

Insurance Policy

PRUស្រលាញ់+

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In this Insurance Policy, “you”, “your” or “yours” means the Policy Owner. “We”, “us”, “our”, “ours”, “Prudential Cambodia” or “The Company” means Prudential (Cambodia) Life Assurance Plc.

1. Definitions

- 1.1. **Accident** refers to an unforeseen and involuntary event, which directly causes the insured events to occur, by violent, external and visible means, and is independent of any other cause such as illness or disease of the Life Assured. Suicide, attempted suicide or a self-inflicted injury by the Life Assured, whether sane or insane conditions at any time while this Policy is in force, will not be considered as an Accident.
- 1.2. **Annual Policy Anniversary Date** is the annual anniversary date of the Policy Effective Date.
- 1.3. **Beneficiary** is any organization or individual designated by the Policy Owner to receive the insurance benefits according to the Insurance Policy herein.
- 1.4. **Beneficial Owner/Ultimate Beneficial Owner** is an individual, designed by the Policy Owner, who ultimately owns or controls the legal entity when the Policy Owner is a legal entity. The Beneficial Owner is defined as the person(s) who ultimately owns or controls a legal entity through direct or indirect ownership of the portion of the shares/ voting right or a person exercising control over a legal entity through other means where no another person has a controlling ownership interest. When there is no Beneficial Owner identified, the person(s) holds the position of senior managing official should be identified as the Beneficial Owner(s).
- 1.5. **Claim Registration Date** is the date, as recorded by the Company, on which the claimant has fully completed the claim request and submitted all claim documents required by the Company for payment of the insurance benefits according to the Insurance Policy.
- 1.6. **Critical Illness (CI)** shall mean the specific conditions as listed under Clause 4.3.
- 1.7. **Doctor / Medical Practitioner / Medical Specialist / Physician** means a person who has a medical professional degree recognized by a competent authority and licensed to practice medicine within the scope of the license prescribed by applicable law and regulation.
- 1.8. **Guaranteed Surrender Value** means guaranteed cash amount, which is payable to the Policy Owner if the Policy is terminated by the Policy Owner before it attains maturity, provided the Policy is in force at the time of termination.
- 1.9. **Insurance Product** means the life insurance product, with the name stated in the Life Insurance Certificate.
- 1.10. **Issuance Date** is the date the Company issues the Life Insurance Certificate to the Policy Owner and is stated in the Life Insurance Certificate.
- 1.11. **Life Assured** means any individual who resides in Cambodia at inception of the Policy and is accepted by the Company for insurance under the Insurance Policy herein.
- 1.12. **Medically Necessary / Medical Necessary Service(s)** is medical service(s) indicated by the Doctor and identified by the Company as:
 - a. Appropriate and necessary for diagnosis and treatment in appropriate settings for Life Assured’s Illness or Injury; and

- b. There is a mode, procedure and duration of treatment consistent with the guidelines of medical, healthcare, research organizations or governmental organizations approved by the Company; and
 - c. Not primarily for the convenience of the patient or patient's relatives or Doctors.
- 1.13. Policy** is a legal binding document issued by the Company stipulating major substance and detailed Insurance Policy that are agreed between the Company and the Policy Owner or Life Assured.
- 1.14. Policy Effective Date** is stated in the Life Insurance Certificate and is the date on which the Policy Owner duly completes the Insurance Application Form and pays the full amount of the Premium, whichever is later, in accordance with the Insurance Policy, provided that the Life Assured must be still alive on Issuance Date of the Life Insurance Certificate.
- 1.15. Policy Owner** means any organization operating within Cambodia, or individual who is residing in Cambodia and is eighteen (18) years old and above, having full capacity for civil acts, and is the person who fills in and signs the Insurance Application Form and pays the Premium.
- 1.16. Policy Term** shall be five (5) years for single premium payment, starting from the policy effective date. The coverage under this policy will automatically terminate at the end of the five-year period from the Policy Effective.
- 1.17. Policy Year** is a period of one year commencing from the Policy Effective Date to the first Annual Policy Anniversary or any Annual Policy Anniversary of subsequent years commencing from the previous Annual Policy Anniversary.
- 1.18. Pre-existing Condition** shall mean an injury caused by an Accident or disease which has been diagnosed/commenced/manifested, or signs or symptoms of illness or condition that cause the Life Assured to seek the consultation, diagnosis, or treatment or would have caused an ordinary sensible person to seek consultation, diagnosis or treatment prior to the Issuance Date.
- 1.19. Premium** is the amount of money that the Policy Owner agrees to pay for the Insurance Product. The method and frequency of payment of Premiums is stated in the Life Insurance Certificate, or its latest Alteration Confirmation Letter if any. The Policy Owner shall be liable to pay any taxes on the Premium, and taxes applicable to the issuance of insurance Policy if any.
- 1.20. Sum Assured** is the amount of money which the Policy Owner would like to have as the insurance coverage in the Insurance Product, to be payable when the relevant insured event(s) occur, subject to the Insurance Policy herein.
- 1.21. Total and Permanent Disability (TPD)** is a state of incapacity, which is total and permanent and takes the form of:
- (i) Total and irrecoverable loss of sight in both eyes; or
 - (ii) Total and irrecoverable loss of the use of two limbs at or above the wrist or ankle; or
 - (iii) Total and irrecoverable loss of the sight in one eye, and total and irrecoverable loss of the use of one limb at or above the wrist or ankle.
- In case of the above-mentioned total and irrecoverable loss of use of one or more limbs due to paralysis, the condition must be certified by a registered hospital at provincial or municipal level no sooner than six (6) months and no later than nine (9) months from the occurrence of the insured event or the date the paralysis condition is verified.

In case of total and irrecoverable loss due to other causes, the condition must be certified by a registered hospital at provincial or municipal level. This could be carried out at any time within the Policy Term when the Policy is in force.

