Allianz AYUDHYA

# Platinum and Platinum+ plan

## Insurance that Dares to Tell Conditions

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# Platinum and Platinum+ 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

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.

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| **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:<br>1) the spouse of the Insured Person; and/or<br>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. |

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| **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. |

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| **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 to 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:<br>1) must be in accordance with the diagnosis and treatment for the condition of an Injury or Sickness of the person receiving the services;<br>2) must have clear indications pursuant to current clinical practice standards;<br>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<br>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** | 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. |

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| **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 void 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 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 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 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 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. 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; 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 worldwide, 24-hour coverage excluding medical fees incurred in the United States of America where the Company will 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 will 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 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 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, will 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, will 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, will 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, will be returned to the Insured Person.

**14. Reinstatement**

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 consent is given to the reinstatement. Coverage of a Sickness will begin 10 days after the 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. 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.

**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 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.

**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 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 from the due date.

Benefits will be paid in Thai currency. If treated in a Hospital, Medical Center, or Clinic outside Thailand, the Company will 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 will be paid to the named beneficiary. If no beneficiary is named, such sum insured will 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 will 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 will 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 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 will 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 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 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 will 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 will 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 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.

**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 surgery for congenital anomalies;**
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 a predominantly sexual mode of transmission, congenital anomalies;**
5. **Alcoholism or related symptom 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;**
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 solider, police or volunteer, and participating in war operation 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 case 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 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.

**Insuring Agreement: Hospital or Medical Center Confinement (Inpatient)**

**Additional definitions**

| | | |
|---|---|---|
| PET Scan (Positron-Emission Tomography) | means | diagnosis by sophisticated scanning technology used for detecting the distribution and quantity of abnormality of radiopharmaceuticals injected into a body. |
| MRI (Magnetic Resonance Imaging) | means | magnetic resonance imaging systems used for examining and diagnosing a patient's lesion, for treatment and follow-up treatment outcomes. |
| CT Scan (Computerized Tomography scan) | means | a scan by an automated, high-speed computed tomography system to scan organ systems, by which machines would rotate the x-ray source and detectors around the organ which is the object of the examination. |
| ECHO (Echocardiogram) | means | an ultrasound scan of the heart by emitting safe sound waves to the breast and picking up echoes and displaying an image on the computer screen that reveals the shape, size, and function of the heart valve and cardiac muscle. |
| EST (Exercise Stress Test) | means | a cardiac diagnostic test to measure a heart's ability while exercising, to assess the severity of coronary artery stenosis, and to record an electrocardiogram while doing a treadmill stress test. |
| Intraocular lens | means | medical apparatus that is an artificial organ used to treat cataracts. |

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

1. **Room and Board including Fees for Nursing Services** incurred during a Hospital or Medical Center Confinement of a Covered Person in :

   1.1 Non-intensive care room

   The Company will pay for room and board including fees for nursing services to a Covered Person who is admitted to a non-intensive care room due to an Injury or Sickness in an amount not exceeding the actual amount payable, or a limit per day, or the maximum benefit per disability specified in the Policy Schedule, whichever is less.

   1.2 Intensive Care Unit

   If a Covered Person, having an indication, must be admitted to an Intensive Care Unit ("ICU"), the Company will pay for room and board including fees for nursing services in an amount not exceeding the actual amounts payable, or not more than two times a non-intensive care room, or not exceeding the maximum benefit per disability specified in the Policy Schedule, whichever is less, with a maximum limit of 15 days per an Injury or Sickness per disability.

**2. Hospital general expenses for services provided to a Covered Person during a Hospital or Medical Center Confinement** include:

2.1 Fees and charges for operating room, radiological tests, laboratory tests, medicines, medical supplies, physical therapy, and blood.

2.2 Medical expenses for anesthesia and anesthesia administration.

2.3 Ambulance bill, in an emergency case, not exceeding 2,000 Baht for an Injury or Sickness per disability.

2.4 Physician's or Specialist's consultation fees, without surgery, for an Injury or Sickness per disability, will be paid by the Company in an amount not exceeding an amount payable, or 10 percent of benefits for hospital general expenses for services provided to a Covered Person during a Hospital or Medical Center Confinement, or benefits for a Specialist's consultation fees specified in the Policy Schedule, whichever is less.

