Allianz AYUDHYA

Health and Accident Insurance Policy (Maximum Limit per Year)

Insurance that Dares to Tell Conditions

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The English translation is for reference only.
If there is any discrepancy, conflict, or inconsistency between the two documents, the Thai version of the Insurance Policy shall prevail.

Thai version of policy terms and conditions can be downloaded from www.allianz.co.th/customer-care/document-downloads?menu=policy-wordings

Allianz AYUDHYA

Allianz Ayudhya General Insurance Public Company Limited.

898 Ploenchit Tower, Ploenchit Road, Khwang Lumpini, Khet Pathumwan, Bangkok 10330

Health and Accident Insurance Policy (Maximum Limit per Year)

In reliance upon the statements given in the application form which is deemed an integral part hereof, and in consideration of the premium payable by the Insured Person, subject to the requirements, general terms and conditions, insuring agreements, exclusions, and endorsements attached hereto, we undertake as follows.

Definitions

Unless otherwise stipulated in this Insurance Policy, any specific meaning words and descriptions herein given shall have the same meaning, regardless whether they appear in any part hereof.

Company	means	the entity issuing the insurance policy
Insurance Policy	means	The relevant Policy Schedule, table of benefits and premiums, conditions, insuring agreements, exclusions, terms, attachments, special provisions, warranties and endorsements, and summary of general terms and conditions, insuring agreements, and exclusions set out in this Insurance Policy.
Insured Person	means	The person whose name is specified as the Insured Person in the Policy Schedule.
Dependents	means	1) the spouse of the Insured Person 2) a child of the Insured Person or a child of the Insured Person's spouse, aged from 2 weeks to 24 years who remains single. 3) a juvenile who is under the Insured Person's legal custody, aged from 2 weeks to 20 years who remains single
Covered Person	means	The Insured Person and/or the Insured Person's Dependents whose names are specified in the Policy Schedule.
Accident	means	an event which happens suddenly from external factors giving rise to a result which is not intended or anticipated by the Covered Persons.
Injury	means	Bodily injury which is caused directly and solely from an Accident and happens independently and freely from other causes.
Sickness	means	symptoms, disorder, ailments, or disease suffered by the Covered Persons
Dentistry	means	Any dental activities in humans concerned with diagnosis, treatment or prevention of tooth diseases, tooth-related diseases, oral-related diseases, cavity-related diseases, diseases of the jaws and facial bones in connection with jaws, including surgical activities and any activities to cure, reconstruct, and restore condition of organs in oral cavity, jaws, facial bones in connection with jaws, and dental treatments.

Physician	means	A person with a Doctor of Medicine (MD) degree, lawfully registered with the relevant medical council, and holding a license as a Physician in the place in which medical or surgical treatment is given.
Dentist	means	A person receiving a Doctor of Dental Surgery (DDS) degree, lawfully registered with the relevant dental council, and holding a license as a Dentist in the place where the dental treatment is given.
Specialist	means	A Physician receiving a certificate or diploma from the relevant medical council or equivalent institution, who is not a Physician in charge of the patient, but providing consultation, care or treatment along with the Physician in charge of the patient.
Nurse	means	a person holding a license as a nurse and recognized by law.
Fees for Nursing Services	means	expenses regularly charged by any Hospital or Medical Center for services provided by a registered Nurse to the Covered Person at the time the Covered Person is an Inpatient.
Inpatient	means	A person being required to be admitted as an Inpatient in a Hospital, Medical Center, or Clinic for a minimum of six hours, who is registered as an Inpatient, receiving Physician's diagnosis and advice according to the indication which is medical standard and for an appropriate length of stay for treatment of each injury or sickness. This also includes a circumstance in which an Inpatient dies within six hours after being hospitalized.
Outpatient	means	A person receiving medical services at an outpatient department or emergency room of a Hospital, Medical Center, or Clinic and, according to Physician's diagnosis and the indication which is medical standard, not being required to be admitted as an Inpatient.
Hospital	means	Any Medical Center providing medical services, being able to accept patients to stay overnight and having space, elements, sufficient medical staff, and offering the full array of medical services, especially an operating room for major surgery and holding a hospital license pursuant to the laws of the relevant jurisdiction.
Medical Center	means	Any Medical Center providing medical services, being able to accept patients to stay overnight, and holding a license as a Medical Center pursuant to the laws of that jurisdiction.
Clinic	means	A place with modern treatment capability, holding a license pursuant to the laws, run by a Physician, offering treatment, and diagnosis but not being able to accept patients to stay overnight.

Medical Standards	means	Global medical guidelines or practices entailing a proper medical treatment plan for patients and in accordance with Medical Necessity, and in conformity with conclusions derived from records of an Injury, Sickness, detection, autopsy results or other records (if any).
Medical Necessity	means	medical services subject to the following conditions: 1) must be in accordance with the diagnosis and treatment for the condition of an injury or Sickness of the person receiving the services; 2) must have clear indications pursuant to current clinical practice standards; 3) must not be for the sole convenience of the person receiving such services or their family, or of the person providing such services; and 4) must be proper medical services pursuant to the patient caretaking standards and necessary for the Injury or Sickness conditions of the person receiving such services.
Alternative Therapy	means	Any diagnosis, treatment or prevention of any disease through Thai traditional medicine, Thai folk medicine, Chinese folk medicine or other practices which are not conventional.
Hospital, Medical Center or Clinic Network	means	Any Hospital, Medical Center or Clinic agreeing to enter into agreements with the Company subject to conditions, insuring agreements of this Insurance Policy, and/or the attachments.
Maximum Limit per Year	means	Any expenses in connection with the treatment or service under Insuring Agreement: Hospital or Medical Center Confinement (Inpatient), Insuring Agreement: Surgical Treatment, and Insuring Agreement: Physical Care, which incur during policy year. The Company will commence to pay the benefit on the day which the Covered Person is registered as an inpatient including the days thereafter up to the day which the physician ordered the Covered Person to discharge from Hospital or Medical Center. The period of benefit will terminate in either case as follow: 1) On the date where the Insurance Policy is invalid; 2) In case where there is the application seeking for renewal of Insurance Policy in next year and the premium has already been paid, if the Covered Person is still under treatment in Hospital or Medical Center, the Company will pay the benefit until the authorized physician orders the Covered Person to discharge from Hospital or Medical Center. In this connection, under case 1 or case 2, the Company will pay the benefit for Injury or Sickness in an amount not exceeding an actual amount paid or the Maximum Limit per Year, whichever is less.