1.22. Policy is in force means the Policy has not (1) acquired the lapse status; OR (2) been terminated by the terms and conditions under this Insurance Policy.

2. Objective of the Insurance

This is the Insurance Product to provide life insurance coverage in case the Life Assured dies or suffers from Total and Permanent Disability (TPD) as specified under Clause 4.1 and 4.2, also provides insurance benefits in case the Life Assured is diagnosed with certain Critical Illness conditions as specified under Clause 4.3.

3. Scope of the Insurance

This is the Insurance Product to provide life insurance coverage in case the Life Assured dies or suffer from Total and Permanent Disability (TPD) due to Accident or non-Accident as specified under Clause 4.1 and 4.2, also provides coverage in case the Life Assured is diagnosed with the specific conditions as listed under Clause 4.3.

4. Benefits of the Insurance

4.1. Death/Total and Permanent Disability (TPD) benefit not due to Accident

In the event of death of the Life Assured or the Life Assured suffers from TPD not due to Accident, the Company shall pay to the Beneficiary/Beneficiaries:

- (i) Death/TPD not due to Accident benefit as stated in the Life Insurance Certificate, or its latest Alteration Confirmation Letter if any; minus
- (ii) Any outstanding amount due to the Company if any.

This Death/TPD not due to Accident benefit defined under Clause 4.1 is equal to 100% of Sum Assured.

The Policy shall be terminated with the payment of these benefits.

4.2. Death/Total and Permanent Disability (TPD) benefit due to Accident

In the event of death of the Life Assured or the Life Assured suffers from TPD due to Accident, the Company shall pay to the Beneficiary/Beneficiaries:

- (i) Death/TPD due to Accident benefit as stated in the Life Insurance Certificate, or its latest Alteration Confirmation Letter if any; minus
- (ii) Any outstanding amount due to the Company if any.

This Death/TPD due to Accident benefit defined under Clause 4.2 is equal to 300% of Sum Assured.

The Policy shall be terminated with the payment of these benefits.

4.3. Critical Illnesses benefit

Critical Illness is a specific condition of specific severity; these conditions defined under Clause 4.3 include two categories namely Early-Stage Critical Illnesses and Late-Stage Critical Illnesses. During the validity period of the Policy, the benefits under this Policy would be payable upon receiving all relevant medical reports and documents proving the occurrence of any of the critical

illnesses defined under Clause 4.3 and upon evaluation of these documents to the satisfaction of the Company as follows:

a. In case of the occurrence of an Early-Stage Condition, the Company shall pay to the claimant:

- (i) 25% of Sum Assured (up to a maximum of USD 25,000) of the Policy as stated in the Life Insurance certificate and/or in the Alternation Confirmation Letter, if any; minus
- (ii) Any other outstanding amount due to the Company, if any.

The benefit of Early-Stage is set at a maximum of USD 25,000 per Life Assured regardless of how many policies or total Sum Assured purchased under that Life Assured.

b. In case of the occurrence of a Late-Stage Condition, the Company shall pay to the claimant:

- (i) 100% of the Sum Assured of the Policy as stated in the Life Insurance certificate and/or in the Alternation Confirmation Letter, if any; minus
- (ii) Any previous claims made in relation to Early-Stage critical illnesses or any other outstanding amount due to the Company, if any;

With this payment for Late-Stage critical illness, the critical illness benefit is terminated.

The following Critical Illnesses are covered under the Early-Stage Critical Illness Benefit:

No	CI Conditions	Definitions
1	Carcinoma in situ (CIS)	<p>Carcinoma in situ means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The diagnosis of the Carcinoma in situ must always be supported by a histopathological report. Furthermore, the diagnosis of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard. This coverage applies to only the first instance of CIS only. The following conditions are specifically excluded:</p> <ol style="list-style-type: none"> 1) Clinical diagnosis of Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, CIN II, and CIN III (severe dysplasia without carcinoma in situ) 2) Carcinoma in situ of the biliary system 3) Prostatic Intra-epithelial Neoplasia (PIN) 4) Vulvar Intra-epithelial Neoplasia (VIN) 5) Melanoma and non-melanoma carcinoma-in-situ

		<p>6) Any lesion or tumour which is histologically described as benign, dysplasia, premalignant, borderline malignant or of suspicious malignant potential.</p> <p>7) All tumours in the presence of Human Immunodeficiency Virus (HIV) infection</p>
2	Early Prostate Cancer	Prostate Cancer must be classified as T1a, T1b or T1c according to the TNM staging method or Prostate cancers described using another equivalent classification. Diagnosis of Early-Stage prostate cancer must always be supported by a histopathological report. Clinical diagnosis does not meet this standard.
3	Early Thyroid Cancer	Thyroid Cancer must be classified as T1N0M0 according to the TNM staging method. Diagnosis of Early-Stage thyroid cancer must always be supported by a histopathological report. Clinical diagnosis does not meet this standard.
4	Early Bladder Cancer	Bladder Cancer that is classified as T1N0M0 according to TNM Classification system including Papillary microcarcinoma of Bladder (TaN0M0). Diagnosis of Early-Stage Bladder cancer must always be supported by a histopathological report. Clinical diagnosis does not meet this standard.
5	Early Chronic Lymphocytic Leukemia	The unequivocal diagnosis of Chronic Lymphocytic Leukaemia (CLL) must be classified as RAI Stage 1 or 2. CLL RAI stage 0 or lower is excluded. Clinical diagnosis does not meet this standard.
6	Cardiac Pacemaker or Defibrillator Insertion	The actual undergoing of an insertion of a permanent cardiac pacemaker or a permanent defibrillator as a result of a serious cardiac arrhythmia which cannot be treated via other means. The surgical procedure must be certified to be Medically Necessary by a Registered Medical Practitioner who is a cardiologist.
7	Coronary Angioplasty	The actual undergoing for the first time of any revascularization procedure for example stent insertion, balloon angioplasty to correct a narrowing (minimum of 60% stenosis) of one or more major coronary arteries as shown by angiographic evidence. The revascularization must be considered Medically Necessary by a consultant cardiologist. Major coronary arteries are defined as left main stem, left anterior descending, circumflex and right coronary artery.
8	Pericardiectomy	The undergoing of a pericardiectomy by open chest surgery or keyhole techniques as a result of pericardial

