



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.

Period of Insurance

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

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
.....