2.5 Fees for special nurse care recommended by a Physician that it is necessary for a Covered Person to receive at home as a consequence of a Covered Person's stay at a Hospital or Medical Center for each Injury or Sickness. A special nurse fee will be paid by the Company in an amount not exceeding an amount payable, but not exceeding a maximum limit specified in the Policy Schedule or a maximum of 500 Baht per day, whichever is less, and with a maximum limit of 15 days.

2.6 Benefits for emergency medical services on an Outpatient basis.

The Company will reimburse fees for emergency medical services within 24 hours after the Accident, including costs of follow-up treatment provided within 15 days after the initial treatment.

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

2.7 Medical fees on an Outpatient basis.

Medical fees associated with a follow-up treatment on an Outpatient basis will be paid by the Company within 30 days after a Covered Person is discharged from a Hospital or Medical Center. The relevant benefit will be paid for a Sickness specified in the Policy Schedule, and hospital general expenses for medical treatment, in an amount not exceeding an actual amount paid or an unpaid balance, whichever is less.

2.8 Costs associated with chemotherapy and radiation therapy for an Outpatient.

The relevant benefit will be paid by the Company for a Sickness specified in the Policy Schedule, and hospital general expenses for medical treatment in an amount not exceeding the amounts paid, or an unpaid balance, whichever is less.

2.9 Home medication prescribed by a licensed physician after discharge from a Hospital or Medical Center will be paid by the Company to use not more than 14 days from the day the Covered Person is discharged from a Hospital or Medical Center. The relevant benefits will be paid for a Sickness specified in the Policy Schedule, and hospital general expenses for medical treatment in the amounts paid, or an unpaid balance, whichever is less.

2.10 Costs for the following treatments or procedures – for a Covered Person not admitted to a Hospital or Medical Center as an Inpatient:

1) Extracorporeal Shock Wave Lithotripsy (ESWL);
2) Coronary Angiogram/Cardiac Catheterization;
3) Extra Capsular Cataract Extraction with Intra Ocular Lens;
4) Laparoscopy;
5) Endoscopy;
6) Sinus Operations;
7) Injection Sclerotherapy or Rubber Band Ligation;
8) Excision of breast mass;
9) Bone Biopsy;
10) Tissue Biopsy;
11) Finger or Toe Amputation;
12) Closed 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 and Curettage, Fractional Curettage;
19) Colposcopy, Loop Diathermy;
20) Marsupialization of Bartholin's Cyst;
21) Gamma Knife Radiosurgery.

An amount payable by the Company shall not exceed the amounts paid, or an amount set out for the relevant surgery described in a surgical schedule (if any), or not exceeding a maximum limit described in the Policy Schedule, whichever is less.

2.11 Costs associated with a PET scan

If the indication shows that a PET scan is a necessary test for proper treatment, costs for a PET scan will be paid by the Company in the amount paid, but not exceeding a maximum limit specified in the Policy Schedule, or a maximum limit of 20,000 Baht per Injury or Sickness per disability, whichever is less.

If a Covered Person is not confined to a Hospital or Medical Center but has submitted his or her PET scan request and prior approval has been given by the Company, benefits associated with a PET scan will be paid by the Company in accordance with the foregoing conditions, and subject to benefits in regard of miscellaneous expenses for services provided to a Covered Person during a Hospital or Medical Center Confinement set out in this insuring agreement.

2.12 Costs associated with CT scan, MRI, EST, or ECHO test

If an indication shows that a CT scan, MRI, EST, or ECHO test is necessary for proper treatment, costs associated with any such test will be paid by the Company in the amounts paid, but not exceeding a maximum limit stated in the Policy Schedule, whichever is less.

