Allianz AYUDHYA

vHealth vCare plan

Insurance that
Dares to Tell Conditions

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Allianz Ayudhya Family

Allianz AYUDHYA

vHealth
vCare plan

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

Comprehensive Health and Accident Insurance Policy

(For vHealth vCare plan)

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

All capitalized terms and expressions not otherwise defined herein shall have the meaning ascribed to them in this section.

Company	refers to	the entity issuing the insurance policy.
Insurance Policy	refers to	the relevant Policy Schedule, table of benefits and premiums, general terms and conditions, insuring agreements, exclusions, attachments, special provisions, warranties, endorsements, and summary of general terms and conditions, coverage and exclusions set out in this Insurance Policy which shall be deemed an integral part of the insurance contract.
Insured Person	means	the person whose name is specified as the Insured Person in the Policy Schedule.
Dependents	means	any of the following persons who depend on the Insured Person for support and whose names are specified in a document attached to the Policy Schedule: 1) the spouse of the Insured Person; and/or 2) a child of the Insured Person or a child of the Insured Person's spouse, or juvenile who is under the Insured Person's legal custody aged from 2 weeks to 24 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 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, diseases of organs in oral cavity, 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 medical 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 dental 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.
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.
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 who is registered as an Inpatient and admitted to a Hospital or Medical Center under a care of a licensed Physician and who needs to be accommodated in a hospital bed according to the medical necessity for a minimum of six hours for medical treatment and for an appropriate length of stay for each injury and 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 medical diagnosis and indications, not being required to be admitted as an Inpatient.
Hospital	means	any Medical Center providing medical services, 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, available for patient overnight stay, 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 the laws, run by a Physician, offering treatment, and diagnosis but not being able to accept an overnight stay.
Single Confinement (Injury or Sickness per disability)	means	the case when the Covered Person is confined to a Hospital or Medical Center as an Inpatient at any time, which include the confinements for 2 times or more due to the same causes, disease, or complication, with intervals of not more than 90 days from the most recent discharge from a Hospital or Medical Center. Outpatient treatment for no more than 30 days from the most recent treatment due to the same cause, disease or complication shall also be deemed a Single Confinement.
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.
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.
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.
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).
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.
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 microorganisms' 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 death, sickness or disablement. AIDS includes HIV, Encephalopathy Dementia and virus epidemic.
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.

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 shall make no contest or challenge the validity 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 cancel this insurance contract has come to the attention of the Company but the Company fails to exercise its right to cancel the Insurance Policy within one month from becoming aware, the validity of the insurance contract may not be nullified 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 is 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; or

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 due date of the preceding month. Premiums shall be automatically deducted by the Company through a bank account or a credit card agreed by the Covered 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. 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.

4.3.3 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.

4.3.4 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 last day of the period for which the premium is paid in full. If any claim is made during the grace period, the unpaid premium shall be deducted against the benefits payable under this Insurance Policy.

5. Misrepresentation of Age or Gender

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; or

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. However, the Company shall not apply this condition to retroactively adjust the premiums paid for the insurance period of any past policy year.

6. Coverage Territory

This Insurance Policy gives worldwide, 24-hour coverage excluding medical fees incurred in the United States of America where the Company shall only pay benefits under this Insurance Policy for the Injury from an accident happening to the Covered Person while the Covered Person is in the United States of America.

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 If 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. 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 than 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.

9. Application for Coverage during the Policy Year

If additional numbers and names of the Covered Persons are informed by 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.

10. 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:

10.1 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 shall not exceed the original sum insured before the increase.

10.2 If the Covered Person has 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.

The Covered Person shall give notice in writing to the Company for any adjustment of covered benefits, agreed by the Company.

11. Premium Adjustment

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

11.1 age and occupation of each individual;

11.2 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.

12. Renewal of the Insurance Policy

12.1 If the Company agrees to renew the Insurance Policy, the Company reserves the right to adjust a premium rate under clause 11 of General Terms and Conditions, as well as amendments to the insurance conditions, conditions of insuring agreements, conditions of attachments of the renewed Insurance Policy as necessary.

12.2 The Company may refuse to renew the Insurance Policy by 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.

12.3 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 13 below. The Company retains the right to adjust a premium rate under clause 11 of General Terms and Conditions.

