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LY HOUR INSURANCE PLC



HEALTHCARE INSURANCE



HEALTHCARE PLANS

COVERAGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5	PLAN 6	PLAN 7
Maximum benefit per disability / per accident	\$1,300	\$1,900	\$2,400	\$3,100	\$4,700	\$9,500	\$15,600
IPD BENEFITS							
1. Hospital room, surgery room, meals, medical care and miscellaneous (maximum per day)	\$90	\$110	\$130	\$160	\$190	\$240	\$310
2. Intensive Care Unit and Cardiac Intensive Care Unit (Maximum Per day)	\$180	\$220	\$220	\$320	\$380	\$480	\$620
3. Surgical fees including consultations and post surgery care							
4. Implant Surgery for Heart, Lungs, Kidneys, Liver and Bone Marrow (Per disability)	To invoice	To invoice	To invoice	To invoice	To invoice	To invoice	To invoice
5. Anesthetic including Anesthetist fees							
6. General Medical fees including examinations, diagnostic, X-rays, Medicines, Blood Transfusion, Wheel Chair Rental and Surgical Tools	To invoice	To invoice	To invoice	To invoice	To invoice	To invoice	To invoice
7. Doctor bed visitation (Maximum per day)	\$50	\$50	\$50	\$70	\$80	\$100	\$100
8. Specialist Consultation (Maximum per disability)	To invoice	To invoice	To invoice	To invoice	To invoice	To invoice	To invoice
9. Pre-hospitalization treatment (within 30 days prior to the hospital admission)	\$300	\$300	\$300	\$500	\$600	\$1000	\$1000
10. Post-hospitalization treatment (within 60 days from the hospital discharge)	\$300	\$300	\$300	\$500	\$600	\$1000	\$1000
11. Emergency OPD within 24 hours, maximum per accident	\$200	\$200	\$200	\$400	\$400	\$600	\$600
PERSONAL ACCIDENT BENEFITS							
Death, Permanent Total Disablement, Loss of body limbs and permanent blindness	\$3000	\$5000	\$7000	\$9000	\$11,000	\$13,000	\$15,000
OUT PATIENT TREATMENT							
General Medical fees including, examination, medication, X-ray, lab test, minor surgery, wound dressing, chemotherapy, radiation and alternative medicine as recommended by medical practitioner (Maximum per day)	\$30	\$50	\$65				
	1 time / day 30 times / year	1 time / day 30 times / year	1 time / day 30 times / year				

Conditions

- Entry age of insured must be between 18 to 60 years old, and the insured can renew their policy until the maximum age of 65 years old
- Insured has to be healthy, not handicapped and has no congenital disease
- Insured with age above 18 years old are eligible for individual policy

In-Patient:

Shall mean admission to a Hospital as a registered in-patient for Medically Necessary treatments for a covered disability upon recommendation of a physician. A patient shall not be considered as an In-patient if the patient does not physically stay in the hospital for the whole period of confinement. The period of confinement is subject to a minimum 6 hours with hospital room and board charges be incurred for this confinement.

Any one disability or Per disability

Shall mean all of the period of disability arising from the same cause including any and all complications there from except that if the Insured Person completely recovers and remain free from further treatment (including drugs, medicines, special diet or injection or advice for the condition) of the disability for at least ninety (90) days following the latest date of discharge and subsequent disability from the same cause shall be considered as though it were a new disability.

Waiting Period

Shall mean the first 30 days between the beginning of an Insured Person's Disability and the commencement of this Policy date/reinstatement date and is applied only when the person is first covered. This shall not be applicable after the first year of cover. However, if there is a break in insurance, the Waiting Period will apply again. The Company shall not pay benefits under this insurance policy for the specified Illnesses occurring during the first 120 days of continuous cover.

Out-Patient

An insured person who receives treatment at a recognized medical facility agreed by the Company, but is not admitted to a hospital bed as an In-Patient.

Specified Illness

- A-Hypertensive, Diabetes Mellitus and Cardiovascular Disease
- B-All tumours, cancers, cysts, nodules, polyps, stones of the urinary system and biliary system
- C-All ear, nose (including sinuses) and throat conditions
- D-Hernias haemorrhoids, fistulae, hydrocele, varicocele
- E-Endometriosis including disease of the Reproduction system
- F-Vertebral-spinal disorders (including disc) and knee conditions

Reinstatement

If the insurance policy lapses due to nonpayment, the Insured may reinstate the policy within 90 days from the payment due date. The Insured shall not serve the waiting period and pre-existing condition periods again for the renewed year.

The Insured is covered for accidents and Injury immediately after reinstatement takes effect. However, the coverage for Illnesses will start 10 days after the reinstatement.

