



Department of Health Service Support, Ministry of Public Health of Thailand

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Insurance Policy No.

Period of Insurance

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

Foreign Insurance Certificate

for Alien to apply for Non-Immigrant Visa Type O-A (Period not exceeding 1 Year)

in accordance with the Cabinet Resolution, dated 2 April B.E. 2562 (2019)

Insurance Policy Title.....

This insurance certificate is issued to certify that Name.....Surname.....

Nationality.....Gender.....Age.....Years Passport No. ; the insured person is insured in accordance with the Cabinet Resolution, dated 2 April B.E. 2562 (2019). The period of insurance begins from D/M/Y..... athours until D/M/Y.....at.....hours as stipulated on the Insurance Policy No..... of the Company..... With the following Insurance Covers:

1. Outpatient Benefit – with a sum insured of not less than _____/year
2. Inpatient Benefit – with a sum insured of not less than _____/year

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Director

Director

Authorized Signature

Insurance Company Address

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Telephone Number

Contact Person.....

E-mail.....

Website of the Insurance Company

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