

TERMS AND CONDITIONS PRODUCT NAME – PRUBusiness – Accidental Death and Disablement Rider

1. BRIEF PRODUCT DESCRIPTION

PRUBusiness – Accidental Death and Disablement Rideris a one-year term accident protection insurance, providing lump sum benefits upon Accidental Death and Disabilities.

This Rider provides additional benefits on top of the Term Life Basic Plan and these Terms and Conditions should be read in conjunction with the Basic Plan's Terms and Conditions which apply equally to this Rider.

All benefits and considerations under the Policy are denominated in Lao Kip (LAK).

2. **DEFINITIONS**

The definitions in the Basic Plan's Terms and Conditions will also apply to this Rider's Terms and Conditions.

3. BENEFITS

3.1 Rider Sum Assured is the amount of money for which an Insured Member/Dependent has as insurance coverage under this Rider, to be payable when the relevant insured event(s) below occurs, subject to the Terms and Conditions herein. The amount is stated in the Master Insurance Certificate.

3.2 Accidental Death and Disablement Benefit, Long Scale (AD&D Long)

In the event of the death of the Insured Member/Dependent due to an Accident while the Policy, including the Rider are still in effect, the Insurer shall pay to their Beneficiary 100% of their Rider Sum Assured.

In the event of a bodily injury to the Insured Member/Dependent due to an Accident while the Policy, including the Rider are still in effect, the Insurer shall pay to the Insured Member a specific percentage of their Rider Sum Assured as stated in the 'AD&D Long Benefit Table'.

Accidental death or injury must occur within 180 days of the Accident.

At time of evaluation of the claim, we shall have the right to have the Insured Member/Dependent examined by a Registered Medical Practitioner of our choice.

3.3 Accidental Total and Permanent Disability Benefit (ATPD)

In the event of the TPD of the Insured Member/Dependent due to an Accident while the Policy, including the Rider are still in effect, the Insurer shall pay to their Beneficiary 100% of their Rider Sum Assured.

Injury must occur within 180 days of the Accident.

At time of evaluation of the claim, we shall have the right to have the Insured Member/Dependent examined by a Registered Medical Practitioner of our choice.

3.4 Benefit Payment Limits

The maximum accumulated claim payment of each Insured Member/Dependent for 'AD&D Long' and 'ATPD' benefits is limited to 100% of this Rider Sum Assured per

accident or per Policy Year. Once this limit is reached, this Rider will cease. This does not impact benefit payments under the Basic Plan or other Riders.

3.5 AD&D Long Benefit Table

Percentage of the Rider Sum Assured payable base Indemnity	ed on Type of Loss or
Death due to Accident	100%
Total, Permanent and Irreversible Loss of:	
Both hands	100%
Both feet	100%
One hand and one foot	100%
One hand	50%
Arm between elbow and wrist	60%
Arm at or above elbow	70%
One foot	50%
Leg below knee	60%
Leg at or above knee	70%
Sight of both eyes	100%
Sight of one eye	50%
Loss of speech	100%
Hearing in both ears	100%
Hearing in one ear	50%
Thumb	15%
Index finger	10%
Middle finger	6%
Ring finger	5%
Little finger	4%
First or second metacarpal	3%
Third, fourth, or fifth metacarpal	2%
Loss of toes all of one foot	25%
Loss of great toe	5%
Loss of other than great toe, each toe	1%
Fractured leg or patella with established non-union	10%
Shortening of leg by at least 5 cm	7.5%

4. EXCLUSIONS

The Insurer reserves the right to decline a 'AD&D Long' or 'ATPD' claim that is caused by an Accidental event as stipulated in Articles 3.2 and 3.3 if the Accident leading to the 'AD&D Long' or 'ATPD' claim of the Insured Member/Dependent is caused directly or indirectly by any of the following:

i. Suicide or attempted suicide, self-inflicted injury, whether sane or insane; or

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- Any Human Immunodeficiency Virus (HIV) and/or any HIV-related illnesses including Acquired Immune Deficiency Syndrome (AIDS) and/or any mutations, derivation or variations thereof; or
- Committing or attempting to commit a criminal offence by the Policy Owner, the Insured Member/Dependent, or the Beneficiary; or
- iv. Drugs or stimulators or alcohol abuse, or their complications. This includes driving vehicles under the influence of alcohol as defined in current laws and regulations;
- Participation in dangerous sporting activities, including but not limited to scuba diving, mountain climbing, parachuting or any high-speed races, or in professional sporting activities; or
- vi. Participation in aviation activities except as a fare-paying passenger on a multiengine, scheduled and licensed commercial aircraft; or
- vii. Pregnancy, birth-giving or their complications; or
- viii. War, invasion, acts of foreign countries (whether with or without war declaration), hostilities, act of terrorism, civil war, rebellion, participation in illegal acts, revolution, insurrection, military or usurped power, riot or civil commotion; or
- ix. Any disease or infection caused by worm infestation or insect/animal bite including but not limited to mosquito bite.
- Pre-existing conditions, sickness, disease or impairment from which the Insured Member/Dependent is suffering due to an Accident prior to the Insured Member/Dependent's Entry Date unless the Insured Member/Dependent was insured under this Policy at the time the Accident took place.

5. **Claims Procedure**

The rider benefits will be paid in accordance with the following provisions:

- Claim submission for benefits needs to be completed with the following information/documents:
 - Claim Request Form
 - Accident Scene Examination Report
 - Medical Report
 - Family Book (original or certified copy)
 - Family Book (or one of these: ID card, passport, house registration book)
 - Other documents, evidence and/or any documents which are important for the claim assessment might be requested depending on the claim The claimant will be responsible for all costs involved in collecting and providing to the Insurer the related documents.

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- ii. The time limits for claiming the benefits under the Policy shall be as following:
 - Three (3) months after the death of an Insured Member/Dependent; or
 - Three (3) months from the issuance of the assessment of the health authority on the TPD of an Insured Member/Dependent.
- iii. The Insurer is responsible for assessing the claim request within 15 (fifteen) working days after all the required documents have been submitted to the Insurer.

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