Necessary and Reasonable Expenses	means	any medical expenses and/or any reasonable costs comparing to those charged to general patients for services provided by the Hospital or the Medical Center or the Clinic where the Covered Person receives the treatment.
AIDS	means	Acquired Immune Deficiency Syndrome contracted from human immunodeficiency virus (HIV), and shall include infection with opportunistic microorganisms, malignant neoplasm, contracted disease or illness which the blood result indicates HIV positive. Opportunistic microorganism infection includes without limitation to Pneumocystis Carinii Pneumonia, Organism or Chronic Enteritis, Virus and/or Disseminated Fungi Infection. Malignant Neoplasm includes without limitation to Kaposi's Sarcoma, Central Nervous System Lymphoma and/or other diseases currently known as Acquired Immune Deficiency Syndrome, or causing sudden death, sickness or disablement. AIDS includes HIV, Encephalopathy Dementia and virus epidemic.
Terrorism	means	An act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group of persons, whether acting alone or on behalf of or in connection with any organization or government for political, religious, ideology or similar purposes, including the intention to influence any government and/or put the public or any section of the public in fear.
Membership Card	means	The Covered Person's health member ID card issued by the Company. The Covered Person is responsible for returning the Membership Card to the Company if the termination of coverage is requested before the date the Insurance Policy becomes invalid as described in the Policy Schedule.
Deductible	means	a portion of an insured loss borne by the Covered Person in accordance with the terms of the insurance contract.
Copayment	means	liability shared between the Company and the Covered Person for medical expenses payable pursuant to a benefit amount after deduction of the deductible (if any).

General Terms and Conditions

1. Insurance Contract

This insurance contract is entered into by the Company in reliance on the Covered Person's statements in the insurance application form, health condition declaration form and additional statements (if any), signed by the Covered Person as evidence of the agreement to insure and whereby the Company issues this Insurance Policy and the summary of general terms and conditions, insuring agreements and exclusions set out in this Insurance Policy.

If the Covered Person knowingly declares false information in the statements referred to in the foregoing clause or omits to inform the Company of any relevant fact, the Company upon being aware of the facts, may decide to increase premium or refuse to enter into the insurance contract. This insurance contract shall become voidable as per section 865 of the Civil and Commercial Code.

The Company may not reject its liability by relying on any statement other than those declared by the Covered Person in the documents referred to in paragraph one.

2. Incontestability

The Company will make no contest or challenge the invalidity of this insurance contract when the Policy has been in effect for two years or more from the date the insurance Policy comes into force, excepting default of premium payments.

If any information that may entitle the Company to void this insurance contract has come to the attention of the Company but the Company fails to exercise its right of avoidance within one month from becoming aware, the validity of the insurance contract may not be avoided by the Company.

3. Amendments

Any amendment to this Insurance Policy shall be valid upon the Company's acceptance. The amendment shall be effective at the time such amendment is entered by the Company in the Insurance Policy or if the relevant attachment or endorsement in issued by the Company through the Company's authorized person.

4. Premium Payments and Commencement of Coverage

4.1 The Insured Person may opt to pay premiums as agreed with the Company and described in the Policy Schedule:

4.1.1 On a monthly basis;

4.1.2 On an annual basis.

4.2 Premium payments on a monthly basis

4.2.1 Premium for the first coverage month shall become due and payable immediately and coverage shall commence on the date set out in the Policy Schedule.

4.2.2 Premium for subsequent months shall be payable on the date of the preceding month. Premiums shall be automatically deducted by the Company through a bank account or a credit card agreed by the Insured Person.

4.2.3 If any premium may not be deducted through a bank account or a credit card in any month, the Company may include the outstanding amount to be collected together with the premium for the following month. If payment of the outstanding monthly premium is not received in full, the coverage will be terminated retroactively to the last day of the coverage month for which the monthly premium is made in full. In addition, if any claim is made during a grace period, the unpaid premium shall be deducted against the benefits payable under this Insurance Policy.

4.3 Premium payments on an annual basis

4.3.1 Premium for the first coverage year shall become due and payable immediately and coverage shall commence on the date set out in the Policy Schedule.

4.3.2 Premium for subsequent years shall become payable on the due date of the preceding year. Premiums shall be automatically deducted by the Company through a bank account or a credit card agreed by the Covered Person.

4.3.2.1. In the event that deduction of premiums may not be made through a bank account or credit card in the year that the insurance is renewed, a 30 days' grace period from the due date of the preceding year will be provided by the Company. It shall be deemed that the coverage provided under the Insurance Policy in the year the insurance is renewed continues from the preceding year. No provision of clause 25 under the "Pre-Existing Condition" heading or Clause 26 under the heading "Waiting Period" heading hereof will be reimposed.

4.3.2.2. If the Covered Person fails to pay any premium for the year the insurance is renewed within the specified time, it shall be deemed that the coverage provided in this Insurance Policy shall be terminated on the day which the Insurance Policy is invalid as specified in Policy Schedule. The last day of the period for which the premium is paid in full.

5. <u>Misrepresentation of Age or Gender</u>

If the age or gender of the Covered Person is misrepresented resulting in:

5.1 The Company receiving premiums less than the rates so specified, benefit amounts payable under this Insurance Policy shall be such as the premium paid would have purchased at the correct age or gender. If the correct age or gender of the Covered Person may not be eligible for coverage under this Insurance Policy, no benefits shall be paid by the Company but the premiums paid for this Insurance Policy shall be returned;

5.2 The Company receiving premiums exceeding the rates set out. In such case, the Portion of the premium which is overpaid shall be returned to the Insured Person; provided always that, the foregoing condition would not be applied to retroactively adjust premiums paid for the relevant policy period of any preceding policy year.

6. Coverage Territory

This Insurance Policy gives coverage in Thailand only.

7. Coverage Provided for Dependents

7.1 Each Dependent shall be covered under this Insurance Policy so long as the Insured Person remains covered under this Insurance Policy.

7.2 In any Dependent is confined to a Hospital or Medical Center before or on the day the Insurance Policy comes into force, the Dependent shall not be covered under this plan until he or she is recovered and discharged from that Hospital or Medical Center.

8. Renewal of the Insurance Policy

8.1 This Insurance Policy may be continuously renewed upto the policy period and the Insured Person is not over 70 years old, without showing any evidence. However, in case where the Company agrees to renew the Insurance Policy, the Company still reserves the right

8.1.1 To adjust a premium rate under clause 9 of General Terms and Conditions, and

8.1.2 To amend the insurance conditions, conditions of insuring agreements, conditions of attachments of the Insurance Policy in the year of renewal, as necessary;

8.2 The Company may refuse to renew the Insurance Policy be sending at least 30 days' written notice, together with the reason for refusal, to the Insured Person before the expiration date specified in the Policy Schedule.

8.3 The Insurance Policy will automatically be renewed if the Insured Person gives notice to the Company in accordance with the insurance application form. The Company may not refuse to renew the Insurance Policy unless this Insurance Policy terminates under clause 12 below. The Company retains the right to adjust a premium rate under clause 9 of General Terms and Conditions.

8.4 The Company shall give to the Insured Person notice of any change, amendment to or extension of coverage with respect to conditions of the coverage, exclusions, endorsements or other documents which are material under this Insurance Policy.

9. Premium Adjustment

The company may adjust the premium on the anniversary date of the policy year due to any of the following factors:

9.1 age and occupation of each individual;

9.2 inflation of medical costs, or the overall claims experience of the relevant product portfolio, whereby the company will send a written notice to the covered person(s) by registered post or other means agreed by the Insured at least 30 days in advance.

In this regard, the adjusted premium must be at the rate that has already been approved by the registrar.

