



Department of Health Service support. Ministry of Public Health of Thailand

Tel +662193700 Ext.18404 (Office Hours)

E-Mail: medicalhub.hss64@gmail.com website: www.hss.moph.go.th

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; 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..... at
.....hours 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 Insurance Company.....

.....