

Department of Health Service Support, Ministry of Public Health of Thailand Tel +6621937000 Ext. 18404, 18421 (Office Hours) E-mail: medicalhub.hss64@gmail.com website: www.hss.moph.go.th

Insurance	Policy	No.
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Period of Insurance

...../..... to/..... Time...... hrs.

Foreign Insurance Certificate

for Alien to apply for Non-Immigrant Visa Type O-A (Period 1 Year) Insurance Policy Title.....

This	insurance	certificate	is	issued	to	certify	that	
Name	· · · · · · · · · · · · · · · · · · ·	Surname		Natior	nality			
Gender	Age	Years Pass	oort No.		; the	insured	person is	
insured by health insurance in accordance with the law and regulations for foreigners who apply								
for the Non-Immigrant Visa Type O-A (period 1 year). The coverage territory of this health								
insurance includes Thailand. This health insurance also covers Covid-19 disease with the total								
sum insured of THBper policy year. (Subject to the benefits detailed								
in the schedule of the insurance policy)								
The period	l of insurance be	gins from D/M/Y.			at		hours	
until D/M	Υ	at		hours as s	tipulated	on the	Insurance	
Policy No of the Company								
			_		_			
(Director)	_	Director)		_	zed Signa		
	Director)	(Director)		_			
Insurance	Director) Company Addre	_	Director)		_			
Insurance	Director)	(Director)		_			
Insurance	Director)	(ss	Director)		_			
Insurance Telephon	Director) Company Addre	(ss	Director)		_			
Insurance Telephon Contact F	Director) Company Addre Number	(ss	Director)		_			