

Happy Mile Travel Insurance (Special Travel Abroad Insurance)

Lite Plan

In reliance upon the statements that are contained in the insurance application which is an integral part of this Policy, and in consideration of the premium paid by the Insured subject to the general terms and conditions, exclusions, insuring agreements and attachments of this insurance Policy, the Company agrees with the Insured as follows:

Section 1: Definitions

1.1 Company	<i>means</i>	Muang Thai Insurance Public Company Limited
1.2 Policy	<i>means</i>	Policy schedule, general condition, terms and conditions, exclusions, insuring agreements, attachments, endorsements, summary documents showing the material contents under this Policy, which are all regarded as being part of the insurance contract.
1.3 Policyholder	<i>means</i>	Private individual or legal entity named as the policyholder on schedule which provided for insured-s benefit.
1.4 Insured	<i>means</i>	The person named as the Insured in this schedule and/or attachments, and under coverage of this Policy.
1.5 Accident	<i>means</i>	An event which happens suddenly due to an external cause and gives rise to a result which is not intended or anticipated by the Insured.
1.6 Injury	<i>means</i>	Bodily injury directly resulting from an Accident that happens solely and independently from other causes.
1.7 Sickness	<i>means</i>	A symptom, irregularity, illness, or disease contracted by the Insured.
1.8 Deductible	<i>means</i>	A deductible is the amount of a claim which has to be borne by the Insured.
1.9 Physician	<i>means</i>	A person who graduated with a degree in Medical Sciences and is legally registered with the Medical Council to perform as a medical professional in the locality in which medical services or surgeries are provided. A Physician shall not be: the Insured, or legal spouse or child of the Insured.
1.10 Nurse	<i>means</i>	A person who is legally licensed to engage in the nursing profession.
1.11 Inpatient	<i>means</i>	A person who is required to receive medical treatment in a Hospital and registered as an Inpatient by diagnosis and advice of the Physician based on indication of Medical Standards for treatment of such Injury or Sickness.
1.12 Outpatient	<i>means</i>	A person who receives medical services in an Outpatient department or emergency room of a Hospital, Medical Facility or Clinic, for a condition which by diagnosis and indication of the Medical Standards does not need to be admitted as an Inpatient.
1.13 Hospital	<i>means</i>	Any medical facility that provides medical services, can accommodate overnight patients, has an adequate number of medical personnel and facilities and a complete range of services, particularly a major operating room, and is registered as a Hospital in accordance with the law on medical facilities in that locality.
1.14 Medical Facility	<i>means</i>	Any medical facility that provides medical services, can accommodate overnight patients, and is permitted to be registered as a Medical Facility in accordance with the law in that locality.
1.15 Clinic	<i>means</i>	A modern medical facility that is permitted by law to provide medical treatment and diagnoses by Physicians, but cannot accommodate overnight patients.
1.16 Medical Standards	<i>means</i>	International rules or practices of modern medical providers for creating suitable treatment plans that are based on Medical Necessity and appropriateness, taking into account the conclusions drawn from the Injury or Sickness record, medical findings, diagnosis results and other pertinent information (if any).
1.17 Medical Necessity	<i>means</i>	medical services provided under the following conditions: (1) The services correspond with the diagnosis, and the treatment is consistent with the treated person's Injury or Sickness; (2) There are clear medical indications based on current Medical Standards; (3) The services must not be solely for the convenience of the treated person or his

or her family or the treatment provider; and

(4) The services must be medical services provided in accordance with Medical Standards and suitable for caring for the patient based on the patient's needs in light of the Injury or Sickness.