		disease. The surgical procedure must be certified to be Medically Necessary by a specialist in the relevant field. Surgery for the drainage of pericardial effusions, creation of pericardial windows and pericardial biopsies are excluded.
9	Minimally invasive surgery to aorta	The actual undergoing of surgery via minimally invasive or intra-arterial techniques to repair or correct an aortic aneurysm, an obstruction of the aorta or a dissection of the aorta, as evidenced by an appropriate diagnostic test and confirmed by a specialist. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. Intra-arterial investigative procedures are not included.
10	Insertion of a vena cava filter	The surgical insertion of a vena-cava filter after there has been documented proof of recurrent pulmonary emboli. The need for the insertion of a vena-cava filter must be certified to be absolutely necessary by a specialist in the relevant field.
11	Cerebral Shunt Insertion	The actual undergoing of surgical implantation of a shunt from the ventricles of the brain to relieve raised pressure in the cerebrospinal fluid. The need of a shunt must be certified to be absolutely necessary by a specialist in the relevant field.
12	Moderately Severe Coma for 48 hours	<p>Coma that persists for at least 48 hours. The diagnosis must be confirmed by a specialist who is a neurologist or neurosurgeon and must be supported by evidence of all of the following.</p> <ol style="list-style-type: none"> 1) No reaction to external stimuli or internal needs. 2) Require intubation and mechanical ventilation to sustain life. 3) Brain damage resulting in permanent neurological deficit with persisting clinical symptoms which must be assessed at least 30 days after the onset of the coma. Coma resulting from alcohol or drug abuse is excluded. Medically induced coma also does not fulfil this definition. <p>Permanent neurological deficit with persisting clinical symptoms means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Life Assured. Symptoms that are covered include, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability</p>

		to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.
13	Surgery for subdural hematoma	The actual undergoing of craniotomy or Burr Hole Surgery to the head to drain subdural hematoma as a result of an accident. The need for the Burr Hole Surgery must be certified to be absolutely necessary by a specialist who is a neurosurgeon.
14	Cerebral Arteriovenous Malformation Requiring Surgery	The actual undergoing of: <ul style="list-style-type: none"> - surgical repair of intracranial aneurysm or removal of an arterio-venous malformation via craniotomy or a minimally invasive / burr hole procedure by a consultant neurosurgeon to treat a cerebral arteriovenous malformation or - an endovascular treatment procedure by a consultant radiologist using coils to cause thrombosis of a cerebral arteriovenous malformation. - The need of the procedure must be certified to be absolutely necessary by a specialist in the relevant field.
15	Surgery to remove Pituitary	The actual undergoing of surgical removal of a pituitary tumor. The diagnosis must be supported by CT or MRI and histopathological evidence. Partial removal of pituitary microadenoma (size < 10 mm) is specifically excluded.
16	Surgical Removal of Lung	The actual undergoing of a complete surgical removal of the entire right or left lung as a result of an illness or an accident. Partial removal of a lung is not included in this benefit.
17	Partial Surgical Removal of the Liver	The actual undergoing of partial hepatectomy of at least one (1) entire lobe of the liver that has been found necessary as a result of illness or accident as suffered by the Insured. Liver biopsy, liver donation, or diseases caused by alcohol consumption and/or drug abuse are also specifically excluded.
18	Hepatitis with Cirrhosis	A submassive necrosis (the necrosis < 75% of the liver) of the liver by the Hepatitis virus leading to cirrhosis. There must be a definite Diagnosis of liver cirrhosis by a gastroenterologist that must be supported by liver biopsy showing histological stage F4 by Metavir grading or a Knodell fibrosis score of 4 Liver diseases due or related to alcohol and drug abuse are excluded.

19	Acute Necrohemorrhagic Pancreatitis	<p>Acute inflammation and necrosis of pancreas parenchyma, focal enzymic necrosis of pancreatic fat and hemorrhage due to blood vessel necrosis, where all of the following criteria are met:</p> <ul style="list-style-type: none"> - The necessary treatment is surgical clearance of necrotic tissue or pancreatectomy; and - The diagnosis is based on histopathological features and confirmed by a specialist who is a gastroenterologist. - Pancreatitis due to alcohol or drug abuse is excluded.
20	Surgical Removal of a Kidney	<p>The actual undergoing of a complete surgical removal of one (1) kidney as a result of an illness or an accident. The need for the surgical removal of the kidney must be certified to be absolutely necessary by a specialist in the relevant field. Partial removal of a kidney and kidney donation are excluded.</p>
21	Small Bowel Transplant	<p>The receipt of a transplant of at least one (1) meter of small bowel with its own blood supply via a laparotomy resulting from intestinal failure.</p>
22	Loss of one Limb	<p>The irreversible severance of one entire limb where severance is above the elbow or the knee. This condition must be confirmed by a specialist in the relevant field. Self-inflicted injuries are excluded.</p>
23	Loss of sight in one eye	<p>Total permanent and irreversible loss of sight in one eye:</p> <ul style="list-style-type: none"> - As a result of illness or accident; and - Must be certified by an ophthalmologist, and that even after the use of visual aids visual acuity must be less than 3/60 or 20/400 using e.g., Snellen test, or visual field restriction to 20° or less in the affected eye.; and - Is not due to alcohol including methanol poisoning or drug misuse or self-inflicted injuries. <p>Permanency must be diagnosed no sooner than 6 months after the first diagnosis.</p>
24	Amputation of One Foot due to Complication from Diabetes Mellitus	<p>The actual undergoing of amputation of one foot at or above ankle to treat gangrene that has occurred as a complication of diabetes mellitus. The unequivocal diagnosis must be confirmed by a specialist who is an endocrinologist.</p>
25	Diabetic Retinopathy	<p>Diabetic Retinopathy shall mean advanced changes to the retinal blood vessels as a consequence of diabetes mellitus.</p> <p>All of the following criteria must be met:</p>