12.4 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.

13. Termination of Coverage

13.1 The Covered Person's coverage shall terminate in any case of the following incidents occurred:

13.1.1 On the date the Insurance Policy comes into force if any concealment or misrepresentation is made by the Covered Person and the Company has exercised its right of avoidance as per section 865 of the Civil and Commercial Code;

13.1.2 On the expiration date of this Insurance policy specified in the Policy Schedule and a renewal for the following year is not requested unless on such date the Covered Person remains confined to a Hospital or Medical Center, in which case coverage for medical treatment, Sickness or Injury shall terminate at the time the Covered Person is discharged from the Hospital or Medical Center, or the maximum benefit is paid by the Company:

13.1.3 On the expiration date of this Insurance Policy specified in the Policy Schedule if the Insured Person fails to pay the renewal premium within the specified time;

13.1.4 On the expiration date of this Insurance Policy specified in the Policy Schedule in the policy year the Covered Person has attained the age of 70 years unless the covered Person begins to be covered under the Company's Comprehensive Health and Accident Insurance Policy 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;

13.1.5 At the Company's refusal to renew the Insurance Policy;

13.1.6 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, shall be returned to the beneficiary;

13.1.7 At the time benefits described in the Policy Schedule have been fully paid out by the Company; or

13.1.8 If the Covered Person is confined to a prison or penitentiary in which case the premium, that is reduced pro rata for the period that the Insurance Policy has been in force, shall be returned to the Insured Person.

13.2 A Dependent coverage shall terminate:

13.2.1 at the time the Insured Person's coverage terminates;

13.2.2 when the Dependent is disqualified to be a Dependent under the meaning so defined; provided always that the Dependent may apply for continuous coverage under clause 20 hereof - Change of the Insured Person.

13.2.3 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, shall be returned to the beneficiary.

13.2.4 if the Dependent is confined to a prison or penitentiary in which case the premium, that is reduced pro rata for the period that the Insurance Policy has been in force, shall be returned to the Insured Person.

14. <u>Reinstatement</u>

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 shall be re-imposed.

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

With respect to the reinstatement, the Company may request the Covered Person to complete another insurance application form to reinstate the Insurance Policy.

15. <u>Medical Examination</u>

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.

16. 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, immediate 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.

17. 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:

17.1 Completed claim form of the Company;

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

17.3 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 shall 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.

18. Payment

Necessary and Reasonable Expenses shall be paid to the Covered Person by the Company within 15 days after receipt of the relevant complete and correct proof of loss. Death benefits shall 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 shall be liable for interest at the rate of 15 percent per annum accruing on the amount payable from the due date.

Benefits shall be paid in Thai currency. If treated in a Hospital, Medical Center, or Clinic outside Thailand, the Company shall pay benefits based on the exchange rate prevailing on the date specified in the medical expenses receipt.

19. Beneficiary

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

In the event that only one beneficiary is named by the Covered Person and the beneficiary dies before or concurrently with the Covered Person, the Covered Person must send to the Company written notice of change of the beneficiary. If the Covered 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 shall be paid to the Covered Person's estate.

If more than one beneficiary is named by the Covered Person and any of those beneficiaries dies before or concurrently with the Covered Person, the Covered 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 Covered Person fails to or is unable to give the notice of change of the beneficiary to the Company, in the event of death of the Covered Person, the sum insured granted to the deceased beneficiary shall be equally distributed to the remaining beneficiaries.

20. Change of the Insured Person

In the event of death of the Insured Person or the expiration of the policy period referred to in clause 13 above, the spouse or eligible child of the Insured Person 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. Medical Expenses Exceeding Benefits Entitlement

The Company may charge against the Covered Person medical expenses for a portion not covered, or exceeding benefits entitlement described in the Schedule that the Company has paid in advance to a Hospital, Medical Center or Clinic.

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 shall be returned to the Insured Person.

22.1.2 The Company may terminate this Insurance Policy by 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 shall 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 shall 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 agreements 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 a 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 shall pay no benefits under this Insurance policy for two years after the coverage becomes effective for any Sickness which is caused by or is a result of any pre-existing condition unless the Covered Person has declared such pre-existing condition to the Company and the Company accepts to insure such condition at the Company's acceptance of the insurance application form without such coverage exclusion endorsement.

