

MS&AD		OVERSEAS TRAVEL COMPREHENSIVE INSURANCE			
Mitsui Sumitomo Insurance		INSURED'S CARD			
		DATE	3 / 5 2018 /		
INSURED	Mizumoto Kenta		INSURED CLASSIFICATION		
			ONESELF	CHILD	<input checked="" type="radio"/>
PERIOD OF INSURANCE	From	Year	Month	Day	PERIOD
	To	2018	4	2	[1] Year(s)
POLICY-HOLDER	SUMITOMO MITSUI BANKING CORP.		CERTIFICATE No.	NE56124755 3097359	
			APPOINTED BENEFICIARY	SUMITOMO MITSUI BANKING CORP.	
RELATION	雇用主				
OFFICE	AHF61 金法1 営1	AGENT	0219 銀泉株式会社 東京法人営業本部		NOTES 8922

ITEM OF COVERAGE	LIMIT OF INDEMNITY	ITEM OF COVERAGE	LIMIT OF INDEMNITY	
INJURY	DEATH	¥ 3,000,000	MEDICAL PAYMENT	¥ ,000
	PHYSICAL IMPEDIMENT	¥ 3,000,000	LAWYER EXPENSES	¥ ,000
	MEDICAL EXPENSES	¥ ,000	EXPENSES ARISING FROM TRIP CHANGE	¥ ,000
MORTUARY	MEDICAL EXPENSES	¥ ,000	REUNIFICATION EXPENSES	¥ ,000
	DEATH	¥ ,000	REPATRIATION	¥ ,000
MEDICAL/RESCUER'S EXPENSES	¥ 16,000,000	TERRORISM CORRESPONDENCE EXPENSES	¥ ,000	
PERSONAL LIABILITY	¥ ,000	BAGGAGE	¥ ,000	
DELAY FLIGHT EXPENSES	¥ ,000	RESCUER'S EXPENSES	¥ ,000	
ACCIDENTAL EXPENSES	¥ ,000			

※加入内容が印字されていないものは無効です。 2018. 1 お客さま用