Pre-existing Condition

Means any injury or sickness for which an Insured Person received consultation, medical treatment, diagnosis, care or service; or took prescribed drugs or medicine or has clear and distinct symptoms that are or were evident; or has condition which existence would have been apparent to a reasonable person. No benefit shall be payable under the Policy and supplementary contracts for pre-existing conditions unless the Insured Person has been continuously insured under the Policy for 12 months without any symptom, consultation, diagnosis or treatment.



ទំនុកចិត្ត សុវត្ថិភាព

លី អ៊ាយ អ៊ីនស្វែរ៉ង ប៊ឺ.ភី
LY HOUR INSURANCE PLC



ព័ត៌មានបន្ថែម

如欲查询详情 · 欢迎致电 | MORE INFORMATION

023 999 999



ទាមទារសំណង ២៤ ម៉ោង

24/7 索賠熱線 | 24/7 CLAIMS HOTLINE



085 660 000
(សម្រាប់ប្រទេសកម្ពុជា)



+(66)02 660 1200
(សម្រាប់ប្រទេសថៃ)



អគារលេខ 24 A, B, C, D ផ្លូវសហព័ន្ធរុស្ស៊ី, សង្កាត់ ផ្សារដំបូង
ខណ្ឌទួលគោក, រាជធានីភ្នំពេញ, ព្រះរាជាណាចក្រកម្ពុជា

#24 A, B, C, D, Russian Federation Blvd., Sangkat Phsar Depo III, Khan Toul Kok
Phnom Penh, Kingdom of Cambodia

APPLICATION FORM

APPLICANT'S INFORMATION

In pursuance to article 20 of the insurance law of the kingdom of Cambodia or any subsequent amendment thereof, you are to disclose the information required in this proposal form, fully and faithfully, which you know or ought to know, otherwise the policy issued hereunder may be void.

Family Name Last Name

Male Female Date of birth : dd/mm/yy Age :

Weight^(kg) : Height^(cm) : Nationality

National Identification number Passport Number

Current Address

Home Phone Number Mobile

Email

Address

Occupation/Position Type of work

Income per year (usd/year) Other Income (usd/year)

BENEFICIARY INFORMATION

Relationship with applicant

Family Name Last Name

INSURANCE PERIOD

First Effective (dd/mm/yy) Last Effective (dd/mm/yy)

CHOSEN PLANS

IPD OPD PA

PREMIUM PAYMENT METHODS

Cash Ly Hour PayPro

Cheque Branch Number Others

Total Premium (usd)

HEALTH & OTHER STATEMENT

1 Within the past 5 years to present, have you ever been infected or have symptoms or have been treated or is currently receiving treatment or has been told by a doctor that you suffer from the following diseases: Cancer, tumors or cysts that have not yet been surgically removed or have been surgically removed less than 2 years before insurance, stroke, cirrhosis, hepatitis B, hepatitis C, AIDS or HIV positive, chronic kidney disease or renal failure, heart disease, chest pain, tuberculosis, chronic pneumonia, chronic obstructive pulmonary disease, emphysema, SLE, diabetes, hypertension, severe blood dis or need to receive blood regularly, liver disease, enlarged pancreas, ascites, parkinson's disorder, dementia and unable to take care of themselves, paralysis, disability, psychosis or addiction to drug?
Yes/Please Disclose No

2 Within the past 5 years have you received advice from a doctor for surgery or for further treatment and diagnosis from disease or illness that has not been done or still have abnormalities/illness/chronic conditions which have not been treated?
Yes/Please Disclose No

3 Have you ever been denied an application for life insurance or health insurance or critical illness insurance or personal accident insurance or being denied a renewal of insurance policy or be charged an additional premium or changed the conditions for such insurance?
Yes/Please Disclose No

4 Do you have other Health insurance, Critical Illness insurance, Life insurance or Personal Accident insurance with Ly Hour Insurance or with other insurance companies?
Yes/Please Disclose No

5 Do you currently use or have used drugs or regularly drink alcoholic drinks? or have you been treated with alcoholism or drugs addiction?
Yes/Please Disclose No

6 Do you smoke?
In the past Used to smoke /day Smoked for /year
Currently Smoke /day Smoke for /year

7 Have the parents, spouse, brothers, sisters of the applicant been diagnosed with illnesses or deaths due to tuberculosis, diabetes, heart disease, cancer, stroke, renal failure or HIV positive?
Yes/Please Specify the person Cause of illness/death
Date of treatment (dd/mm/yy) No

8 Are you currently in the recovery from illness or injury from an accident or hospitalization in a medical facility?
Yes/Please Disclose No

9 Do you regularly take medications or continuously or have underlying diseases or any chronic diseases?
Yes/Please Specify Medicine & Diseases No

DECLARATION BY PROPOSER

I/we to the best of my/our knowledge hereby confirm that the statements contained in this Proposal Form are true and correct and I/we have not concealed, misrepresented, or misstated any material fact. I/we agree that the statements and declaration in this Proposal Form shall be the basis of the contract between myself/yourself and the company and are deemed to be incorporated in the contract.

Proposer's Signature