A pre-existing condition means any disease (including a complication), symptom, or disorder suffered by the Covered Person in the course of five years before the coverage start date. Such disease (including a complication), symptom or disorder shall be crucial for ordinary people to seek medical treatment, care or diagnosis, or for a Physician to give medical care, treatment or diagnosis.

Upon the expiration of two years specified in paragraph one, the Company may not refer to the pre-existing condition as a result for refusing to pay benefits under this Insurance Policy.

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 six months from the first day this Insurance Policy becomes effective:

26.2.1 Tumors or Cancers, Polyps, or Cysts;

26.2.2 Hemorrhoids;

26.2.3 Hernias, (Acquired)

26.2.4 Pterygium, Pinguecula or Cataract;

26.2.5 Tonsillectomy or Adenoidectomy;

26.2.6 Stones;

26.2.7 Endometriosis;

26.2.8 Varicose veins;

26.2.9 Hallux Valgus; or

26.2.10 Ganglions.

26.3 Upon the expiration of the waiting period, the Company shall pay benefits under this Insurance Policy for a Sickness or disorder described in 26.2.1 to 26.2.10 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 shall not be applied 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.

28. Return of Membership Card

Where this insurance terminates for any reason the Covered Person must, within 30 days from the date of termination, return the membership card issued by the Company for this insurance. If it is found that after the termination of this Insurance Policy, the membership card is used for any medical treatment and expenses are incurred, the Covered Person shall bear those expenses at their own expense.

General Exclusions

This insurance 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. **Treatment for any chronic symptom, condition or Sickness occurring before the effective date of the Insurance policy, including any complication which may occur thereafter, or it is medically proven that such disease has developed before the effective date of the insurance policy;**
2. **Treatment or correction of congenital anormalies;**
3. **Treatment for relaxation or health, convalescence, rehabilitation, health check-up, any medical costs which are not associated with an Injury or Sickness, and medical services not necessary for the treatment;**
4. **Treatment for a mental and behavioral disorder or condition, stress, insanity, as well as treatment for eating or sleep disorder, sleep apnea, snoring, behavior change, weight loss program, treatment for chronic alcoholism, psychoactive substance use, infection with sexually transmitted disease, genetic disorder;**

5. **Alcoholism or related symptoms such as Alcoholic Gastritis, Alcoholic Hepatitis;**
6. **Acquired immune deficiency syndrome (AIDS) or Human Immuno-deficiency virus related;**
7. **A service or surgery relating to an Injury or Sickness which is provided or performed with an intention to make profits from the Insurance Policy;**
8. **Suicide, attempted suicide, or self-inflicted Injury, drug error or drug overdose, taking part in extreme sports or high risk sports including hunting in the wild, car racing, boat racing or horse racing, ski for pleasure and ski racing, skate racing, boxing, parachute jumping (except for the purpose of life saving), getting into, leaving or being on board a hot air balloon or glider, bungee jumping, mountain climbing or hiking with safety aiding accessories, scuba diving;**
9. **Any loss or damage caused by or resulting from or consequent upon the Covered Person's action while under the influence of alcohol, addictive substances, narcotic drugs to the extent of being unable to 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 or higher;**
10. **War (whether a war is declared or not), invasion, act of foreign enemies, civil war, revolution, riot, protest, strike, civil commotion assuming the proportions of or amounting to a popular uprising, terrorism;**
11. **Nuclear weapon, ionizing radiation or radioactivity from any nuclear fuel or nuclear waste from the combustion of nuclear fuel and any process of self-sustaining nuclear fission or fusion;**
12. **Accident while boarding, being on board, or leaving an aircraft which is not duly licensed to carry passengers and is not a commercial flight, or while piloting or acting as a crew member on duty on an aircraft;**
13. **An Injury, Sickness or loss while the Covered Person serves as soldier, police or volunteer, and participating in war operations or crime suppression;**
14. **An Injury, Sickness or loss while the Covered Person is participating in a quarrel or fight, committing a felony or while being arrested, or escaping from arrest;**
15. **Aesthetics treatment, such as acne, blemish, spot, dandruff, weight loss, hair transplant or deformity correction treatment, cosmetic surgery except reconstructive surgery due to an Accident that results in organ dysfunction for restoration of function of the organ;**
16. **Service not related to medical treatment, such as, use of radio, telephone or television, newspaper, extra meal, miscellaneous expenses, and the like;**
17. **Expenses incurred in treating the Covered Person, who is a Physician, and who demands such treatment for himself or for other Covered Person under the Insurance policy, including medical expenses incurred by, or incurred in services provided by, a Physician who is the parent, spouse or child of the Covered Person; and/or**