1.18 Necessary and Reasonable Expenses	<i>means</i>	Medical treatment costs and/or other expenses that correspond to the amounts normally charged to general patients for similar services by the Hospital, Medical Facility or Clinic where the Insured has been treated.
1.19 Pre-existing condition	<i>means</i>	Any disease (including complications), symptom or abnormality of the Insured occurring within 24 months preceding the effective date of coverage of this Policy with sufficient indication for a general person to seek for diagnosis, care or treatment, or for which a Physician shall provide diagnosis, care or treatment. For the annual Policy, Pre-existing Conditions shall mean the medical condition for which indemnity was claimed by the Insured during his or her previous trip, or the medical condition in which treatment or diagnosis was sought by the Insured within a 12-month period before his or her trip. Such conditions shall be regarded as Pre-existing Conditions of the next trip.
1.20 AIDS	<i>means</i>	Acquired Immune Deficiency Syndrome which is caused by HIV virus infection, and shall include opportunistic infection, Malignant Neoplasm, infections or any Sickness that reveals an HIV (Human Immunodeficiency Virus) positive blood test result. Opportunistic infection shall include, but is not limited to, Pneumocystis Carinii Pneumonia, Organism of Chronic Enteritis, virus, and/or Disseminated Fungi Infection. Malignant Neoplasm shall include Kaposi's sarcoma, Central Nervous System Lymphoma, and/or other severe disease which is presently known to be a symptom of Acquired Immune Deficiency Syndrome, or which causes sudden death, Sickness, or disability to infected persons. AIDS shall include HIV (Human Immunodeficiency Virus), Encephalopathy Dementia, and outbreak of virus.
1.21 Policy Year	<i>means</i>	The period of one year commencing on the effective date of the Policy or commencing on the anniversary of the Policy year.
1.22 Terrorism	<i>means</i>	Any action using force or violence and/or involving threat by any person or group of persons regardless of whether such action is taken alone, on behalf of, or in relation to any organization or government with an aim for results involving politics, religions or cults, or similar purposes, and to cause the government and/or the public or any part thereof to be in panic.
1.23 Authorized Company	<i>means</i>	A company or juristic person or representative of the Company who is solely authorized by the Company to provide service and assistance to the Insured as stated on schedule of the policy which is issued by the Company before traveling.
1.24 Airplane	<i>means</i>	Airplane and/or aircraft that has fixed wings provides services and operates under commercial airline excluding helicopter. The license is registered legally for transporting passengers.
1.25 Vehicle	<i>means</i>	<ol style="list-style-type: none">1. Airplane and/or aircraft that has fixed wings provides services and operates under commercial airline. The license is registered legally for transporting passengers including selling tickets and traveling according to a schedule.2. Helicopter that provides services and operates under commercial airline with legal license registered for transporting passengers including selling tickets and traveling according to a schedule between widely known and acceptable airport or airport for the helicopter which is registered under the law.
1.26 Public Conveyance	<i>means</i>	Any regularly scheduled type of transportation provided and operated by a duly licensed carrier with the aim for the local public to use as means to travel, and recognized by the country (e.g. bus, ferry, hovercraft, hydrofoil, ship, train, tram or subway). This would exclude all types of transportation that are chartered or

- arranged as part of a tour even if the services are regularly scheduled.
- 1.27 Public Building** *means* Buildings either public or private owned, which is open for public access during specified hours with or without charges.
- 1.28 Public Place** *means* Any place to which the general public has access, for example (but not limited to) airports, shops, restaurants, hotel foyers, public parks, beaches, golf courses, driving ranges, public buildings and the like.
- 1.29 Country of Residence** *means* The country of which the insured is a citizen or the country where the insured permanently reside.
- 1.30 Overseas Trip** *means* A trip taken outside the country of residence of the Insured.

Section 2: General Terms and Conditions

2.1 Insurance Contract

This insurance contract arises from the fact that the Company relies upon the statements of the Insured in the insurance application as well as additional declarations (if any) that the Insured has signed in evidence of his or her acceptance of the insurance contract, this Policy and summary documents, general conditions, exclusions and insuring agreements of the material contents of which are issued by the Company.

In the event that the Insured knowingly provides false statements in the declarations mentioned in paragraph one, or knowingly conceals relevant facts which, if made known to the Company, might motivate the Company to demand a higher premium or refuse to execute the insurance contract, this insurance contract shall become void in accordance with section 865 of the Civil and Commercial Code, whereupon the Company will be entitled to terminate the insurance contract.

The Company shall not deny its liability based on any declaration other than the declarations made in the documents in accordance with paragraph one.

2.2 Validity of the Insurance Contract and Change of Wording in the Insurance Contract

This insurance Policy, together with the insuring agreements and attachments, forms part of the insurance contract. Any change of wording in the insurance contract must be approved by the Company and recorded in the Policy or attachments before such change becomes valid.