10. Application for Coverage during the Policy Year

If additional numbers and names of the Covered Persons are informed be the Insured Person during the policy year, premiums shall be collected in proportion to the actual coverage period. In the event that Benefits which the Covered Person is entitled to receive is a maximum limit per year, the Company shall pay out such benefits to the Covered Person at the maximum limit in proportion to the actual coverage period.

11. Change or Increase of Benefits

Subject to the conditions of this Insurance Policy, if any Covered Person's benefits adjust to higher coverage at the time the insurance is valid or at the renewal of the Insurance Policy, such change shall be effective in the next 30 days from the date the Company agreed to the change of benefits and/or on the first day of the next renewal of the Insurance Policy under the conditions that:

11.1 If the Covered Person sustains any Injury or Sickness arising or resulting from any disease (including any complication), symptom, or disorder that occurs before the Increase of benefits, a maximum limit of benefits to be reimbursed for medical treatment, or for the Injury or Sickness occurring before the increase of benefits shall not exceed the original sum insured before the increase.

11.2 If the Covered Person has already been covered against an Injury or Sickness under the original benefits, including consequential condition before the increase of benefits, a maximum limit of benefits to be paid shall not exceed the original sum insured before the increase.

In addition, the Insured Person shall give notice in writing to the Company for any adjustment of covered benefits, agreed by the Company.

12. Termination of Coverage

12.1 The Covered Person's coverage shall terminate in any case of the following incidents occurred, whichever occurs first:

12.1.1 On the expiration date of this Insurance Policy Specified in the Policy Schedule and a renewal for the following year is not requested;

12.1.2 If the Covered Person dies from a cause not covered under this Insurance Policy in which case the premium, that is reduced pro rata for the period that the Insurance Policy has been in force, will be returned to the beneficiary;

12.1.3 If the Insured Person fails to pay the premium according to the general terms and conditions in Clause 4.2 and 4.3;

12.1.4 When the Company has already and fully paid the compensation at the maximum limit per year as specified in the Policy Schedule;

12.1.5 On the expiration date of this Insurance Policy specified in the Policy Schedule if the Covered Person has attained the age of 70 years in the year the insurance is applied for, unless the Covered Person begins to be covered under the Company's Health and Accident Insurance Policy (Maximum Limit per Year) before the Covered Person attained the age

of 60 years, in which case the Covered Person is entitled to renew the Insurance Policy without age limit, subject to the condition to continue paying premiums every year;

12.2 A Dependent coverage shall terminate in either case of the following incidents, whichever occurs first:

12.2.1 On the due date of Policy year when a Dependent's status terminates, not being a person according to the Definition provided herein;

12.2.2 If the Dependent dies from a cause not covered under this Insurance Policy in which case the premium, that is reduced pro rata for the period that the Insurance Policy has been in force, will be returned to the beneficiary;

12.2.3 When the Insurance Policy terminates according to the Clause 12.1; However, the Dependent may seek for continuous coverage according to the general terms and conditions in Clause 20.: Change of the Insured Person;

12.3 Coverage in each insuring agreement and/or attachment will terminate when the Company has already paid the compensation at the maximum limit per year as specified in each insuring agreement and/or attachment.

13. Reinstatemente

If the coverage under this Insurance Policy terminates because the Insured Person fails to pay renewal premium within the specified time, the Insured Person may, subject to the Company's consent, request to reinstate this Insurance Policy within 90 days from the payment due date. No provision of Clause 25 under the "Pre-existing Condition" heading or 26 under the "Waiting Period" heading will be re-imposed.

Coverage for an Injury will immediately begin on the date the Company's consent is given to the reinstatement. Coverage of a Sickness will begin 10 days after Company's consent is given to the reinstatement.

14. Medical Examination

The Company may, at the Company's own cost, check the Covered Person's records of medical treatments and diagnosis as necessary for the insurance, and perform a post mortem examination if necessary and not in conflict with law.

If the Covered Person does not permit the Company to check his or her records of medical treatments and diagnosis for the Company's review, the Company may deny to provide coverage to the Covered Person.

15. Notice of Claim

The Covered Person or the Covered Person's representative, as applicable, must report the Injury or Sickness which may be a cause of a claim to the Company without delay. In the event of death, immediately notice must be given to the Company unless it can be proved that any necessary cause makes it impossible to do so and the notice is given to the Company as early as possible.

16. Submission of Claims Documents

In claiming benefits under this Insurance Company, the Covered Person or the Covered Person's representative, as applicable, must send at their own expense, the following proof to the Company:

16.1 Completed claim form of the Company;

16.2 Medical report containing material symptoms, diagnosis and treatments; and

16.3 Receipt listing expenses or a summary of expenses and the receipt.

The foregoing proof shall be submitted within 30 days after discharge from a Hospital or Medical Center, or from a treatment date at a Clinic. The receipt showing the expense items must be original. The Company will return the original receipt if it is not fully paid noting the amount already paid so that the Covered Person can claim the amount not compensated against other insurance companies. If the Covered Person receives compensation from the state welfare, other welfare schemes, or other insurance, the Covered Person is allowed to submit a copy of the receipt noting the amount paid by said welfare in order to claim the remaining amount from the Company.

Failure to submit the proof within the specified time shall not invalidate the claim if it is proven that any necessary and reasonable cause makes it impossible to do so and the notice is given to the Company as early as possible.

17. Payment

Necessary and Reasonable Expenses shall be paid to the Covered Person by the Company within 20 days after receipt of the relevant complete and correct proof of loss. In case where the Covered Person is deceased, the death benefits will be paid to the beneficiary.

If there is a probable cause that the claim made to the Company for benefits provided under this Insurance Policy is contrary to or not in accordance with the insuring agreements described in the Insurance Policy, the time so specified may be extended as necessary but in no event shall the period be more than 90 days after the full and complete proofs are received by the Company.

If the Company fails to pay benefits within the time referred to above, the Company will be liable for interest at the rate of 15 percent per annum accruing on the amount payable form the due date.

18. Beneficiary

A beneficiary/beneficiaries may be named by the Insured Person. In the event of death of the Covered Person, the sum insured set out in the terms of the Insurance Policy will be paid to the named beneficiary. If no beneficiary is named, such sum insured will be paid to the Insured Person's estate.

In the event that only one beneficiary is named by the Insured Person and the beneficiary dies before or concurrently with the Covered Person, the Insured Person must send to the Company written notice of change of the beneficiary. If the Insured Person fails to or is unable to give the notice of such change to the Company, in the event of death of the Covered Person, the sum insured will be paid to the Insured Person's estate.

If more than one beneficiary is named by the Insured Person and any of those beneficiaries dies before or concurrently with the Covered Person, the Insured Person must send to the Company written notice of

change of the beneficiary or change of benefits to be distributed to the remaining beneficiaries. If the Insured Person fails to or is unable to give the notice of change of beneficiary to the Company, in the event of death of the Covered Person, sum insured granted to the deceased beneficiary will be equally distributed to the remaining beneficiaries.

19 Change of Occupation

If the Covered Person is injured while performing an action with consideration for another occupation that is more hazardous than the occupation informed earlier to the Company, the Company shall pay benefits based on the amount of benefits the premium paid would have purchased for such other occupation.