18. **Dental or gum examination, treatment or surgery, making dentures, dental crowning, root canal treatment, dental filling, orthodontic treatment, teeth scaling, dental extraction, dental implant except in necessary cases due to an accidental Injury, excluding fees for dentures, dental crown, root canal treatment or dental implant.**

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 shall 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.

Insuring Agreement: Major Medical Treatment

The company shall pay out benefits to the Covered Person, subject to the conditions as follows:

1. Major medical benefits - serious injury or serious sickness

For a Covered Person suffering from each Injury or Sickness and under medical treatment, 80 percent of the actual amount payable shall be paid by the Company for only a sum exceeding the deductible described in clause 2 below.

2. Deductible

For a deductible amount that a Covered Person must pay out of pocket in accordance with the amounts described in the Policy Schedule, only the covered expenses for an Injury or Sickness per disability shall be calculated to ascertain the deductible. With respect to the said deductible, a Covered Person would have already been partly compensated under the Insuring Agreement for a Hospital or Medical Center Confinement (Inpatient), and under the Insuring Agreement: Surgical Treatment, and the Insuring Agreement: Physician Care.

3. Limit of liability

Limit of liability is a maximum amount payable to a Covered Person under this insuring agreement for covered expenses for an Injury or Sickness per disability that occurs during a benefit period in any one event or series of events, but not exceeding the limit of liability set out in the Policy Schedule.

4. Benefit period

The Company shall pay benefits for any covered expenses arising from an Injury or Sickness per disability. A benefit period shall commence from the day the covered expenses exceed the deductible, and continue for one year therefrom.

A benefit period shall end in any of the following events:

4.1 The Covered Person has recovered from an Injury or Sickness.

4.2 A maximum amount for the Injury or Sickness has been paid.

4.3 The date the coverage of the Covered Person expires; or

4.4 The date the Insurance Policy expires, as set out in the Policy Schedule, without request for renewal, unless on that date the Covered Person is confined to a Hospital or Medical Center. In that event, coverage for medical services, Injury or Sickness shall end at the time the Covered Person is discharged from a Hospital or Medical Center, or if a maximum amount is paid by the Company, whichever occurs first.

5. Covered expenses

Covered expenses means necessary expenses arising from a treatment or diagnosis, required by a Physician, in an amount not exceeding normal costs and expenses charged in the treatment place jurisdiction. Covered expenses shall be deemed arising on provision or receipt of the service.

The following costs and expenses shall be covered:

5.1 Expenses referred to the Insuring Agreement for Hospital or Medical Center Confinement (Inpatient), clause 1 - room and board, fees for nursing services, and ambulance bill, excluding an amount exceeding a limit per day described in the Policy Schedule.

5.2 Expenses referred to the Insuring Agreement for a Hospital or Medical Center Confinement (Inpatient), clause 2 - hospital general expense for services provided during a Confinement, the Insuring Agreement for Surgical Treatment, and the Insuring Agreement for Physician Care.

Specific exclusions (only applied to the Insuring Agreement for Major Medical Treatment)

The insurance under this insuring agreement shall not cover costs and expenses for:

1. **Bone Marrow Transplant, Organ Transplant, and Renal Dialysis;**
2. **Treatment for Sexual Disorders, Impotence, or Sex Reassignment Surgery;**
3. **Any pregnancy-related treatment, including childbirth, miscarriage, or Treatment for Newborns;**
4. **Sterilization, Sterilization Reversal, Contraception, or Treatment for Infertility;**
5. **Treatment for growth and development disorders such as slow growth, underweight, short stature, slow brain development, as well as hormonal abnormalities associated with growth and brain development, aging signs such as wrinkles, menopause, or precocious puberty;**
6. **Inoculation or vaccination for disease prevention;**
7. **A request for a Hospital or Medical Center Confinement or surgery not recommended by a Physician or surgeon, as well as any medical service not necessary for the treatment;**
8. **Any drug, treatment, or diagnostic test not associated with a diagnosis, symptom, or disorder stated in a medical report;**
9. **Any medical treatment that is not conventional, including alternative treatments such as acupuncture, naturopathy, massage, reflexology, chiropractic;**
10. **Services provided by a special nurse;**
11. **A hearing test, diagnosis, and treatment for eye disorders, LASIK, expenses for vision aids, vision disorder treatment;**
12. **All types of medical supply 2, such as, crutches, canes, eyeglasses, hearing aids, speech devices, all types of pacemakers, diabetic infusion pumps, and similar devices;**
13. **All types of prostheses, excepting prosthetic heart valve, cranioplastic implant (artificial skull), hip prosthetic implant, and knee prosthesis;**
14. **Expenses for dental services excepting for remedying an accidental Injury, but not including dental restoration, orthodontic treatment, dental crowning, teeth scaling, dental filling or making dentures (unless additional coverage is purchased).**

Insuring Agreement: Medical Treatment without Confinement (Outpatient)

The company shall pay out benefits to the Covered Person, subject to the conditions as follows :

1. For medical treatment without Hospital or Medical Center Confinement

The Company agrees to pay Outpatient benefits to a Covered Person, who is covered for medical treatment as a result of Injury or Sickness per disability, in an amount of not exceeding the actual amount payable or a limit per day, or the maximum amount set out in the Policy Schedule, whichever is less.

2. Outpatient drugs

Outpatient drugs must be prescribed by a Physician licensed to practice conventional medicine. Drugs are allowed to be prescribed to provide up to 30 days supply from the treatment date.

Specific exclusions only applied to the Insuring Agreement for Medical Treatment without Confinement (Outpatient)

The insurance under this insuring agreement shall not cover costs and expenses for:

1. **Bone Marrow Transplant, Organ Transplant, and Renal Dialysis;**
2. **Physical Therapy unless a Covered Person is confined to a Hospital or Medical Center as an Inpatient;**
3. **Treatment for Sexual Disorders, Impotence, or Sex Reassignment Surgery;**
4. **Any pregnancy-related treatment, including childbirth, miscarriage, or Treatment for Newborns;**
5. **Sterilization, Sterilization Reversal, Contraception, or Treatment for Infertility;**
6. **Treatment for growth and development disorders such as slow growth, underweight, short stature, slow brain development, as well as hormonal abnormalities associated with growth and brain development, aging signs such as wrinkles, menopause, or precocious puberty;**
7. **Inoculation or Vaccination for disease prevention;**
8. **A request for a Hospital or Medical Center Confinement or surgery not recommended by a Physician or surgeon, as well as any medical service not necessary for the treatment;**
9. **Any drug, treatment, or diagnostic test not associated with a diagnosis, symptom, or disorder stated in a medical report;**
10. **Any medical treatment that is not conventional, including alternative treatments such as acupuncture, naturopathy, massage, reflexology, and chiropractic;**
11. **A hearing test, diagnosis and treatment for eye disorders, LASIK, expenses for vision aids, vision disorder treatment;**
12. **All types of medical supply 2 such as crutches, canes, eyeglasses, hearing aids, speech devices, all types of pacemakers, diabetic infusion pumps, and similar devices;**

13. **All types of prostheses, except prosthetic heart valve, cranioplastic implant (artificial skull), hip prosthetic implant, and knee prosthesis;**
14. **Expenses for dental services, except for remedying an accidental Injury, but not including dental restoration, orthodontic treatment, dental crowning, teeth scaling, dental filling, or making dentures (unless additional coverage is purchased).**

Insuring Agreement: Personal Accident - Death, Dismemberment, Loss of Sight, Loss of Hearing, Loss of Speech, or Permanent Disability Benefits (Or. Bor. 2)

The Company shall pay out benefits to the Covered Person, subject to the conditions as follows:

Additional 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 disability 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

The Company shall only provide benefits for items shown below. 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**

If an Injury sustained by a Covered Person results in the Covered Person's 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 shall 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 Covered 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 shall 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 shall 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 items 2 to 19 above, and such loss is not a loss of sense of taste or smell, the Company shall 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 shall 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 shall 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 a 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 Covered Person; and
6. Copy of the national identification card and house registration of the Beneficiary.