2.3 Submission of the insured's name

The policyholder shall submit the insureds' names and period of insurance to the Company before the trip starts. In case loss or damage occurs and causes claim, if the insureds' names submitted are not in line with the actual names appeared, the policyholder and/or the insured shall be responsible to prove such case.

The insured will be covered on the date specified in the policy schedule or certificate of insurance (as the case maybe) The Company will issue the policy or certificate of insurance to each insured individually in order to assure that the insured will receive coverage according to this policy, unless agreed otherwise.

2.4 Period of Insurance

Period of each trip of the Insured which begins and ends according to the period of insurance:

2.4.1 Single Trip

The coverage starts two hours prior to the departure from Country of Residence and continues until the Insured travels back to his or her Country of Residence, or for two hours upon arrival to Country of Residence, or until the expiry date of the period of insurance, whichever is earlier (unless specified otherwise in this Policy).

2.4.2 Annual Trip

The coverage to cover multiple trips: the coverage for each trip starts and ends as mentioned in 2.4.1, subject to the maximum duration of journey for each trip not exceeding 180 days.

2.4.3 Special Annual Trip

The coverage to cover multiple trips: The policyholder is a person who arranges and carries out the trip. the coverage for each trip starts and ends as mentioned in 2.4.1, subject to the maximum duration of journey for each trip not exceeding 180 days.

In case of medical emergency, hijack, delay transfer or inoperative plane that make the insured delay his travel back on planed schedule, the insurance policy will automatically extend the coverage till his journey back to his residence.

2.5 Change of vehicle during trip

If the insured needs to change the vehicle during the trip caused by uncontrollable factor, the coverage is still effective as if there is no change.

2.6 Claim and notification of claim and/or indemnification

The policyholder and/or insured, beneficiary or representative of such person as the case may be shall notify the Company of any loss or damage without delay. In case of loss of life, the Company must be notified immediately unless it can be proven that there is practical reason for the failure to do so and the notification has been made as early as possible.

In requesting claim and/or compensation, the policyholder and/or insured, beneficiary or representative of such person as the case may be shall provide, at his own expense, evidence or document stated under the insuring agreement to the Company within stipulated time.

If the policyholder, insured, beneficiary or representative cannot inform the company of the peril, the covered person should have the provable appropriate reasons for the inability to inform the company and the effort to do so as soon as possible.

2.7 Medical Examination

The Company has the right to medically examine the covered person who is claiming benefit under this policy and has the right to conduct an autopsy, within the limits of the law, in case of death, and the expense incurred will be paid by the Company.

The Company has the right to examine the Insured's medical record and diagnosis records as may be necessary for this insurance. The Company also has the right to conduct an autopsy, if necessary and not contrary to the law, at the Company's expense.

If the Insured does not allow the Company to investigate his claim or give permission to access his medical record or diagnosis, the Company reserves the right not to pay such claims.

2.8 Compensation Payment

The Company shall provide compensation within 15 days from the date on which the Company has received a complete and correct set of evidence of Loss or Damage. Compensation for death will be paid to the beneficiary while other types of compensation will be paid to the Insured. If there is a reasonable doubt that the aforesaid claim was not made in accordance with the insuring agreement in this Policy, the period of time specified for claim compensation investigation may be extended if necessary but in no event shall this period last more than 90 days from the date on which all documents are received by the Company.

If the Company cannot settle the claim within the specified time limit, the Company is liable to pay interest at 15 percent per annum of the amount due accrued from the due date of the compensation.

2.9 Payment of Premium and Premium Refund

2.9.1 Premium will be due immediately which shall be paid by the policyholder and/or the insured, and the policy will be effective on the date stated on the policy schedule and/or certificate of insurance

2.9.2 Single trip coverage: If the cancellation of the policy is made after assurance of the policy, premium will not be refunded, unless the insured is not granted the VISA. The insured shall provide the Company evidence issued by the Embassy and inform the Company before the effective date of coverage.

2.9.3 For annual trip or Special Annual Trip, the Insured or the Company may exercise the right to cancel the Policy under the following conditions.

- 1) The Company may cancel this Policy by giving written notice no less than 15 days in advance by registered mail to the Insured at the last known address as declared to the Company. The Company will refund the premium to the Insured after deducting a partial premium for the effective period of this Policy on a pro-rata basis.
- 2) The Insured may cancel this Policy by giving written notice to the Company and may be entitled to premium refund after a partial premium for the effective period of this Policy has been deducted based on a short period premium rate under following schedule.