If a Covered Person is not confined to a Hospital or Medical Center but has submitted his or her request for a CT scan, MRI, EST, or ECHO test, and prior approval has been given by the Company, benefits associated with a CT scan, MRI, EST, or ECHO test will be paid by the Company in accordance with the foregoing conditions, and subject to benefits in regard of hospital general expenses for services provided to a Covered Person while in a Hospital or Medical Center under this insuring agreement.

2.13 Coverage for intraocular lens

A Covered Person eligible for cataract surgery coverage will be covered for the cost of an intraocular lens in the amount paid but not exceeding a maximum limit specified in the Policy Schedule, or not exceeding a limit of 4,000 Baht whichever is less.

2.14 Coverage for a bone marrow transplant, organ transplant, and renal dialysis.

Costs of a bone marrow transplant, organ transplant, and renal dialysis will be covered in the amounts paid, but not exceeding a maximum limit specified in the Policy Schedule, or not exceeding a limit of 0 Baht (Not Cover) per Injury or Sickness per disability, whichever is less.

**Specific exclusions (only applied to this Insuring Agreement for a Hospital or Medical Center Confinement (Inpatient))**

**The insurance under this insuring agreement will not cover:**

1. **Treatment for sexual disorders, Impotence, or Sex Reassignment Surgery;**
2. **Treatment related to pregnancy, including childbirth, miscarriage, or Treatment for Newborns;**
3. **Sterilization, Sterilization Reversal, Contraception, or Treatment for Infertility;**
4. **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;**
5. **Inoculation or Vaccination for disease prevention;**
6. **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;**
7. **Any drug, treatment, or diagnostic test not associated with a diagnosis, symptom, or disorder stated in a medical report;**
8. **Any medical treatment that is not conventional treatment, including alternative treatments such as acupuncture, naturopathy, massage, reflexology,and chiropractic;**
9. **Services provided by a special nurse during a Hospital or Medical Center Confinement;**
10. **A hearing test, diagnosis, and treatment of eye disorders, LASIK, expenses for vision aids, vision disorder treatment, excepting a cataract surgery for implanting an intraocular lens;**
11. **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;**
12. **All types of prostheses, excepting prosthetic heart valve, cranioplastic implant, hip prosthetic implant, knee prosthesis, or cataract surgery for implanting an intraocular lens;**
13. **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).**

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

**1. Surgeon's fees**

The following fees charged by a surgeon or a Physician for a surgery as a result of an Injury or Sickness will be paid by the Company:

1.1 For any surgery, an amount not exceeding the actual surgical fee, or an amount not exceeding a maximum benefit per disability specified in the Policy Schedule, whichever is less.

1.2 For multiple surgical procedures on more than one organ in a single wound, a maximum benefit for that surgery will be paid.

1.3 For all surgeries performed for each Injury or Sickness, an amount not exceeding a maximum benefit per disability specified in the Policy Schedule will be paid.

**2. Consultation fees**

For consulting with a Specialist in connection with a surgery, the following benefits will be paid to the Covered Person:

2.1 Actual consultation fees charged to the Covered Person, or an amount not exceeding 10 percent of a surgical benefit, or a specialist coverage in an amount specified in the Policy Schedule, whichever is less.

2.2 Consultation fees charged must be included in surgical fees. An amount payable or an amount not exceeding a maximum limit specified in the Policy Schedule, whichever is less, will be paid by the Company.

**Specific exclusions (only applied to the Insuring Agreement for Surgical Treatment)**

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

1. **Bone Marrow Transplant, Organ Transplant, and Renal Dialysis;**
2. **Physical Therapy;**
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 acupunc-ture, naturopathy, massage, reflexology, andchiropractic;**
11. **Services provided by a special nurse;**
12. **A hearing test, diagnosis and treatment for eye disorders, LASIK, expenses for vision aids, vision disorder treatment;**
13. **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;**
14. **All types of prostheses, except prosthetic heart valve, cranioplastic implant, hip prosthetic implant, and knee prosthesis;**
15. **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).**

**The company will pay out benefits to the Covered Person, Subject to the conditions as follows :**

**Physician care: Physician's hospital visit fee**

Fees for a Physician's hospital visit associated with medical treatment, an Injury, or Sickness will be paid by the Company for an Injury or Sickness per disability in an amount not exceeding the actual amount payable, or a limit per day, or a maximum benefit per disability specified in the Policy Schedule, whichever is less. The benefit under this section will be paid for days not exceeding the number of days the Covered Person stays in a Hospital or Medical Center.