If the Covered Person changes his or her occupation to another occupation that the Company determines as the occupation that is less hazardous that the occupation informed earlier to the Company, the Company shall reduce the premium and return the pro-rata unearned premium from the date of receipt of the proof showing the change of occupation.

20 Change of the Insured Person

In the event of death of the Insured Person or the expiration of the policy period when the Insured Person is 70 years old, the spouse or eligible child may, within 90 days from the expiration date of this Insurance Policy, request the continuation of the Insurance Policy by changing the Insured Person named in this Insurance Policy.

21. The Dependent's Right to submit an Application of Insuranc

When a Dependent is disqualified according to the Definition provided herein, a spouse of the Insured Person, eligible child may submit an Application of Insurance seeking for continuous validity. The Company will give continuous coverage and the Company will not re-impose provision of general terms and conditions, Clause 2 under "Incontestability" heading, Clause 25 under "Pre-existing Condition" heading and Clause 26 under "Waiting Period" heading, subject to the following conditions:

21.1 an Application of Insurance is submitted within 90 days from the date on which he/she is disqualified as a Dependent;

21.2 the amount of benefit does not exceed the existing amount of benefit.

22. Termination of the Insurance Policy

22.1 For monthly premium payments:

22.1.1 The Insured Person may terminate this Insurance Policy by giving prior written notice to the Company. This Insurance Policy shall become invalid on the last day of the period for which the monthly premium is paid in full. No premium will be returned to the Insured Person.

22.1.2 The Company may terminate this Insurance Policy be sending at least 15 days' notice to the Insured Person by registered mail to the most recent address notified to the Company. This Insurance Policy shall become invalid on the last day the premium paid may purchase the coverage. No premium will be refunded to the Insured Person.

22.2 For annual premium payments:

22.2.1 The Insured Person may terminate this Insurance Policy by giving prior written notice to the Company and shall be entitled to receive a refund of the premium after a pro rata deduction for the period that the Insurance Policy has been in force according to the short rate schedule below.

Short-Rate Schedule

Period of Insurance (Not over/months)	Percentage of Annual Premium
1	15
2	25
3	35
4	45
5	55
6	65
7	75
8	80
9	85
10	90
11	95
12	100

22.2.2 The Company may terminate this Insurance Policy by sending to the Insured Person at least 30 days' notice by registered mail to the most recent address notified to the Company. In such case, the Company will return the premium, which is reduced pro rata for the period that the Insurance Policy has been in force, to the Insured Person.

The termination of the Insurance Policy under the condition herein must be made for the whole policy. Cancellation of certain insuring agreement part by either party hereto is not permitted.

23. Free Look Period

If the Insured Person wishes to terminate this Insurance Policy for any reason whatsoever, this Insurance Policy may be surrendered within 15 days from receipt thereof. In such event, it shall be deemed that this Insurance Policy is invalid from the start date of the Policy period set out in the Policy Schedule. The Company shall not be liable for any loss or damage under this Insurance Policy. Full refund of the premium shall be given to the Insured Person by the means by which the premium was paid to the Company. If the Insured Person has made a claim for loss, the Insured Person may not terminate this Insurance Policy.

24. Arbitration

In the event of any dispute, controversy or claim arising under this Insurance Policy between a person entitled to claim under this Insurance Policy and the Company, and if the person entitled to make a claim finds it is appropriate to settle such dispute by arbitration, the Company agrees that such dispute shall be referred to and finally settled by arbitration in accordance with the Office of Insurance Commission's regulation on arbitration.

25. Pre-existing Condition

The Company will pay no benefits under this Insurance Policy for any chronic disease, Injury or Sickness (including a complication) which has not recovered before this Insurance Policy becomes effective, unless

25.1 the Covered Person has declared such pre-existing condition to the Company and the Company accepts to insure such risk without any coverage exclusion endorsement; or

25.2 this Insurance Policy has continuously effective not less than 3 years, where such chronic disease, Injury or Sickness (including a complication) show no symptom, or no Physician's investigation and treatment or diagnosis or without seeing or consulting with Physician within 5 years before this Insurance Policy becomes effective.

26. Waiting Period

26.1 No benefit under this Insurance Policy shall be paid for a Sickness that happens in the course of 30 days from the initial effective date

26.2 No benefit under this Insurance Policy shall be paid for any medical treatment caused by or resulting from any symptom or a complication of any Sickness described below which happens within 120 days from the first day this Insurance Policy becomes effective:

26.2.1 Tumors or all types of Cancers;

26.2.2 Hemorrhoids;

26.2.3 all types of Hernias;

26.2.4 Pterygiumor or Cataract;

26.2.5 Tonsillectomy or Adenoidectomy;

26.2.6 Stones;

26.2.7 Varicose veins;

26.2.8 Endometriosis

26.3 Upon the expiration of the waiting period, the Company will pay benefits under this Insurance Policy for a Sickness or disorder described in 26.2.1 to 26.2.8 if:

26.3.1 The Sickness (including complication), symptom or disorder is not a pre-existing condition; and

26.3.2 The Covered Person is fully recovered from the Sickness (including complication), symptom or disorder.

The foregoing conditions will not apply to an Injury.

27. Precedent Condition

The Company may not be liable for loss described in the relevant insuring agreements unless the Insured Person, the Covered Person, the beneficiary or their representative has fully complied with the insurance agreement and the conditions of the Insurance Policy.

27. Return of Membership Card

The Company will issue membership card to the Covered Person according to the agreed condition. The Covered Person has a duty to return the membership card to the Company in case where the Covered Person terminates the coverage or Insurance Policy or changes his/her first name, family name or changes his/her benefit plan before the date on which this Insurance Policy is invalid as specified in the Policy Schedule. In case where the Covered Person is unable to return the membership card to the Company due to any reason whatsoever, the Company is entitled to suspend the return of remaining premium until the Covered Person is able to return the membership card to the Company.

General Exclusions

The insurance according to this Insurance Policy shall not cover for any medical expenses, or any damage resulting from an Injury or Sickness (including any complication), symptom, or disorder which is caused by:

1. **Chronic disease, illnesses or injuries which have not been fully cured before the date of execution of insurance contract. Congenital conditions and birth defects, development problems or genetic problems;**
2. **Treatment or cosmetic surgery or any treatment of skin problem, acne, chloasma, freckles, dandruff, hair-loss or weight controls and treatment of elective surgery, unless Reconstructive surgery as a result of a covered accident;**
3. **Pregnancy, miscarriage, abortion, childbirth, pregnancy related complications, solving of problem on infertility (including medical investigations and treatments), sterilization, or birth control;**
4. **Acquired Immune Deficiency Syndrome (AIDS) or Venereal disease or sexually transmitted diseases;**
5. **All investigations and treatment or prevention of usage of drug or substance for anti-aging, giving of hormone during premenopause or menopause, male or female impotence, treatment for sexual dysfunction or sexual transformation;**
6. **Routine physical examinations or medical check-up, Requiring for treatment in Hospital or Medical Center, or request for surgery, recuperation or rest for rehabilitation or treatment by taking rest, investigation, analysis of any cause which does not directly relate to the treatment in Hospital or Medical Center or Clinic; Medical investigation, medical diagnosis of injury or illness, treatment or medical investigation and analysis for seeking the cause, unnecessary or excessive medical investigation and treatment, or medical investigation and treatment not in accordance with medical standard;**