Claim for Dismemberment or Permanent Disability

The Covered 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 Covered 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.

Specific exclusions (only applied to the Insuring Agreement for Personal Accident Death, Dismemberment, Loss of Sight, Loss of Hearing, Loss of Speech, or Permanent Disability benefits (Or.Bor. 2))

The insurance under this section shall not cover:

1. Any loss or 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 dentures, 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 (spondylolysis), 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:

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

2.2 is boarding, is on board, or is leaving an aircraft which is not duly licensed to carry passengers and is not a commercial aircraft;

2.3 is piloting or acting as a crew member on duty in any aircraft;

2.4 is taking part in a brawl or taking part in inciting a brawl;

2.5 is committing a felony, being arrested or escaping from arrest;

2.6 is serving as a soldier, police or volunteer, and participating in war operation or crime oppression and if that operation takes more than 30 days, the premium shall be refunded for the time the operation starts until the operation ends, and the insuring agreement shall 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 shall compensate the Covered Person in accordance with a benefit amount up to the maximum limit or the sum insured specified in the Policy Schedule, as follows.

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

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

Motorcycle Endorsement

Attached to the Insuring Agreement: Personal Accident

Added Coverage

If any provision of this endorsement is in conflict with, or is contrary to, a provision of this Insurance Policy, it is agreed that this Insurance Policy is extended to cover any loss or damage arising from, or in consequence of, an accident occurring while riding a motorcycle, whether as a rider or passenger, in accordance with the insuring agreement set forth in the table below.

Insuring Agreement	**Maximum amount/ Sum Insured (Baht)**
Personal Accident	50% of the sum insured for personal accident set forth in the Policy Schedule

Summary of General Terms and Conditions, Coverage, and Exclusions

Comprehensive Health and Accident Insurance Policy

(For vHealth vCare plan)

Key Definitions

Company	means	the entity issuing the insurance policy.
Insured Person	means	the person whose name is specified as the Insured Person in the Schedule.
Dependents	means	persons who are under the Insured Person's support and whose names are described in a document attached to the Schedule: 1) the spouse of the Insured Person; and/or 2) a child of the Insured Person or the Insured Person's spouse, or juvenile who is under the Insured Person's legal custody aged from 2 weeks to 24 years who remains single.
Covered Person	means	the Insured Person or the Insured Person's Dependents whose names are specified in the Schedule.
Single Confinement (Injury or Sickness per disability)	means	the case when the Covered Person is confined to a Hospital or Medical Center as an Inpatient at any time, which include the confinements for 2 times or more due to the same causes, disease, or complication, with intervals of not more than 90 days from the most recent discharge from a Hospital or Medical Center. Outpatient treatment for no more than 30 days from the most recent treatment due to the same cause, disease or complication shall also be deemed a Single Confinement.
Deductible	means	the deductible 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 an amount of the benefit after deduction of the deductible amount (if any).

Major general terms and conditions

- **Premium payment and commencement of coverage**

Premium payment on a monthly basis or an annual basis is optional. Any such payment may be made via bank account transfer or a credit card.

The premium for the first month of coverage shall become due and payable immediately, and the coverage shall become effective on the date set out in the Policy Schedule. The premium for any following month shall be payable on the due date of the preceding month. If any premium may not be deducted, the Company may collect the outstanding amount along with the premium payable in the following month. If payment of the outstanding premium is not received in full the coverage shall be terminated retroactively to the last day of the coverage month for which the premium is paid.

The premium for the first year shall become due and payable immediately, and the coverage shall become effective on the date set out in the Policy Schedule. The premium for any following year shall become payable on the due date of the preceding year. If any premium may not be deducted, the Company shall give a 30 days' grace period after the due date of the preceding year in which the "Pre-Existing Condition" or the "Waiting Period" shall not be applied. If the outstanding premium is not received in full within the specified time, the coverage shall be terminated retroactively to the last coverage date for which the premium is paid in full.

- **Coverage Territory**

This Insurance Policy gives worldwide, 24-hour coverage, excluding medical fees incurred in the United States of America, where the Company shall only pay benefits under this Insurance Policy for an Injury occurring while in the United States of America.