		<ul style="list-style-type: none"> - Presence of diabetes mellitus at the time of Diagnosis of Diabetic Retinopathy; - Visual acuity of both eyes is 6/18 or worse using Snellen eye chart; and - Actual undergoing treatment such as laser treatment to alleviate the visual impairment; and - The Diagnosis of Diabetic Retinopathy, the severity of visual impairment and the medical necessity of treatment must be confirmed by a specialist who is an ophthalmologist.
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The following Critical Illnesses are covered under the Late-Stage Critical Illness Benefit:

No	CI Conditions	Definitions
1	Major Cancer	<p>The diagnosis of a malignant tumour is characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue.</p> <p>The cancer must be confirmed by histological evidence of malignancy by a qualified oncologist or pathologist.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> - All tumours which are histologically classified as pre-malignant, non-invasive, carcinoma-in-situ, having borderline malignancy, having any degree of malignant potential, having suspicious malignancy, neoplasm of uncertain or unknown behaviour, or all grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra-epithelial neoplasia; - Early prostate cancer histologically classified as T1N0M0 or a lower stage according to the TNM classification system, or equivalent classification. - Melanomas of the skin of less than 1.5mm Breslow thickness, or less than Clark Level 3. - Hyperkeratosis, basal cell and squamous skin cancers. - Any tumour of the thyroid histologically classified as T1N0M0 or a lower stage according to the TNM classification system. - Early localized bladder cancers that are histologically described as T1N0M0 or lower according to TNM Classification system. - Chronic Lymphocytic Leukaemia is less than RAI stage 3. - All tumours in the presence of HIV infection.

2	Heart Attack	<p>Death of heart muscle due to obstruction of blood flow, that is evidenced by at least three of the following criteria proving the occurrence of a new heart attack:</p> <ul style="list-style-type: none"> - History of typical chest pain; - New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block; - Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above; - Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality or Left Ventricular ejection fraction of less than 50% measured 3 months after the event. The imaging must be done by Cardiologist specified by the Company. <p>For the above definition, the following are excluded:</p> <ul style="list-style-type: none"> - Angina; - Heart attack of indeterminate age; and - A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty. <p>- Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml</p>
3	Coronary Artery By-pass Surgery	<p>The undergoing of open-chest surgery with a median sternotomy to correct narrowing or blockage of one or more coronary arteries with bypass grafts in persons with limiting anginal symptoms. Diagnosis must be supported by angiographic evidence and deemed as Medically Necessary by a consultant cardiologist.</p> <p>Angioplasty and all other intra-arterial, catheter-based techniques, keyhole, minimally invasive or laser procedures, are excluded. Coronary arteries refer to left main stem, left anterior descending, circumflex and right coronary artery.</p>
4	Heart Valve Surgery	<p>The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities as a consequence of defects that cannot be repaired by intra-arterial catheter procedures. The diagnosis of heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered Medically Necessary by a consultant cardiologist.</p>

		Repairing via intravascular procedure, keyhole surgery or similar techniques are excluded.
5	Surgery to the Aorta	The actual undergoing of major surgery of the thoracic or abdominal aorta, through Laparotomy or Thoracotomy for life threatening vascular disease. This includes coarctation repair, surgical grafts for aortic aneurysms or aortic dissections. Surgery performed using minimally invasive or intra-arterial techniques are specifically excluded. Surgery on the branches of the aorta is also excluded.
6	Heart Transplant	Heart Transplantation Means the human-to-human complete Heart transplant from a donor to the Insured.
7	Primary Pulmonary Hypertension	<p>Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterization resulting in permanent irreversible physical impairment to the degree of at least Functional Class 4 of the New York Heart Association Functional Classification of cardiac impairment. There must be proof that pulmonary pressure has remained above 30 mmHg for a period of at least six (6) consecutive months and confirmed by a cardiologist.</p> <p>Functional Class 4 of the New York Heart Association Functional Classification of cardiac impairment means that the patient is symptomatic during ordinary daily activities despite the use of medication and dietary adjustment, and there is evidence of abnormal ventricular function on physical examination and laboratory studies.</p>
8	Severe Stroke	<p>A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, cerebral embolism and cerebral thrombosis. This diagnosis must be supported by all of the following conditions:</p> <ul style="list-style-type: none"> - Evidence of permanent neurological damage which results in one of the three following deficits: - Total and permanent loss of motor function in one or more limb. - Permanent loss of the ability to speak due to damage to the speech center in the brain. - Permanent inability to perform 3 out of 6 "activities of daily living" without the assistance of another person.