7. **All investigations and treatment related to abnormal eye sight, LASIK surgery, any expenses related to visual aids or treatment of abnormal vision;**
8. **All investigations and treatment or surgery related to teeth or gums, denture, crown, root canal treatment, sealant, orthodontic treatment, scaling, extraction and root implants with exception of accidental injury excluding expense of denture, crown and root canal treatment or root implants;**
9. **Treatment or therapy related to drug addiction, smoking, alcoholism or use of any psychoactive substances;**
10. **Psychiatric investigation and treatment of mental illness, behavioral and personality disorders, attention deficit disorders including ADHD, autism, stress, eating disorders, anxiety, depression;**
11. **Any experimental investigations and treatment or obstructive sleep apnea, sleeping disorders and snoring;**
12. **Any inoculations and vaccinations excluding rabies vaccination after animal bite and tetanus vaccination after injury;**
13. **All investigations and treatment which is not considered as standard modern medical treatment including alternative medical treatment;**
14. **Expenses incurring from investigations and treatment given by the Covered Person (who is medical practitioner gives such investigations and treatment for himself) including expenses incurring from investigations and treatment given by the medical practitioner who is the parent, child or family member of the Covered Person;**
15. **Suicide or self-inflicted injury or illness or any related attempt whether self-inflicted or agreed with other persons even though the Covered Person has full consciousness or has mental disorder including the accident caused by the Covered Person's intake or injection of any toxin substances or medical overdose;**
16. **Any injury arising from the action of the Covered Person whilst under the influence of alcohol, addictive substance, narcotic drugs to the extent of being unable to properly control one's mind. The term "under the influence of alcohol" means, in case of having a blood test, an alcohol level in the blood reaches 150 milligrams percent or higher;**
17. **An Injury while the Covered Person is participating in a brawl/fight or taking part in initiating and/or inciting a brawl/fight;**
18. **An Injury while the Covered Person is committing a felony or while being arrested, or escaping from arrest or escaping the arrest of the official because the Covered Person committed such criminal offence except petty offence or compoundable offence;**
19. **An Injury arising from the actions of the Covered Person involved in a car racing, or boat racing, horse racing, playing or racing all kinds of skiing including jet ski, skating, boxing, parachuting (except for life saving situation), boarding or traveling in a hot air balloon, gliding, bungee jumping, diving with air tanks and underwater breathing equipment;**

20. **An Injury arising while the Covered Person is boarding, being on board, or leaving an aircraft which is not duly licensed to carry passengers and is not a commercial flight;**
21. **An Injury arising while the Covered Person is piloting or acting as a crew member on duty on an aircraft;**
22. **An Injury arising while the Covered Person serves as soldier, police or volunteer, and participating in war operation or crime suppression;**
23. **War, invasion, acts of foreign enemies, or war-like act whether declared or not, civil war, mutiny, rebellion, riot, strike, civil commotion, revolution, coup d'etat, declaration of martial law or any event resulting in declaration of martial law or remaining of such martial law;**
24. **Terrorism;**
25. **Radiation or radioactivity from any nuclear fuel or nuclear refuse arising from the combustion of nuclear fuel and any process of self-sustaining nuclear fission/fusion;**
26. **Explosive radiation or any part of nuclear or dangerous objects that can explode in process of nuclear.**

Insuring Agreements

Subject to conditions of the insuring agreements described in this insurance policy, at all times the insurance Policy remains effective, if the Covered Person sustains an Injury from any Accident or Sickness after the expiration of the waiting period causing the Covered Person to receive medical treatment, the Company will compensate Necessary and Reasonable Expenses incurred therefrom. Under Medical Necessity and Medical Standard in an actual amount payable but not exceeding the maximum benefits/sum insured described in the Policy Schedule for the following insuring agreements.

The Company will pay out benefits to a Covered Person in case where the Covered Person is under treatment in Hospital or Medical Center Confinement as an Inpatient, as follows:

1. Room, Board including Fees for Nursing Services

1.1 Non-Intensive Care Room

The Company will pay for room and board, Nasogastric-Tube Feed Food, including fees for nursing services and fee for service in Hospital or Medical Center when the Covered Person is admitted as an inpatient in Hospital or Medical Center in an amount not exceeding the actual amount payable, or a limit per day or the maximum benefit specified in the Policy Schedule, whichever is less.

1.2 Intensive Care Unit

If a Covered Person must be admitted to an Intensive Care Unit ("ICU") according to medical treatment standard, The Company will pay for room and board fees for nursing services in Hospital or Medical Center in an amount not exceeding the actual amount payable, or not more than two times of room and board but not exceeding 15 days per year

2. Hospital general expenses

2.1 Expense of drug and Parenteral Nutrition

2.2 Expense of blood service and blood component service

Expense of blood service and blood component service includes the expense of separation, preparation and analysis for blood or blood component transfusion.

2.3 Expense of ambulance for medical reason not exceeding 1,000 Baht per time;

2.4 Expense of diagnosis in relation to laboratory and pathology, radiology, expense of special diagnosis including expense of physician's analysis;

2.5 Expense of medical equipment

1) Expense of medical equipment, appliance and medical device outside the operating room;

2) Expense of consumable medical supplies (Vej.1);

3) Expense of material and patient kits except Defibrillator or Pacemaker;

2.6 Expense of Physical Therapy

Expense of physical therapy, physical activity, physiatrist or physical therapist, device and equipment according to Medical Necessity. However, such physical therapy must be direct consequence and in line with the Injury or Sickness.

2.7 Expense of Operating Room and Equipment

Expense of Operating Room, Equipment of Operating Room, equipment of anesthesia, expense of rehabilitation after surgery and expense of officer in operating room.

2.8 Expense of Anaesthetist and Nurse Anesthetist

Expense of Anaesthetist and Nurse Anesthetist

2.9 Expense of Physician's Consultation Fee, without surgery

2.10 Home Medication

Home Medication according to Medical Necessity not exceeding 14 days from the day the Covered Person is discharged from Hospital or Medical Center

2.11 Benefits for emergency medical services

The Company will reimburse fees for emergency medical service within 24 hours after the Accident, including costs of follow-up treatment provided within 15 days after the initial treatment. The benefit will be paid in a sum not exceeding an actual amount or a maximum limit specified in the Policy Schedule, whichever is less, for

1) Expense of operating room, research, medication, blood transfusion, except the expense of room and board;
2) Expense of physician for anesthesia;
3) Expense of ambulance in emergency but not exceeding 1,000 Baht per time

2.12 Fee for Special Nurse at Home

Fee for Special Nurse recommended by a Physician that it is necessary for a Covered Person to receive at home in a maximum of 500 Baht per day, with a maximum limit of 15 times per year.

2.13 Medical fees associated with a follow-up treatment after the Covered Person is discharged from Hospital or Medical Center

1) Treatment on Outpatient Basis

For a follow-up treatment within 30 days after the Covered Person is discharged from Hospital or Medical Center. The benefit will be paid in a sum not exceeding an actual amount payable or a maximum limit specified in the Policy Schedule, whichever is less.