**Specific exclusions (only applied to the Insuring Agreement for Physician Care)**

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

1. **Bone Marrow Transplant, Organ Transplant, and Renal Dialysis;**
2. **Physical Therapy, Medical check-up, x-ray tests, or other examination for diagnosis;**
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. **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 medical treatment that is not conventional, including alternative treatments such as acupuncture, naturopathy, massage, reflexology, and chiropractic;**

**Insuring Agreement: Medical Treatment without Confinement (Outpatient)**

**The company will 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 the actual amount not exceeding an amount payable or a limit per day, or a 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 will 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, 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: Maternity**

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

1. Hospital or Medical Center costs, Physician's charge in connection with each maternity and child birth, subject to the condition that, for a childbirth, a Covered Person has been insured for at least 280 consecutive days before the birth, or, for a miscarriage, a Covered Person has been insured for at least 90 consecutive days before the miscarriage. These benefits will cover:
   - 1.1 Room and board bills, including costs of nursing care, not exceeding the actual costs payable or a limit per day, or a maximum amount specified in the Policy Schedule, whichever is less.
   - 1.2 Service fees in connection with hospital general expenses, including:
     - 1.2.1 fees and costs of operating room fees, lab tests, prescribed drugs, and expenses for blood;
     - 1.2.2 medical services for anesthesia and the administering of anesthesia;
     - 1.2.3 delivery costs;
     - 1.2.4 pre-natal and post-partum tests;
     - 1.2.5 emergency ambulance service, up to 1,000 Baht for each delivery.
   - 1.3 Fees for a surgery performed by a Physician and surgeon for delivery or miscarriage.
   - 1.4 Benefits to be paid by the Company for each pregnancy shall not exceed:
     - 1.4.1 an actual amount payable, up to 100 percent of a maximum set out in the Policy Schedule for normal delivery, assisted delivery, or intentional cesarean delivery, whichever is less;
     - 1.4.2 an actual amount payable, up to 50 percent of a maximum set out in the Policy Schedule for miscarriage, whichever is less;
     - 1.4.3 an actual amount payable, up to 200 percent of a maximum amount set out in the Policy Schedule for surgery in relation to ectopic pregnancy or emergency delivery, whichever is less.
2. Conditions
   - 2.1 The Company will not pay out benefits to a Covered Person for her stay in a Hospital or Medical Center during the first 280 days from the effective date of this insuring agreement.
   - 2.2 Benefits will not be paid out to a Covered Person for any medical services not in connection with childbirth, except for any treatment that is necessary for saving a mother's life or a newborn's life.

**Specific exclusions (only applied to the insuring agreement for maternity)**

**The insurance under this insuring agreement will not cover:**

1. **Any treatments not in relation to childbirth, except for any treatment that is necessary for saving a mother's life or an unborn child's life;**
2. **Sterilization, Sterilization Reversal, Contraception, or Treatment for Infertility, Treatment for a Newborn;**
3. **Inoculation or Vaccination for disease prevention;**
4. **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;**
5. **Any drug, treatment, or diagnostic test not associated with a diagnosis, symptom or disorder stated in a medical report;**
6. **Medical treatment that is not conventional, including alternative treatments such as acupuncture, naturopathy, massage, reflexology, and chiropractic;**
7. **Special nursing services;**
8. **All types of prostheses, except prosthetic heart valve, cranioplastic implant, hip prosthetic implant, and knee prosthesis;**

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

**The Company will 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.<br>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:<br>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;<br>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;<br>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;<br>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;<br>5) ability to eat, e.g. the ability to eat on one's own without any assistance of others or assistive devices/equipment;<br>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 will 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 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 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 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 items 2 to 19 above, and 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 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 will 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 ot 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 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 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.