		<ul style="list-style-type: none"> - The evidence of any of the three deficits above must be confirmed by a neurologist at least 3 months after the event; and - Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke. <p>The following are excluded:</p> <ul style="list-style-type: none"> - Transient Ischaemic Attacks and any Reversible ischemic neurological deficit; - Brain damage due to an accident or external injury, infection, vasculitis, inflammatory disease and migraine; - vascular disease affecting the eye or optic nerve; and Ischaemic disorders of the vestibular system. <p>Activities of Daily Living:</p> <ol style="list-style-type: none"> i. Washing- the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; ii. Dressing- the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; iii. Transferring- the ability to move from a bed to an upright chair or wheelchair and vice versa; iv. Mobility- the ability to move indoors from room to room on level surfaces; v. Toileting- the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; vi. Feeding- the ability to feed oneself once food has been prepared and made available.
9	Alzheimer's Disease	<p>Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the life assured. This diagnosis must be supported by the clinical confirmation of an appropriate consultant.</p> <p>The disease must result in significant cognitive impairment which results in the need for permanent and continuous supervision of the Life Assured or the permanent inability to perform 3 out of the 6 "Activities of daily living" without the assistance of another person.</p>

		<p>Permanency must be diagnosed no sooner than 6 months.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> - Non-organic diseases such as neurosis and psychiatric illnesses; and - Alcohol related brain damage. - Dementia due to HIV <p>Activities of Daily Living:</p> <ol style="list-style-type: none"> i. Washing- the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; ii. Dressing- the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; iii. Transferring- the ability to move from a bed to an upright chair or wheelchair and vice versa; iv. Mobility- the ability to move indoors from room to room on level surfaces; v. Toileting- the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; vi. Feeding- the ability to feed oneself once food has been prepared and made available.
10	Parkinson's Disease	<p>The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:</p> <ul style="list-style-type: none"> - The disease cannot be controlled with medication; and - Signs of progressive impairment; and - Inability of the Life Assured to perform at least 3 of the 6 "Activities of Daily Living" without the assistance of another person for a continuous period of at least 6 months. <p>Drug-induced or toxic causes of Parkinsonism or all other causes of Parkinson's Disease are excluded.</p> <p>Activities of Daily Living:</p> <ol style="list-style-type: none"> i. Washing- the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; ii. Dressing- the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; iii. Transferring- the ability to move from a bed to an upright chair or wheelchair and vice versa;

		<p>iv. Mobility- the ability to move indoors from room to room on level surfaces;</p> <p>v. Toileting- the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;</p> <p>vi. Feeding- the ability to feed oneself once food has been prepared and made available.</p>
11	Brain Surgery	<p>The actual undergoing of surgery to the brain under general anaesthesia, during which a craniotomy is performed. Brain surgery as a result of an accident is excluded. The procedure must be considered absolutely necessary by a qualified specialist and supported by evidence such as imaging techniques for example X-Ray/MRI/CT scan and treating neuro-surgeon's certificate.</p> <p>Transsphenoidal surgery, burr hole surgery, and any other minimally invasive or endovascular procedures including Gamma knife procedures are excluded.</p>
12	Multiple Sclerosis	<p>The definite occurrence of Multiple Sclerosis. The diagnosis must be supported by all of the following:</p> <ul style="list-style-type: none"> - Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis; - Multiple neurological deficits which occurred over a continuous period of at least 6 months; and - Well documented history of exacerbations and remissions of said symptoms or neurological deficits. <p>Other causes of neurological damage such as SLE and HIV are excluded.</p>
13	Creutzfeldt-Jakob Disease	<p>The occurrence of Creutzfeldt-Jacob Disease or Variant Creutzfeldt-Jacob Disease where there is an associated neurological deficit, which is solely responsible for a permanent inability to perform 3 out of the 6 "Activities of daily living" without the assistance of another person.</p> <p>Permanency must be diagnosed no sooner than 6 months after the first diagnosis.</p> <p>Activities of Daily Living:</p> <ul style="list-style-type: none"> i. Washing- the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; ii. Dressing- the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;

		<ul style="list-style-type: none"> iii. Transferring- the ability to move from a bed to an upright chair or wheelchair and vice versa; iv. Mobility- the ability to move indoors from room to room on level surfaces; v. Toileting- the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; vi. Feeding- the ability to feed oneself once food has been prepared and made available.
14	Coma	<p>A coma that persists for at least 96 hours. This diagnosis must be supported by evidence of all of the following:</p> <ul style="list-style-type: none"> - No response to external stimuli for at least 96 hours; - Life support measures are necessary to sustain life; and - Brain damage resulting in permanent neurological deficit with persisting clinical symptoms which must be assessed at least 30 days after the onset of the coma. <p>For the above definition, medically induced coma and coma resulting directly from alcohol or drug abuse are excluded.</p> <p>Permanent neurological deficit with persisting clinical symptoms means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Life Assured. Symptoms that are covered include, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.</p>
15	End Stage Lung Disease	<p>Late-Stage lung disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following:</p> <ul style="list-style-type: none"> - FEV1 test results which are consistently less than 1 litre; and - Permanent supplementary oxygen therapy for hypoxemia; and - Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less ($PaO_2 \leq 55\text{mmHg}$); and - Dyspnea at rest. The diagnosis must be confirmed by a respiratory physician.

16	Lung Transplant	Means the human-to-human complete Lung transplant from a donor to the Insured.
17	End Stage Liver Failure	Late-Stage liver failure as evidenced by all of the following: <ul style="list-style-type: none"> - Permanent jaundice; and - Ascites; and - Hepatic encephalopathy. Liver disease secondary to alcohol or drug abuse is excluded.
18	Liver Transplant	Means the human-to-human complete Liver transplant from a donor to the Insured. For the purpose of this definition, the liver means at least one lobe of the liver.
19	End Stage Kidney Failure	Late-Stage kidney failure which presents chronic irreversible failure of both kidneys in functioning and requires regular long-term dialysis. The conditions of the Late-Stage kidney failure must be unequivocally diagnosed by, and the necessity of continuous dialysis must be certified by a nephrologist.
20	Kidney Transplant	Means the human-to-human complete Kidney transplant from a donor to the Insured.
21	Pancreas Transplantation	Means the human-to-human complete Pancreas transplant from a donor to the Insured.
22	Severe Rheumatoid Arthritis	Widespread joint destruction with major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, spine, knees, ankles, feet. The diagnosis must be supported by all of the following: <ul style="list-style-type: none"> - Morning stiffness - Symmetric arthritis - Presence of rheumatoid nodules - Elevated titers of rheumatoid factors - Radiographic evidence of severe involvement The diagnosis must be confirmed by a consultant rheumatologist. Symptoms must have persisted for 1 year.
23	Severe Ulcerative Colitis	Severe Ulcerative Colitis shall mean pan colitis with inflammation involving the entire colon with bloody diarrhea and systemic signs and symptoms for which the treatment is total colectomy and ileostomy. Diagnosis must be based on histopathological features and surgery in the form of total colectomy and ileostomy must have been undertaken either to control poorly

