



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

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Insurance Policy No.

.....

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.....Nationality.....
Gender.....Age.....Years Passport 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 THB.....per policy year. (Subject to the benefits detailed
in the schedule of the insurance policy)

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.....

.....
(Director)

.....
(Director)

.....
(Authorized Signature)

Insurance Company Address

.....
.....

Telephone Number

Contact Person.....

E-mail.....

Website of the Insurance Company