatie	ent Benefit per Participant	<u> </u>
2,1.	Physician Fees, Prescription Drugs and Dressings	No.

2.1. Physician Fees, Prescription Drugs and Dressings
2.2. Specialist and Consultant Fees Up to \$300
2.3. Diagnostic tests, medical scanning, imagery services
2.4. Optical Care
2.4.1. One annual vision test
2.4.2. GlassesUp to \$100
2.4.3. Glaucoma Test for Participants over 45 years
2.5. Hearing Care

Up to \$100





Loss of Sight or Loss of LimbUp to \$5,000

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Renewal Proposal

Date : 31 Oct 2018

3.1 Dental Treatment

3.2 Dental Surgery

Up to \$100

Group Scheme : Italian Agency for Development Cooperation

Coverage Period : 16 Dec 2018 - 15 Dec 2019

TABLE OF BENEFITS
PLATINUM
Policy Limits

3. Dental Care Benefit per Participant
4. Personal Accident Benefit per Participant

4.1 Accidental Death

4.1 Accidental Death

4,3 Permanent Total Disablement

Underwriting Method: FMU

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Premium Rate Per Person Per Year

\$436

Note; Myanma Insurance Fronting Fee is included in this premium.

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