- **Coverage Provided for Dependents**

Dependents shall be covered so long as the Insured Person remains covered. If a Dependent is confined to a Hospital or Medical Center before the effective date, no coverage shall be provided until the Insured Person has recovered and is discharged from the Hospital or Medical Center.

- **Renewal of the insurance policy**

The Company reserves the right to adjust the premium rate under clause 11 of General Terms and Conditions, as well as amendments to conditions of a renewed Insurance Policy as necessary. The Company may refuse to renew the Insurance Policy by sending at least 30 days' written notice, together with the reason for such refusal, before the expiration date specified in the Policy Schedule. The premium payment when due, shall be automatically renewed the insurance policy.

- **Termination of Coverage**
  - Coverage shall terminate if any of the following incidents occurred:
    - On the effective date of the Insurance policy if any concealment or misrepresentation was made by the Covered Person, and the Company has duly exercised its right of avoidance;
    - On the expiration date specified in the Policy Schedule and no renewal for the following year is requested, unless on such date the Covered Person remains confined to a Hospital or Medical Center, in which case the coverage shall terminate at the time the Covered Person is discharged from the Hospital or Medical Center, or the maximum benefit is paid;
    - On the expiration date set out in the Policy Schedule if the Insured Person fails to pay the renewal premium within the specified time;
    - On the expiration date set out in the Policy Schedule if the Covered Person attains the age of 70 years, unless the Covered Person began being covered before attaining the age of 60 years, in which case, the Covered Person is entitled to renew the Insurance Policy without an age limit;
    - Upon the Company's refusal to renew the Insurance Policy;

- Upon the death of the Covered Person;
- At the time the benefits described in the Policy Schedule have been fully paid by the Company; or
- If the Covered Person is confined to a prison or penitentiary.

▪ Dependent coverage shall terminate:

- At the time the Insured Person's coverage terminates;
- When the Dependent is disqualified from being a Dependent under the meaning so defined;
- Upon the death of the Dependent; or
- If the Dependent is confined to a prison or penitentiary.

- **Notice of Claim**

The Covered Person or the Covered Person's representative, as applicable, must report to the Company any Injury or Sickness occurring without delay. In the event of death, immediate notice must be given to the Company, unless 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.

- **Payment**

Benefits shall be paid by the Company within 15 days from the receipt of complete and correct proof of loss. If there is a probable cause that the claim made is not in accordance with the relevant insuring agreement, the time so specified may be extended, but in no event shall the period be more than 90 days after receipt of complete and correct proof of loss. If the Company fails to pay out benefits within the time referred to above, the Company shall be liable for interest at the rate of 15% per annum accruing on the amount payable from the due date until full payment is made. If a treatment is given outside Thailand, benefits shall be paid in Thai currency, based on the exchange rate prevailing on the date of the medical expenses receipt.

- **Termination of the Insurance Policy**

For monthly premium payments, the Insured Person may terminate this Insurance Policy by giving prior written notice to the Company. The Company may terminate this Insurance Policy by sending at least 15 days' notice by registered mail. This Insurance policy shall become invalid on the last day of the coverage month for which the premium is paid in full. No premium shall be returned.

For annual premium payment, the Insured Person may terminate this Insurance Policy by giving prior written notice to the Company, and is entitled to receive a premium after a deduction based on short period premium rates. The Company is entitled to terminate the Insurance Policy by giving at least 30 days' prior written notice by registered mail. The premium after deduction for the period that the Insurance Policy has been in force shall be refunded pro rata.

The Insurance Policy shall be terminated entirely. Termination of any specific insuring agreement is not permitted.

- **Pre-existing Condition**

The Company shall not pay any benefits of this Insurance Policy for two years after the coverage becomes effective for any Sickness which is caused by or is a result of a disease (including a complication), symptom, or disorder occurring during the five years before the initial effective date of the coverage unless the Covered Person has declared such pre-existing condition to the Company, and the Company agrees to insure such condition without coverage exclusion endorsement.

- **Waiting Period**

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, or for a medical treatment arising from or resulting from a symptom or complication of such Sickness, such as, hemorrhoids, tonsil or adenoid removal, or endometriosis, occurring within six months from the initial effective date.