## 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 |

## Extended Health Check-up Endorsement

### Added Coverage

If any provision of this endorsement is in conflict with, or is contrary to any provision of this Insurance Policy, it is agreed that the Insurance Policy is extended to cover a health check-up.

The Company agrees to pay the Covered Person benefits for health check-up, up to the actual amount payable, or a limit per check-up, or a maximum limit set out in the Policy Schedule, whichever is less.

The Company will cover Necessary and Reasonable expenses for health check-up, whether the Covered Person is an Inpatient or Outpatient.

Health check-up is limited to one time per year.

## 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.

## Summary of General Terms and Conditions, Coverage, and Exclusions
## Comprehensive Health and Accident Insurance Policy

### 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:<br>1) a spouse of the Insured Person; and<br>2) a legitimate child of the Insured Person or the Insured Person's spouse, or juvenile who is under the Insured Person's legal custody for ages 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 will 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 will give a 30 days' grace period after the due date of the preceding year in which the "Pre-Existing Condition" or the "Waiting Period" will not be applied. If the outstanding premium is not received in full within the specified time, the coverage will be terminated retroactively to the last coverage month 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 will only pay benefits under this Insurance Policy for an Injury occurring while in the United States of America.

- **Coverage Provided for Dependents**

Dependents will 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, will 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 will 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 will 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 will 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 will 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 will 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 will 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 will 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 Agreements**

**Insuring Agreement: Hospital or Medical Center Confinement (Inpatient)**

The following benefits for Injury or Sickness per disability shall be paid in an actual amount payable, a limit per day, or a maximum benefit per disability set out in the Policy Schedule, whichever is less.

1. Room and Board including Fees for Nursing Services - if admitted as an Inpatient in:
   - 1.1 Non-intensive care room; or
   - 1.2 Intensive Care Unit - not more than two times the non-intensive care room fee, with a maximum limit of 15 days:
2. Hospital general expenses charged by a Hospital or Medical Center for services provided during a Confinement include:
   - 2.1 Fees and charges for the operating room, radiological tests, laboratory tests, medicines, medical supplies, physical therapy, or blood;
   - 2.2 Medical expenses for anesthesia and anesthesia administration;
   - 2.3 Ambulance bills, in emergency cases, not exceeding 2,000 Baht;
   - 2.4 Physician's or Specialist's consultation fees, without surgery, not exceeding 10%of benefits for hospital general expenses for services provided during a Confinement, or a maximum benefit, whichever is less;
   - 2.5 Fees for special nurse care at home, not exceeding 500 Baht per day, and with a maximum limit of 15 days;
   - 2.6 Fees for emergency medical services for an Outpatient as a result of Injury within 24 days after the Accident, including a follow-up treatment provided within 15 days after the first treatment;
   - 2.7 Medical fees associated with a follow-up treatment on an Outpatient basis within 30 days after discharge from a Hospital or Medical Center;
   - 2.8 Costs associated with chemotherapy and radiation therapy for an Outpatient;
   - 2.9 Home medication prescribed by a licensed Physician, not exceeding 14 days after discharge from a Hospital or Medical Center;
   - 2.10 In the event of there being no Hospital or Medical Center Confinement as an Inpatient, costs for treatments, or procedures set out in the Insurance Policy;
   - 2.11 Costs associated with a PET scan: the Company will pay for costs associated with a PET scan in an actual amount incurred, but not exceeding the maximum benefit per disability specified in the Policy Schedule, or a maximum limit of 20,000 Baht per Injury or Sickness per disability, whichever is less;

     If a Covered Person is not confined to a Hospital or Medical Center, but has given his or her request to get a PET scan, and the prior approval has been given by the Company, benefits associated with a PET scan will be paid by the Company under the category of hospital general expenses for services provided to a Covered Person during a Hospital or Medical Center confinement set out in the Insuring Agreement for Hospital or Medical Center Confinement (Inpatient);

2.12 Costs associated with CT scan, MRI, EST, or ECHO test: the Company will reimburse costs and fees associated with the CT scan, MRI, EST or ECHO test in an actual amount paid, but not exceeding the maximum benefit per disability stated in the Policy Schedule, whichever is less.