		responsive disease or to treat or prevent the development of malignancy.
24	Major Burns	Third degree burns covering at least 20 percent of the surface area of the Life Assured's body, as measured by The Rule of Nines or the Lund and Browder Body Surface Chart.
25	Systemic Lupus Erythematosus with Lupus Nephritis	A multi-system, multifactorial, autoimmune disorder characterised by the development of auto-antibodies directed against various self-antigens. In respect of this contract, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology. The WHO Classification of Lupus Nephritis: <ul style="list-style-type: none"> - Class I Minimal Change Lupus Glomerulonephritis - Class II Mesangial Lupus Glomerulonephritis - Class III Focal Segmental Proliferative Lupus Glomerulonephritis - Class IV Diffuse Proliferative Lupus Glomerulonephritis - Class V Membranous Lupus Glomerulonephritis

4.4. Waiting Period of Critical Illness benefit:

No claims shall be payable for any critical illness conditions which existed or were diagnosed during the Waiting Period; or after the expiry of the Waiting Period but which is related to a condition which existed or was diagnosed before or during the Waiting Period.

There are Two (2) conditions of Waiting Period as stated below:

- (i) The Life Assured gets an Early-Stage Critical Illness condition within a period of 120 days from the Issuance Date.
- (ii) The Life Assured gets a Late-Stage Critical Illness condition within 90 days from the Issuance Date. In cases of critical illness conditions due to an accident, this waiting period does not apply.

4.5. Survival Period of Critical Illness benefit:

The company shall not pay Critical Illness benefits under this Clause 4.3 if the Life Assured dies within 14 days from the first date of Critical Illness diagnosis.

4.6 Partial Cash Back Benefit at maturity:

- (i) If the Policy is in force at the end of the policy maturity date, the Policy Owner shall be entitled to receive a Partial Cash Back Benefit, minus any outstanding amounts due to the Company, if any.
- (ii) The amount of the Partial Cash Back Benefit is as stated in the Life Insurance Certificate and/or in the Alteration Confirmation Letter, if any.

- (iii) Upon payment of Partial Cash Back Benefit, this Policy shall be terminated and all rights, benefits, and obligations under this Policy shall cease.

5. Premium Payment

For this Policy, the premium payment has to be single premium. The Premium can be paid to the bank account of The Company through different available means.

Premium and the frequency for payment of Premium are stated in the Life Insurance Certificate, or the latest Alteration Confirmation Letter if any. The Policy Owner shall be liable to pay any taxes applicable to an issued Policy if any.

6. Exclusions

6.1. Death/Total and Permanent Disability (TPD) benefit due to any causes:

The Company reserves the right to decline, to the Beneficiary/Beneficiaries, a Death or Total and Permanent Disability Benefit claim, if the Death or Total and Permanent Disability of the Life Assured is caused directly or indirectly by any of the following:

- (i) Suicide or attempted suicide, self-inflicted injury, whether sane or insane, within two (2) years after the Policy Effective Date; or
- (ii) 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
- (iii) Committing or attempting to commit by the Policy Owner, the Life Assured, or the Beneficiary/Beneficiaries, a criminal offence; or
- (iv) Drugs or stimulator abuse, abusively using alcohol or driving vehicles under the influence of alcohol as defined in current laws and regulations.

In such cases, where the Company declines the claim request as per Clause 6.1, the Company shall instead pay an amount equal to:

- (i) Premium, which is calculated in proportionate ratio with previous Critical Illness claim payment if any; minus
- (ii) Any medical examination expenses incurred if any; minus
- (iii) Any outstanding amount due to the Company if any.

The Policy shall be terminated with this payment.

6.2. Death/Total and Permanent Disability (TPD) benefit due to Accident only:

This benefit is not payable to the Life Assured in case of the Death / Total and Permanent (TPD) due to Accident if any event as stated in Clause 6.1 happens.

In addition to these, the Company reserves the rights to decline an Accidental Death/TPD claim, should the death/TPD of the Life Assured be caused directly or indirectly due to any of the following:

- (i) Participation in dangerous sports activities including but not limited to scuba diving, mountain climbing, parachuting, high speed races, professional sport activities, or professional activity of clearing unexploded ordnance; or
- (ii) Participation in aviation activities except as a fare-paying passenger on a multi-engine, scheduled and licensed commercial aircraft; or
- (iii) War or aggressive acts, including invasions, acts of foreign countries, enemy's acts (whether with or without war declaration), civil wars, insurrections, active participation in terrorism, revolutions, riots, interference by military authorities or usurpation; or

(iv) Any illness caused by insect bite (including mosquito bites) and worm infestation.

In such cases, where the Company declines the claim request as per the Clause 6.2, but the claim is admissible under Clause 6.1, the Company shall instead pay an amount equal to:

- (i) Death/TPD not due to Accident benefit as stated in the Life Insurance Certificate, or its latest Alteration Confirmation Letter if any; minus
- (ii) Any outstanding amount due to the Company if any.

In cases, where the Company declines the claim request as per the Clause 6.1 and 6.2, the Company shall instead pay an amount equal to:

- (i) Premium, which is calculated in proportionate ratio with previous Critical Illness claim payment if any; minus
- (ii) Any medical examination expenses incurred; minus
- (iii) Any outstanding amount due to the company if any.