- **Return of Membership Card**

If this insurance terminates for any reason, within 30 days from the termination, the Covered Person must return the membership card issued by the Company for this insurance. If it is found that after the termination of this Insurance Policy, the membership card is used for any medical treatment and expenses are incurred, the Covered Person shall be responsible for those expenses.

General Exclusions

The insurance shall not cover any medical expenses, or any damage resulting from any Injury or Sickness (including a complication), symptom, or disorder which is caused by:

- **Treatment for any chronic symptom, condition, or Sickness occurring before the effective date of the Insurance Policy, including any complication which may occur thereafter, or which is medically proven that such disease is developing before the effective date of the insurance policy;**
- **Acquired immune deficiency syndrome (AIDS) or Human Immuno-Deficiency virus related;**
- **Service or surgery relating to an Injury or Sickness which is provided or performed with an intention to make profits from the Insurance policy;**
- **Services not related to medical treatment, such as use of radio, telephone, or television, newspapers, extra meals, miscellaneous expenses, and the like;**
- **Expenses incurred in treating the Covered Person, who is a Physician, and who demands such treatment for himself or for another Covered Person, including medical expenses incurred by or medical services provided by a Physician who is the father, mother, spouse or child of the Covered Person.**

Insuring Agreement: Major Medical Treatment

The Company will pay 80% of the eligible expenses under the terms and conditions set forth in the Insurance Policy,

Exclusions : Costs and expenses for the following treatments shall not be covered such as:

- Treatment related to pregnancy, including childbirth, miscarriage, or Treatment for Newborns.
- Sterilization, Sterilization Reversal, Contraception or Treatment for Infertility.
- Treatment for growth and development disorders, such as, slow growth, slow brain development, as well as hormonal abnormalities associated with growth and brain development, aging signs such as wrinkles, menopause.

Insuring Agreement: Medical Treatment without Confinement (Outpatient)

The Outpatient benefit shall be paid for medical treatment as a result of Injury or Sickness per disability and Outpatient Prescription Drugs for not more than 30 days from the treatment date. The benefit shall not exceed the actual amount payable or a limit per day or a maximum amount set out in the Policy Schedule, whichever is less.

Exclusions : Costs and expenses for the following treatments shall not be covered such as:

- Treatment related to pregnancy including childbirth, miscarriage, or Treatment for Newborns.
- Sterilization, Sterilization Reversal, Contraception or Treatment for Infertility.
- Treatment for growth and development disorders, such as, slow growth, slow brain development, as well as hormonal abnormalities associated with growth and brain development, aging signs, such as wrinkles, menopause.

Insuring Agreement: Personal Accident (Death, Dismemberment, Loss of Sight, Loss of Hearing, Loss of Speech or Permanent Disability Benefits (Or.Bor. 2))

The compensation shall be paid for any loss or damage which occurs from a bodily Injury 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 which causes the Covered Person to receive medical treatment as an inpatient at a Hospital or Medical Center, and suffer loss of life due to that Injury at any time.

Exclusions : Costs and expenses for the following treatments shall not be covered such as:

- Any loss or damage arising from or in consequence of causes including but not limited to parasitic infection, except for infection, tetanus or rabies which is caused by wounds from an accident, dental treatment or root canal treatment, except for treatment provided within seven days from the accident, food poisoning.
- Any loss or damage arising while riding a motorcycle or riding as a passenger on a motorcycle, while piloting or being a crew on duty on any aircraft, or while being arrested or escaping arrest, etc.

Endorsements

Motorcycle Endorsement

The endorsement extends coverage for any loss or damage arising from or in consequence of a motorcycle accident, whether a Covered Person is a rider or passenger, for the insuring agreement described in the table below.

Insuring Agreement	**Maximum Amount/ Sum Insured (Baht)**
Personal Accident	50% of the sum insured for personal accident set forth in the Policy Schedule

*****Other full and complete coverage and conditions shall be in accordance with a Comprehensive Health and Accident Insurance Policy approved by the Office of Insurance Commission (the OIC)*****

Note : This document only summarizes general terms and conditions, coverage and exclusions set out in the insurance policy. It is advisable that details of the insurance policy and the insurance plan which the Insured Person receives should be carefully reviewed.

Behind you

for what's ahead

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