

The Policy:	
The Patient:	
The Hospital:	

I acknowledge and agree that:

- Subject to the provisions below, APRIL Vietnam Company Limited (“APRIL”), as the administrator for Liberty Insurance Limited (“Liberty”) in respect of claim(s) made under the Policy, is or will be arranging for a guarantee in favor of the Hospital for medical expenses to be incurred at the Hospital by the Patient (“the Guarantee”), subject to the following limitations:
 - Room and board including general nursing care is limited to standard private room
 - Personal expenses such as extra meals, telephone, television, newspapers, etc. are excluded
- This Guarantee is or will be arranged solely to enable and not delay treatment of the Patient. By requesting a Guarantee I am making a Claim against the policy (“the Claim”). I am aware that the Company reserves all rights with respect to this Guarantee, the Policy, and the Claim.
- If the Claim shall for any reason and at any time be found to be invalid or not payable (whether due to lack of proof; or being excluded from or outside scope of the Policy; or the Policy not being in force; or any other reason), the Guarantee shall be revoked or terminated. Notice to me of such revocation or termination shall be effective immediately upon sending by email to the email address below. If the Guarantee has been revoked or terminated Liberty (or APRIL or any other person) shall not be liable for any of the Patient’s medical expenses and I will settle all of the Patient’s medical expenses.
- In the event that Guarantee is revoked or terminated as provided in #3 above and I refuse or fail to settle the Patient’s medical expenses, or if any portion or all of the Claim shall for any reason and at any time be found to be not covered under the policy, I shall indemnify Liberty (or APRIL or any other person who may be liable for expenses in connection with the Guarantee) for and reimburse within thirty days on demand such expenses or Claim plus any costs reasonably incurred in paying such expenses or Claim. Should I refuse or fail to do so I shall bear all costs of recovering the amounts owed including legal costs.
- This agreement is governed by the law of Vietnam and is subject to its non-exclusive jurisdiction.

Signature:		Date:	
ID/Passport No.:			
Email:			