If a Covered Person is not confined to a Hospital or Medical Center but has given his or her request to get a CT scan, MRI, EST, or ECHO test, and prior approval has been given by the Company, the relevant benefits will be paid under the category of hospital general expenses for services provided to a Covered Person during a Hospital or Medical Center confinement set out in the Insuring Agreement for Hospital or Medical Center Confinement (Inpatient);

2.13 Costs of intraocular lens for Covered Persons eligible for cataract surgery coverage, not exceeding a limit of 4,000 Baht;

2.14 Costs of a bone marrow transplant, organ transplant, and renal dialysis to be covered in an actual amount paid, but not exceeding the maximum benefit per disability specified in the Policy Schedule, or not exceeding a limit of 0 Baht (Not Cover) per Injury or Sickness per disability, whichever is less.

**Exclusions** : Costs and expenses for the following treatments will 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: Surgical Treatment (Actual Charge)**

The following benefits will be paid for an Injury or Sickness per disability.

1. Surgeon's fees charged for a surgery required as a result of an Injury or Sickness will be reimbursed in an actual amount but not more than an amount payable, or a maximum benefit per disability set out in the Policy Schedule, whichever is less.
2. Specialist's consultation fees in connection with a surgery will be reimbursed in an actual amount but not more than an amount payable, or 10% of a surgical benefit or a Specialist's consultation fees, whichever is less.

**Exclusions :** Costs and expenses for the following treatments will 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: Physician Care**

Benefits for a Physician's hospital visit fee associated with medical treatment, an Injury or Sickness will be paid in an amount not exceeding an actual amount payable, or a limit per day, or a maximum benefit, whichever is less. The benefit under this section will be paid for days not exceeding the number of days of a Hospital or Medical Center confinement.

**Exclusions :** Costs and expenses for the following treatments will 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 will 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 will 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 will 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: Maternity**

The maternity benefit will be paid for expenses incurred in a Hospital or Medical Center, Physician's fees associated with each maternity and childbirth, subject to the condition that, for a childbirth, a Covered Person has been insured for at least 280 consecutive days, and, for a miscarriage, a Covered Person has been insured for at least 90 consecutive days. The benefit will be paid in an amount not exceeding the actual amount payable, or a limit per day, or a maximum benefit, whichever is less. The benefit will cover:

1. Room and Board, including Fees for Nursing Services
2. Service fees in connection with miscellaneous expenses, including but not limited to,
   - 2.1 Fees and costs of operating room fees, lab tests, prescribed drugs, expenses for blood;
   - 2.2 Medical services for anesthesia and the administering of anesthesia;
   - 2.3 Delivery costs;
   - 2.4 Prenatal and Postpartum tests; and
   - 2.5 Emergency ambulance service, not exceeding 1,000 Baht for each delivery.

3. Fees for a surgery performed by a physician or surgeon as a result of a childbirth, miscarriage
4. Benefits for each pregnancy will:
   4.1 not exceed 100% of the maximum benefit for normal delivery, assisted delivery, or intentional cesarean delivery;
   4.2 not exceed 50% of the maximum benefit for a miscarriage; and
   4.3 not exceed 200% of the maximum benefit for a surgery due to ectopic pregnancy or emergency delivery.

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

- Treatment not related to childbirth, except for any treatment that is necessary for saving a mother's life or an unborn child's life
- 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 will 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 will 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 |

**Extended Health Check-up Endorsement**

A health check-up benefit will be paid in accordance with the actual amount payable, or a limit per check-up, or a maximum limit set out in the Policy Schedule, whichever is less. Health check-ups are limited to one time per year.

*****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:**

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

# Note

Behind you

for what's ahead

Allianz Ayudhya General Insurance Public Company Limited
898 Ploenchit Tower, Ploenchit Road, Khwang Lumpini, Khet Pathumwan, Bangkok 10330

allianz.co.th/general-insurance

allianz ayudhya

Customer Care Center

Tel. 1292