2) Expense of Physical Therapy continuing from an Inpatient

Expense of physical therapy, physical activity of outpatient after the Covered Person is discharged from Hospital or Medical Center for physical therapy which occurs within 30 days following the date on which the Covered Person is discharged from Hospital or Medical Center, the expense will be paid in a sum not exceeding 30 days according to following items, which are, the expenses of physiatrist or physical therapist, device and equipment according to Medical Necessity. However, such physical therapy must be direct consequence and in line with the Injury or Sickness (which is the cause that the Covered Person is admitted as an inpatient of Hospital or Medical Center at such time).

In addition, the Company will pay the expense of diagnosis of an outpatient and expense of physical therapy of an outpatient after the Covered Person is discharged from Hospital or Medical Center in case of the treatment continuing with the treatment as an inpatient in such Hospital or Medical Center.

2.14 Expenses relating to the following treatment or Invasive Procedure (in case where the Covered Person is not under the treatment in the Hospital or Medical Clinic Facility as the Inpatient):-

1) ESWL: Extracorporeal Shock Wave Liththotripsy
2) Coronary Angiogram/Cardiac Catheterization

3) Extra Capsular Cataract Extraction with Intra Ocular Lens
4) Laparoscopic
5) Endoscope
6) Sinus Operations
7) Injection or Rubber Band Ligation
8) Excision Breast Mass
9) Bone Biopsy
10) Tissue Biopsy
11) Amputation
12) Manual Reduction
13) Liver Puncture/Liver Aspiration
14) Bone Marrow Aspiration
15) Lumbar Puncture
16) Thoracentesis/Pleuracentesis/Thoracic Aspiration/Thoracic Paracentesis
17) Abdominal Paracentesis/Abdominal Tapping
18) Curettage, Dilatation & Curettage, Functional Curettage
19) Calposcope, Loop diathermy
20) Bartholin's Cyst (Marsupialization of Bartholin's Cyst)
21) Gamma knife

The benefit will be paid in a sum not exceeding an actual amount payable or a maximum limit specified in the Policy Schedule, whichever is less.

Maximum Limit

The Company will pay the expense incurring from a bone marrow transplant, organ transplant, renal dialysis, not exceeding a limit of 10,000 Baht per Injury or Sickness.

Exclusion

The insurance according to this Insuring Agreement shall not cover the expenses as follow:

1. **Drug, treatment or diagnosis which does not relate to the diagnosis, symptom or abnormality as specified in the Physician's Certificate;**
2. **Defibrillator or Pacemaker;**
3. **Prothesis, orthosis, medical equipment and durable medical supplies i.e. audiophone, glasses, lens, respirator, oxygen equipment, vital sign monitor (pulse, blood pressure, temperature), crutches, wheelchair, artificial organs i.e. artificial hand, artificial foot, artificial eye.**
4. **Service of special nurse**

The Company will pay out benefits for Surgical Treatment to a Covered Person as follows:

1. Surgeon's Fee and Invasive Procedure Fee

The Company will pay out Surgeon's Fee invoiced by Surgeon or Physician for surgery or Invasive Procedure resulting from the Injury or Sickness.

2. Surgery Consultation Fee in case of Surgery

The Company will pay out Surgery Consultation Fee or Invasive Procedure Fee for consultation with a Specialist in connection with a surgery.

The benefit will be paid by the Company in a sum not exceeding an actual amount payable or a maximum limit specified in the Policy Schedule, whichever is less.

Maximum Limit

The Company will pay the expense incurring from a bone marrow transplant, organ transplant, renal dialysis, not exceeding a limit of 10,000 Baht per Injury or Sickness.

Exclusion

The insurance according to this Insuring Agreement shall not cover the expenses of treatment or diagnosis which does not relate to the diagnosis, symptom or abnormality as specified in the Physician's Certificate.

The Company will pay out benefits for Physical Care to a Covered Person as follows:

Fees for a Physician's hospital visit per day during the period that the Covered Person is admitted in Hospital or Medical Center as an inpatient.

The benefit will be paid by the Company in a sum not exceeding an actual amount payable or a limit per day or a maximum limit specified in the Policy Schedule. Fees for a Physician's hospital visit must not exceed number of days period that the Covered Person is admitted in Hospital or Medical Center, whichever is less.

Maximum Limit

The Company will pay the expense incurring from a bone marrow transplant, organ transplant, renal dialysis, not exceeding a limit of 10,000 Baht per Injury or Sickness.

Exclusion

The insurance according to this Insuring Agreement shall not cover the expenses of treatment or diagnosis which does not relate to the diagnosis, symptom or abnormality as specified in the Physician's Certificate.

The Company will pay out benefits to a Covered Person in case of Medical Treatment without Confinement (Outpatient), as follows:

1. Medical Treatment without Confinement (Outpatient)

The Company will pay benefit for medical treatment without confinement (Outpatient) to the Covered Person who is covered for medical treatment which results from each Injury or Sickness, in an amount not exceeding the actual amount payable, or a limit per day or the maximum benefit specified in the Policy Schedule, whichever is less.

The Covered Person can receive treatment as an outpatient 1 time per day not exceeding 30 times per year

2. Outpatient Drugs

Outpatient Drugs must be prescribed by a Physician and the drugs are allowed to be prescribed to provide upto 1 month supply from the treatment date.

Exclusion

The insurance according to this Insuring Agreement shall not cover the expenses as follow:

1. **Bone marrow transplant, organ transplant, renal dialysis**
2. **Drug, treatment or diagnosis which does not relate to the diagnosis, symptom or abnormality as specified in the Physician's Certificate;**
3. **Defibrillator or Pacemaker;**
4. **Prothesis, orthosis, medical equipment and durable medical supplies i.e. audiophone, glasses, lens, respirator, oxygen equipment, vital sign monitor (pulse, blood pressure, temperature), crutches, wheelchair, artificial organs i.e. artificial hand, artificial foot, artificial eye.**

Insuring Agreement: Personal Accident

The company will pay out benefits– Death, Dismemberment, Loss of Sight, Loss of Hearing, Loss of Speech, Or Permanent Disability Benefits (Or. Bor. 2) to the Covered Person, subject to the condition as follows:

Definitions

Dismemberment	means	Amputation of limb from the wrist joint or the ankle joint, and shall include total loss of use of that limb which, according to a clear medical indication, will never be functional again.
Loss of Sight	means	complete blindness that is permanently incurable.
Total permanent disability	means	disability to the extent of being permanently and completely unable to perform any duties in one's own occupation/career as usual and in other occupations/careers, or being unable to perform 3 or more daily routines on one's own self. In this regard, 'perform daily routines' means the abilities to perform 6 types of main daily tasks of normal people, which is the medical criteria for evaluating the patients who are unable to perform such tasks. They are as follows: 1) mobility, e.g. the ability to move from chair to bed on one's own without any assistance of others or assistive devices/equipment; 2) ability to walk or move, e.g. the ability to walk or move from room to room on one's own without any assistance of others or assistive devices/equipment; 3) dressing ability, e.g. the ability to put on or take off clothes on one's own without any assistance of others or assistive devices/equipment; 4) ability to bathe/shower/clean one's body, e.g. the ability to bathe/shower including entering and exiting the shower room/bathroom by one's self without any assistance of others or assistive devices/equipment; 5) ability to eat, e.g. the ability to eat on one's own without any assistance of others or assistive devices/equipment; 6) ability to excrete including the ability to enter and exit the toilet on one's own without any assistance of others or assistive devices/equipment.

