

## **Snake Bite Life Insurance Certificate**

				Date.		
Agent Name				FNIL-HO/SB/CE	ER/	/ -
Agent I. D				Branch Name		
Insured						
Insured Name						
National I.D No./Passport No.		lo			• • • • • • • • • • • • • • • • • • • •	
Father's Name					• • • • • • • • • • • • • • • • • • • •	
Contact Address and Phone		e			• • • • • • • • • • • • • • • • • • • •	
Premium		500 MMK (Five Hund	Ired Kyats) only	y		
Sum Insured		500,000 MMK (Five H	lundred Thous	and Kyats)		
Insurance Term	ı					
Start date and Time						
End date and Time						
Beneficiary						
-	mo					
Beneficiary Name						
Beneficiary's I. D						
Beneficiary's Fa						
Beneficiary's Co	ontact Addre	ess and Phone			• • • • • • • • • • • • • • • • • • • •	
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(Insured Signature)		)			(Insurer Sig	gnature)



## **Snake Bite Life Insurance Terms and Conditions**

- (1) This insurance provides compensation 500,000 MMK (Five Hundred Thousand Kyats) for death.
- (2) This insurance provides compensation 80,000 MMK (Eighty Thousand Kyats) for medical expense.
- (3) This insurance provides compensation up to 250,000 MMK (Two Hundred Fifty Thousand Kyats) for total loss of vision (both eyes) and hemiplegia (paralysis of one side of the body) on the recommendation of the Department of Medical Services.
- (4) For the other injuries, Benefits will be obtainable according to the Third-Party Liability Law on the recommendation of the Department of Medical Services.
- (5) When the benefit will be paid for the medical expense, provides deductible premium 500 kyats for the renew certificate.
- (6) No benefit is obtainable for injury, death and medical treatment not caused or necessitated by snake bite.
- (7) The insured needs to summit claim form together with the required documents on the recommendation of the Department of Medical Services and invoice or receipt and death certificate (if death) within 6 months.