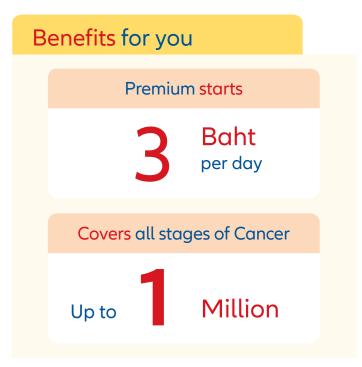
Allianz (11) AYUDHYA

# CANCER JIB JIB

## The unexpected can happen at any time...

Allianz Ayudhya General Insurance is there for you.



## **Cancer** insurance



No medical check-up required Only complete the health questionnaire



Covers all stages of cancer Including Invasive Cancer and Carcinoma In Situ



Second Opinion Fee ! From different physician to assure the diagnosis



Tax Deduction Subject to conditions from the Revenue Department

### Limit of Cover and Premium

Coverage	Limit of Cover (Baht)							
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5			
Cancer (Excluding Skin Cancer)	200,000	300,000	400,000	500,000	1,000,000			
Skin Cancer	200,000	300,000	400,000	500,000	1,000,000			
Second Opinion Fee	20,000	30,000	40,000	50,000	100,000			

	Limit of Cover (Baht)									
Insured Age (Years)	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
1-39	1,500	1,200	2,200	1,800	2,900	2,400	3,600	3,000	7,200	6,000
40-45	2,200	1,800	3,200	2,600	4,200	3,500	5,300	4,400	10,500	8,700
46-50	2,800	2,300	4,100	3,400	5,400	4,500	6,800	5,700	13,500	11,300
<b>51-55</b> (Renewal)	3,600	3,200	5,300	4,800	7,000	6,300	8,600	7,900	17,200	15,800
<b>56-60</b> (Renewal)	4,500	4,100	6,700	6,100	8,900	8,100	11,100	10,200	22,200	20,300
<b>61-64</b> (Renewal)	5,200	5,700	7,700	8,500	10,300	11,300	12,900	14,100	25,700	28,200

Remark: Annual Premium above is inclusive of Stamp Duty and VAT

#### Conditions/ Applicant's Qualifications:

- Age 1 50 years (Up to 64 years for renewal subject to Company Terms and Conditions).
- Excluded Occupations: Mine Worker/Staff, Stone Mill Worker/Staff, Army/Military, Police, Actor/Actress, Singer, Construction Worker, Labor, Cabin Crews, Etc.
- Good health and no physical disability.
- The applicant has never been diagnosed or treated for any of the following diseases: Cancer, Diabetes, Heart Disease, Hypertension, Epilepsy, Alcoholism, Hepatitis B or C, AIDS or HIV, Chronic Pneumonia, Chronic Colitis, Liver Cirrhosis, Hepatitis, Chronic Cervical and Vaginitis.
- No relatives (Father, Mother, Brother or Sister) have or have had the following diseases: Leukemia, Colon Cancer, Retinal Cancer including Breast Cancer, Ovarian Cancer, Uterine Cancer, Cervical Cancer for female applicant.
- Smoking not exceeding 15 cigarettes per day.

#### Major Exclusions :

#### Important Notice:

- Acquired Immune Deficiency Syndrome (AIDS), AIDS related condition, Positive Blood Test, Human Immune Deficiency Virus.
- Diagnosed cancer or have been reported of cancer before binding cover.
- Diagnosed cancer during 90 days after the inception date of insurance policy.
- Terms and conditions applied.

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## Appendix

Recommendation and Important Information



#### Recommendation

- The Insured should carefully read and go through the policy terms and conditions before binding cover.
- This document is for product introduction only, and the Insured should further comprehend coverage, terms and conditions, exclusions and other benefits of the policy.
- The Insured is required to pay premium. Premium collection by agent or broker is only a service to facilitate premium payment process.
- Premium for Health Insurance entitles the Insured to Income Tax deduction subject to the Revenue Department conditions.



- Cash, transfer or credit card via the company agent or broker
- Onsite at Ploenchit Tower, Head Office
- By the company account: Allianz Ayudhya General Insurance PCL. | บริษัท อลิอันซ์ ประกันภัย จำกัด (มหาชน)
  - 1. Krungsri Bank Saving Account, Patpong Branch, A/C No. 689-1-05017-7
  - 2. Bangkok Bank Saving Account, Trok-Chan Branch, A/C No. 133-4-77279-3
  - 3. Kasikorn Bank Saving Account, Silom Branch, A/C No. 001-2-38200-8
  - 4. Siam Commercial Bank Saving Account, CP Tower (Silom) Branch, A/C No. 168-2-22914-9

Contact Us



Head Office

1292

898 Ploenchit Tower, Ploenchit Rd., Bangkok 10330 0 2305 7000

Allianz Ayudhya General Insurance Customer Services (24Hrs)

CONTACT\_AAGI@AZAY.CO.TH

Period of Insurance	PremiumBaht
Name-Surname of Insured	
Name-Surname of Agent/Broker	License No
Signature of Agent/Broker	Offer Date-Time