The Policy shall be terminated with this payment.

6.3. Critical Illness benefits:

The Company reserves the right to decline a Critical Illness claim due to any of the following:

- (i) Pre-existing conditions, as defined in clause 1.18, which existed before the Issuance Date.
- (ii) 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
- (iii) Waiting Period - The Life Assured gets an Early-Stage critical illness condition within a period of 120 days from the Issuance Date. The Life Assured gets a Late-Stage critical illness condition within 90 days from the Issuance Date. In cases of critical illness conditions due to an accident, this waiting period does not apply.
- (iv) Any critical illness presenting itself or being diagnosed within the waiting period inclusive of any Early-Stage conditions first diagnosed in the waiting period and which progress to a Late-Stage condition after the waiting period expires.
- (v) The Life Assured dies within 14 days from the first date of critical illness diagnosis.
- (vi) Any Critical illness conditions / medical procedures covered resulting from:
 - a. Attempted suicide or self-inflicted injuries while sane or insane; or
 - b. Alcohol or drug abuse; or
 - c. Criminal offense or an attempted commitment of a criminal offense by the Policyowner, Life Assured, or Beneficiary.
- (vii) Illnesses caused due to donation of organs by the insured.

7. Geographical Coverage for Insurance

The geographical coverage under this product is worldwide.

8. Criteria of the Beneficiaries/Person to Receive Claim Payment

- (a) The Beneficiary shall be designated under the Policy, and the Beneficiary will be deemed to be beneficially entitled to the proceeds of the Policy, if and when this Policy becomes payable upon a valid claim of the Life Assured's death or TPD.
- (b) There is default Beneficiary, but the Policy Owner is given the right to amend/ re-nominate Beneficiary/Beneficiaries right after the Policy is successfully issued. If no Beneficiary is

amended/re-nominated by the Policy Owner and Life Assured, the benefits would be payable to the default Beneficiary based on the below hierarchy:

- i. 50% of benefits shall be obtained by spouse.
- ii. 50% of benefits shall be obtained by the hierarchy below:
 - 1st Spouse and Children with equal share
 - 2nd Spouse and Parents with equal share
 - 3rd Spouse and Siblings with equal share
 - Or Legal successor based on succession Court decision.
- (c) While this Policy is in effect, Policy Owner and Life Assured may change the Beneficiary with respect to the Policy.
- (d) The Policy Owner/Life Assured must be responsible to prove the legal relationship between Beneficiary and Life Assured and/or between Policy Owner and Life Assured.

9. Policy Alteration

9.1. Free Look Period

Should you decide not to continue with this Policy, you could cancel the Policy within twenty-one (21) days from the Issuance Date of the Life Insurance Certificate. This period is known as the Free-look Period. In case the Policy is cancelled within the Free-look Period, we shall refund to the Policy Owner the following:

- (i) All Premium received by the Company; minus
- (ii) Medical examination fees if any; minus
- (iii) Outstanding debts if any.

Once the refund is done, the Policy shall cease to exist from the Policy Issuance Date.

9.2. The Policy Owner as a Life Assured must inform the Company in writing about any changes of his/her residence address. Where the Life Assured no longer lives in Cambodia, the Company may continue the Policy with the existing Total Premium, or increase the Total Premium to continue the Policy, or terminate the Policy, subject to the then existing underwriting guidelines of the Company.

9.3. If the Policy Owner or the Life Assured changes his/her Identification Card/Passport/or any other identification document which was used for buying this Policy, then the Policy Owner notifies the Company in writing specifying complete changes in such Identification Card. The revised conditions shall come into effect upon the Company issuing its written approval of the modifications and shall constitute a formal and legal part of the Policy.

9.4. Changes in the Life Assured's Occupation

In case of any change in the occupation of the Life Assured, or the Life Assured participates in any dangerous sport activities (including but not limited to scuba diving, mountain climbing, parachuting, motorbike/car racing), the Policy Owner must notify Prudential within thirty (30) days of the occurrence of such change; otherwise, Prudential may refuse to make payments should an insured event occur. Within thirty (30) days from the date of its receipt of the complete document on the change in the Life Assured's occupation, or the notification of the participation in dangerous sport activities of the Life Assured, Prudential may decide whether to continue the insurance coverage with unchanged Premium, changed Premium or with special exclusion(s).

10. Suspension/Lapse of the Insurance Contract

Suspension/Lapse of the insurance contract is not applicable for this product due to the premium payment term is single payment.

11. Renewable / Reinstatement of the Insurance Contract

This product does not include provisions for renewal or reinstatement. Therefore, this section is deemed not applicable.

12. Policy Surrender

It is in the best interests of the Policy Owner to have the Policy continue for the full Policy Term to optimize the benefits from the Policy.

However, you have the right to surrender your Policy at any time during the Term of your Policy. You can request for the surrender of the Policy, by using the Surrender Request Form provided by the Company. The effective date of your Surrender request would be the date when the Company receives the duly signed and fully filled in Surrender Request Form from you.

On receipt of your Surrender Request Form, the Company shall pay the Policy Owner the applicable Guaranteed Surrender Value. Once we pay the Guaranteed Surrender Value, the Policy shall cease to exist and no benefits under this Policy shall be applicable.

13. Termination

This Policy shall terminate upon the occurrence of one of the following events:

- (i) The Policy Owner breaches any Clause/Clauses of this Policy; or
- (ii) On the Death/TPD of the life Assured; or
- (iii) The Policy Term of this Policy expires; or
- (iv) Upon the Policyowner's request for cancellation of this Policy; or
- (v) The Policy is surrendered in accordance with Clause 12; or
- (vi) Prudential has paid the full benefits according to the Insurance Policy of this Policy; or
- (vii) The Company reserves the right to terminate the Policy or not pay claim in case the Policy Owner or Life Assured under this Policy do not disclose every fact material to our assessment of the risk of issuing this Policy and any of its coverage; or
- (viii) Other conditions as regulated by the applicable laws/ regulations of the Kingdom of Cambodia.