Partial permanent disability	means	Dsability to the extent of being unable to perform normal duties in the Covered Person's regular occupation permanently but able to perform other work for remuneration.

Coverage

This insurance covers any loss or damage that occurs from bodily injury to a Covered Person caused by an Accident, and resulting in: Death, Dismemberment, Loss of Sight, loss of hearing, loss of speech, or Permanent Disability within 180 days from the Accident, or causes the Covered Person to receive continuous medical treatment as an inpatient at a Hospital or Medical Center, and suffers loss of life due to that injury at any time, the Company will pay for the losses set forth in the table below.

1	100% of the sum insured	Loss of life
2	100% of the sum insured	For becoming total permanently disabled and that Total Permanent Disability continues for at least 12 months from the Accident, or medical indications clearly show that the Insured Person becomes total permanently disabled
3	100% of the sum insured	Loss of both hands from the wrist joint, or loss of both feet from the ankle joint, or loss of sight in both eyes
4	100% of the sum insured	Loss of one hand from the wrist joint, and one foot from the ankle joint
5	100% of the sum insured	Loss of one hand from wrist joint and loss of sight in one eye
6	100% of the sum insured	Loss of one foot from the ankle joint, and loss of sight in one eye
7	60% of the sum insured	Loss of one hand from the wrist joint
8	60% of the sum insured	Loss of one foot from the ankle joint
9	60% of the sum insured	Loss of Sight in one eye
10	50% of the sum insured	Loss of hearing in both ears, loss of speech
11	15% of the sum insured	Loss of hearing in one ear
12	25% of the sum insured	Loss of thumb (two phalanges)
13	10% of the sum insured	Loss of thumb (one phalanx)
14	10% of the sum insured	Loss of forefinger (three phalanges)
15	8% of the sum insured	Loss of forefinger (two phalanges)
16	4% of the sum insured	Loss of forefinger (one phalanx)
17	5% of the sum insured	Loss of any other finger (not less than two phalanges), except for a thumb or forefinger

18	5% of the sum insured	Loss of big toe
19	1% of the sum insured	Loss of any other toe (not less than one phalanx), except for big toe

The Company will compensate for only one item of loss, which has the highest payable benefit amount. If any permanent loss of fingers or toes listed in items 12 to 19 above occurs, and any loss described in Items 1 to 9 above may not be claimed, the Company will compensate for the actual loss in each item of losses in aggregate not exceeding the sum insured described in the Policy Schedule.

If any Partial Permanent Disability may not be claimed for, described in item 2 to 19 above, any such loss is not a loss of sense of taste or smell, the Company will compensate for that loss in accordance with the opinion of the Company's Physician, but for not more than 50 percent of the sum insured, described in the Policy Schedule.

During the period of insurance, the Company will compensate for losses described in this insuring agreement in aggregate not exceeding the sum insured stated in the Policy Schedule. If the sum insured has not been fully paid, the Company will provide cover for the remaining sum insured until the end of the period of insurance.

Claim for death benefit

The beneficiary must, at the beneficiary's cost, provide the following proof to the Company within 30 days from the Covered Person's death:

1. Completed claim form of the Company;
2. Death certificate;
3. Copy of the autopsy report, certified by police officer in charge or an authority issuing the report;
4. Copy of a police blotter, certified by a police officer in charge.
5. Copy of the national identification card and house registration indicating the "deceased" status of the Insured Person; and
6. Copy of the national identification card and house registration of the Beneficiary

Claim for Dismemberment or Permanent Disability

The Insured Person must, at his or her own expense, provide the Company with the following proof of loss within 30 days after a Physician's judgment that the Insured Person suffers Permanent Disability or Dismemberment:

1. Completed claim form of the Company; and
2. Physician's report certifying the Permanent Disability or Dismemberment.

Non-compliance within the specified time shall not jeopardize the right to claim if it can be proved that there is a reasonable explanation why a claim could not be made in a timely manner, and that the claim was filed as soon as reasonably possible.

Exclusions

The insurance under this section will not cover

1. Any loss of damage arising from or in consequence of:

1.1 Parasitic infection, except for infection or tetanus or rabies which is caused by Accident-related wounds;

1.2 Medical treatment or surgical treatment except any necessary treatment for the Injury which is covered under this insuring agreement and such treatment is conducted within the time specified in this insuring agreement;

1.3 Miscarriage;

1.4 Dental treatment or root canal treatment, except for a treatment conducted within seven days from the date of Accident;

1.5 Replacement of, or new sets of denture, dental crowns, prosthodontics;

1.6 Food poisoning;

1.7 Back pain as a result of Disc herniation, Spondylolisthesis, Degenerative disc disease, Spondylosis, defect or pars interarticularis injury (Spondylosis), except for a fracture or dislocation of the Spinal Cord as a result of an Accident.

2. Any loss or damage which occurs while a Covered Person (unless coverage is extended and there is issuance of Endorsement to extend such coverage) :

2.1 is riding a motorcycle, whether as a rider or passenger;

2.2 is serving as soldier, police or volunteer, and participating in war operation or crime suppression and if that operation takes more than 30 days, the premium will be refunded for the time the operation starts until the operation ends, and the insuring agreement will remain in force until the expiration of the period of insurance specified in the Policy Schedule.

Endorsements

At all times this Insurance Policy remains in force under the terms and conditions hereof, after the Waiting Period, if the Covered Person sustains any Accident or Injury which causes any loss or damage, the Company will pay compensation for the necessary and reasonable expenses incurring from expenses of treatment according to Medical Necessity and Medical Standard in the actual amount payable but not exceeding the maximum limit specified in Policy Schedule, the sum insured shall be in line with the sum specified in the Policy Schedule and/or Schedule of the endorsement only, for the endorsements as follows:

If any provision of the following endorsement is in conflict with, or is contrary to, the provision of the Insurance Policy, the provision of the following endorsement shall prevail.

Other conditions of the insurance contract, and other exclusions set forth in the Insurance Policy, shall remain in force.

Endorsement to the Expansion of Coverage for the Riding or Traveling by Motorcycle
Used as the attachment of Agreement on Personal Accident Coverage

Attachment No.		This is a part of Insurance Policy No.				Date of Document Preparation			
Name-Family Name of the Insured									
Valid Term: Starting on			hrs.	Expire on					hrs.
Sum Insured Amount			Baht						
Premium	Baht	Stamp Duty		Baht	Tax		Baht	Total	Baht

Increase of Coverage

It is agreed that during the valid term as specified in this Endorsement, the above-mentioned Agreement on Personal Accident Coverage has expanded to cover any loss or damage arising out of or resulting from the accident during the riding or traveling by the motorcycle for the loss of life, dismemberment, loss of sight, loss of hearing, loss of speech or permanent disability (Or.Bor.2).

