

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 1 Year)							
	Ir	surance l	Policy Title	•••••			
This insura	ance certificate is iss	sued to cer	tify that Name		Surna	ıme	
Nationality	Gender	Age	Years Passp	ort No		; the insured person is	
insured by health in	nsurance in accorda	nce with the	he law and regulations	for foreign	ners wh	o apply for the Non-Immigrant	
Visa Type O-A (pe	eriod 1 year). The co	overage te	rritory of this health in	surance in	cludes T	Γhailand. This health insurance	
also covers Covid-	19 disease with the t	otal sum i	nsured of			per policy year. (Subject to	
the benefits detailed	d in the schedule of	the insura	nce policy)				
The period	d of insurance begi	ns from I	D/M/Y		. at	hours until	
D/M/Y	at		hours as stipulate	ed on the Ir	nsurance	e Policy No	
of the Company							
•••••	•••••				••••		
()	()	()	
Director			Director			Authorized Signature	
Insurance Company	Address	•••••	•••••				
		•••••					
•••••	•••••	•••••	••••••				
Telephone Number		•••••					
Contact Person		••••••					
E-mail		•••••					
Website of the Insur	ance Company						
•••••	•••••	••••••	••••••				