Once the Policy is terminated, no further benefits shall be payable under the Policy.

14. Claim Procedure and Contestability

The Company is liable to pay the benefits under this Policy to the person(s) entitled to receive the benefits according to this Insurance Contract, provided that the Company receives required and satisfactory evidence for claim settlement.

The following documents shall be required for the assessment of the claim including:

- (i) A completed form, as per the Company standards requesting the payment of the insurance benefits; and
- (ii) Appropriate evidence of the right of the claimant to receive the benefits (such as proof of the legal relationship between the Secondary Beneficiary and Life Assured); and
- (iii) All relevant documents such as a copy of:

- a. Death Certificate, Total and Permanent Disability Certificate, evidence of Accident and other certifications issued by a competent authority, with the costs of these certificates to be borne by the claimant;
 - b. all Medical Records related treatment from specialist doctor to support the insured event. (The records must be in Khmer or English.) Pathology/Histology/biopsy report(s) depending on the specific critical illness condition, as listed under Clause 4.3.
- (iv) Any other facts and/or documents which the Company may consider as material to the assessment of the claim, with the costs to be borne by the claimant.

In case of claim, the claimant can reach out to the Individual Insurance Agent or Sale Staff or contact the Company's claim team through contact information as provided in the Company's website. The following Limitations are set on claiming the benefits under this Policy:

- (i) A policy cannot be claimed Twenty-four (24) months after the death of the Life Assured from the date of death.
- (ii) Twelve (12) months from the issue of the assessment of the health authority on the Total and Permanent Disability of the Life Assured.
- (iii) A critical illness is a specific condition of specific severity, these conditions defined in Clause 4.3 include two categories namely Early-Stage critical illnesses and Late-Stage critical illnesses. A claim can only be made once under each category. Claim must be made within 6 months of the occurrence of the critical illness event and while the life assured is alive.

In case an Early-Stage claim is made before a Late-Stage claim, the benefits from the Late-Stage claim are reduced by the claim amount already paid out for the Early-Stage claim.

The rejection of a claim for one critical illness condition in one category does not prevent a claim from being made for another critical illness condition in the same category. It also does not prevent a claim for a critical illness condition in a different category. In either case, this is subject to the policy still being in force at the time of occurrence of the claim event.

The Company is responsible for assessing the claim request within fifteen (15) working days starting from the date that the company receives completed claim submission request and it's receiving all the necessary forms and documentary evidence.

After the Company's decision to settle the claim, the claim benefit would be transferred to the claimant's bank account based on the information provided by claimant during the claim submission request within three (3) working days after the claimant agrees on the settled claim amount or within the timeframe as set in the claim settlement agreement between company and the claimant on the claim settlement in installment.

The Company has the right to contest the validity of the Policy in the first two (2) years from Policy Issuance Date. The Company can make adjustment to the Policy with agreement of the Company and Policy Owner or terminate the Policy.

In case of termination of the Policy, the Company shall pay an amount equal to:

- a. Total Premium received by the Company; minus
- b. Medical examination fees if any; minus
- c. Any outstanding amount due to the Company (if any).

The Company must notify the Policy Owner within three (3) working days if misstatement is uncovered.

Except for deliberate misrepresentation of information and/or claim under Clause 6 Exclusions, the Company cannot contest the validity of the in-force Policy after it has been in force during the lifetime of the Life Assured for at least two (2) years from the Policy Issuance Date whichever is later.

15. Confidentiality Clause

All information of Policy Owner and/or Life Assured provided to the Company will be strictly kept confidential and no personal and/or medical information will be disclosed to any third party unless:

- (i) Prior consent is given to the Company; or
- (ii) The disclosure is required or permitted by laws or existing regulatory provisions.

16. Settlement of Disputes

For any dispute arising in relation to the conduct of insurance business, the disputing parties may bring the case to Insurance Regulator of Cambodia ("IRC") for mediation before filing a lawsuit to arbitration or a competent court, except a criminal case.

Any dispute, which cannot be settled through the above, may be referred to by either party to the court where the Company's head office is located, for settlement. Court fees shall be borne by the losing party. The time limit for initiating a lawsuit, except for claim, shall be within five (5) years from the date of event leading to the dispute under this Policy, subject to applicable laws and regulations.

17. Jurisdiction

This Clause shall follow the same terms as stated in the Jurisdiction of the Kingdom of Cambodia.

18. Sanction

Sanctions means restrictive measures imposed on targeted regimes, countries, governments, entities, individuals and industries by international bodies or governments in Cambodia or outside of Cambodia, including but not limited to the Office of Financial Sanctions Implementation HM Treasury, the United Nations, the European Union, the US Treasury Department's Office of Foreign Assets Control, and the Cambodian Financial Intelligence Unit.

Regardless of anything to the contrary contained in this Policy, if:

- (i) We learn or are notified that the Policy Owner, the Life Assured or any other Beneficial Owner named at the application stage, nominee, Beneficiary, individual or entity that is associated with this Policy (including any payor) is named on any Sanctions list, or
- (ii) if we or any bank or other relevant third party could be found to be in breach of Sanctions obligations as a result of taking any action under this Policy, then we may terminate this Policy with immediate effect; and/or take any other action we may deem appropriate, including but not limited to notifying any relevant government authority, withholding any payments, freezing any monies paid to us, and transferring any such payments or monies to any relevant government authorities.

We shall not be liable for any losses of whatever nature that you or anyone else may incur as a result of us taking action under this clause.

This clause, and our ability to claim for any losses that we may incur arising out of the operation of this clause, shall survive any termination of this Policy.