Endorsement to the Increase Sum Insured Amount

Used as the attachment of Coverage Agreement Personal Accident

Attachment No.		This is a part of Insurance Policy No.				Date of Document Preparation			
Name-Family Name of the Covered Person									
Valid Term: Starting on				hrs.	Expire on				hrs.
Sum Insured Amount				Baht					
Premium	Baht	Stamp Duty		Baht	Tax	Baht	Total		Baht

Increase of sum insured amount

It is agreed that during the valid term as specified in this Endorsement the above-mentioned Agreement on Personal Accident Coverage has increased the sum insured amount to the extent of the sum insured amount specified in this Attachment.

Endorsement to the Expansion of Coverage for the Diagnosis by PET SCAN
In the case that no treatment is provided in Hospital or Medical Center

Company's Code

Attachment No.	This is a part of Insurance Policy No. Preparation							Date of Document
Name of the Covered Persons	1. 2. 3.							
Valid Term:	Starting on hrs. Expire on hrs.							
Premium	Baht	Stamp Duty:	Baht	Tax:	Baht	Total:	Baht	

Definition

PET SCAN (Positron-Emission Tomography)	means	the diagnosis by modern technology used for inspecting and searching the diffusion and volume of abnormality of Radiopharmaceutical which is injected into the body.

Coverage

In the case that no treatment is provided in Hospital or Medical Center, the Company will pay the benefit for diagnosis for PET SCAN when there is medical indication of the necessity and appropriateness of such method. In this regard, the Covered Person must notify his intention to the Company.

The Company will be responsible for the expense of PET SCAN in accordance with Insuring agreements: Hospital or Medical Center Confinement (Inpatient), Clause 2: (Hospital General Expenses) during the period that the Covered Person receives treatment in Hospital or Medical Center. In this case, Hospital or Medical Center will collect the expense in an actual amount payable but not exceeding a maximum limit specified in the Policy Schedule, not exceeding a limit of 20,000 Baht per Injury or Sickness, whichever is less.

Endorsement to the Expansion of Coverage for Intraocular Lens

Definition

Intraocular Lens means A medical equipment which is artificial organ used for treating the patient of cataract

Coverage

The Company will pay the benefit on the cost of Intraocular Lens for the Covered Person who is eligible for cataract operation. The coverage of Intraocular Lens for the treatment in Hospital or in Medical Center (Inpatient) in accordance with Insuring agreements: Hospital or Medical Center Confinement (Inpatient), in an actual amount payable but not exceeding a maximum limit specified in the Policy Schedule, not exceeding a limit of 4,000 Baht per 1 len, whichever is less.

Endorsement for Limitation of Coverage
for Medical Treatment in a Hospital or Medical Facility or Clinic
to be attached to Personal Health and Accident Insurance Policy (Maximum Benefit Per Policy Year)

Company Code

Attachment No.	This is a part of Insurance Policy No.							Date of Document Preparation	
Name of Insured Person									
Valid Term: Starting on			hrs.	Expire on					hrs.
Sum Insured Amount			Baht						
Premium	Baht	Stamp Duty:		Baht	Tax:		Baht	Total:	Baht

Limitation of Coverage

It is hereby agreed that if the injury(ies) sustained by the insured under the coverage of the insurance policy, causing the insured to receive medical treatments within the effective period specified in this document, the company will provide coverage for medical expenses incurred in every hospital, medical facility, or clinic, except for any hospitals, medical facilities, or clinics in the following hospital networks:

1. Bumrungrad Hospital, including its affiliated hospitals, medical facilities, or clinics;
2. BNH Hospital, including its affiliated hospitals, medical facilities, or clinics:
   2.1. BNH @ All Season Clinic;
3. Samitivej Hospital (Sukhumvit), including its affiliated hospitals, medical facilities, or clinics;
   3.1. Samitivej Hospital (Srinakarin), including the following medical clinics:
      3.1.1. Samitivej Don Mueang Medical Clinic;
      3.1.2. Samitivej Suvarnabhumi Medical Clinic;
      3.1.3. Samitivej Freezone Medical Clinic;
   3.2. Samitivej Chinatown Hospital;
4. Bangkok Hospital (Research Center), including its affiliated hospitals, medical facilities, or clinics:
   4.1. Bangkok Hospital Pattaya, including the following medical clinics:
      4.1.1. Bangkok Pattaya Medical Clinic, Bang Saray Branch;
   4.2. Bangkok Hospital Rayong, including the following affiliated hospitals, medical facilities, or clinics:
      4.2.1. Bangkok Rayong Medical Clinic, Ban Chang Branch;
      4.2.2. Bangkok Rayong Medical Clinic, Bowin Branch;
      4.2.3. Bangkok Rayong Medical Clinic, Pluak Daeng Branch;
      4.2.4. Bangkok Rayong Clinic, Nikompattana Branch;

4.2.5. Bangkok Rayong Clinic, Eastern Seaboard Industrial Estate Branch;

4.2.6. Bangkok Rayong Medical Clinic, Ban Phe Branch;

4.2.7. Bangkok Rayong Medical Clinic, Saphan Si Pluak Daeng Branch;

4.2.8. Bangkok Rayong Medical Clinic, PTT Map Kha Station Branch;

4.2.9. Bangkok Rayong Medical Clinic, Nong Sak Branch;

4.3. Bangkok Hospital Phuket, including the following medical clinic:

4.3.1. Bangkok Phuket Medical Clinic, Maikhao Branch;

4.4. Bangkok Hospital Hat Yai;

4.5. Bangkok Hospital Samui;

4.6. Bangkok Hospital Ratchasima;

4.7. Bangkok Hospital Hua Hin;

4.8. Bangkok Hospital Chiang Mai;

5. Paolo Hospital Phrapradaeng, including its affiliated hospitals, medical facilities, or clinics.

Coverage

The Company shall refund a premium to the insured in case of no claim record under the following conditions:

1. While the policy is in-force, and there is no claims made by the insured and the dependent(s) (if any) under the insurance agreement during the previous policy year, and the insured has renewed the policy and paid the renewal premiums prior to the expiry date. The insured shall be entitled to receive the special premium refund in case of no claim record at the rate of 10% of the premiums paid for the previous policy year. The Company shall pay the special premium refund within 180 days from the effective date of the renewed policy year.

2. In case the Company refunded the special premium in case of no claim record, and subsequently been notified regarding claims for the event occurred during the previous policy year, and the Company agrees to pay such claims. The Company shall be liable to the insured and / or the dependent(s) (if any) in case such claims amount payable exceeds the special premium refund amount. Meaning that the Company shall pay claims at the amount equivalent to the difference between the claims amount payable and the special premium in case of no claim record which the Company has already refunded.

3. In case the amount of the special premium in case of no claim record that the Company has already refunded exceeds the claims amount payable, the Company shall not liable to pay such claims and the Company shall recall the difference amount between the special premium refunded and such claims amount.

Any provisions in this endorsement contradict to the provisions stated in the insurance policy, the provisions in this endorsement shall prevail. Other terms and conditions and exclusions stated in the insurance policy shall remain in force.

Note

Behind you

for what's ahead

Allianz Ayudhya General Insurance Public Company Limited
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