

CANCER JIB JIB



The unexpected can happen at any time...

Allianz Ayudhya General Insurance is there for you.

Benefits for you

Premium starts

3 Baht
per day

Covers all stages of Cancer

Up to **1** Million

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

Insured Age (Years)	Limit of Cover (Baht)									
	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
51-55 (Renewal)	3,600	3,200	5,300	4,800	7,000	6,300	8,600	7,900	17,200	15,800
56-60 (Renewal)	4,500	4,100	6,700	6,100	8,900	8,100	11,100	10,200	22,200	20,300
61-64 (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 :

- 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.

Important Notice:

- Terms and conditions applied.

Cancer Jib Jib

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.

Payment



- 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

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

Allianz Ayudhya General Insurance Customer Services (24Hrs)



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CONTACT_AAGI@AZAY.CO.TH

Period of Insurance.....

Premium.....Baht

Name-Surname of Insured.....

Name-Surname of Agent/Broker.....

License No.

Signature of Agent/Broker.....

Offer Date-Time.....