Short Period Premium Schedule

Period of insurance (not over/month)	1	2	3	4	5	6	7	8	9	10	11	12
Percent of annual premium	15	25	35	45	55	65	75	80	85	90	95	100

2.9.4 If there is any evidence for the Company identifying that the policyholder or insured commits dishonest act that benefits him or other persons according to the coverage of this policy, the Company has the right to cancel this policy via written notice and the coverage of this policy expires immediately, in which case the Company shall refund the premium of the policy for such policy year after deducting claim amount paid by the Company for such policy year (if any) The Company shall not be liable for any claim arises from aforementioned act.

Cancellation of this insurance policy under this condition, regardless of the cancellation is made by either parties, must be for the entire policy. Cancel some parts of the policy during policy year is not allowed.

2.10 Premium Calculation and Adjustment

2.10.1 Single trip: The insurance is effective and expired according to period of insurance stated in the policy or certificate of insurance. The Company will calculate premium based on actual number of the insured which is submitted to the Company by the policyholder or insured on the date that the policy is effective.

2.10.2 Annual trip: The period of insurance is annual as stated in the policy or certificate of insurance. The Company will calculate premium based on actual number of the insured which is submitted to the Company by the policyholder or insured on the date that the policy is effective.

2.10.3 Special annual trip: The trip which is arranged by the policyholder. The period of insurance is as stated in the policy or certificate of insurance. The Company will calculate preliminary premium based on sum insured and numbers of the insured for 1 year. At the end of period of insurance, the Company will adjust the premium by calculating based on sum insured and actual numbers of the insured.

In case actual premium is higher than the amount the Company had previously estimated at the start date of policy year, the Company will collect additional premium which is the difference between preliminary premium and actual premium. If the actual premium is lower than preliminary premium, the Company will refund the different amount to the policyholder.

2.11 Medical Treatment Received Outside Thailand

The Company will cover the medical treatment provided outside Thailand only for injury or illness which arises immediately or unpredictably during the trip overseas. Such injury or illness causes the insured to receive medical treatment as an in-patient. The Company will pay the compensation for expenses, as necessary and reasonable, which arises from medical treatment according to medical necessity and standard per actual cost but not exceeding the sum insured stated in the schedule and/or certificate of insurance. The sum insured received by the insured and deductible (if any) will be calculated based on the currency exchange rate of the date stated on the receipt of medical treatment.

2.12 Subrogation

If the Company becomes liable for any payment under this policy, the Company will be subrogated to all rights of the Insured against person or organization which is responsible for such loss, and the Insured will execute all documents or actions necessary to protect the rights. The Insured shall not take any action that will lose such rights after the loss.

2.13 Dispute Resolution by Arbitration

In case of an argument, dispute, or claim under this Policy between a person who is entitled to claim under the Policy and the Company, if that person wishes to settle the dispute by way of arbitration, the Company shall comply and allow the case to be decided by an arbitrator according to the Arbitration Regulations of the Office of the Insurance Commission on arbitration.

2.14 Conditions Precedent

The Company may not be liable for compensation under this Policy unless the Insured, the beneficiary, or the representative of the said person, as the case may be, has fully complied with the insurance contract and the conditions of the Policy.

2.15 Currency

Premium and benefit payable under this Policy will be paid in Thai Baht.

Section 3: General Exclusions

This Policy does not cover any Injury, Sickness, Loss or Damage arising from or as a result of the following causes or which occurs at the times as follows.

3.1 Suicide, attempted suicide or self-inflicted Injury.

3.2 While the Insured as a soldier, police, or a volunteer and participates in war or crime suppression

3.3 War, invasion, act of foreign enemies, warlike operations (whether war is declared or not), civil war, uprising, insurrection, riot, strike, civil commotion, revolution, coup d'état, proclamations of martial law, or any events which lead to the proclamation or maintenance of martial law.

3.4 Terrorism

3.5 Radiation or radioactivity from any nuclear fuel or nuclear waste produced by the combustion of nuclear fuel or any process of self-sustaining nuclear fission/fusion.

3.6 Radioactive explosion, or any nuclear component or harmful substance that could cause an explosion in a nuclear process.

3.7 At any time in a country or territory in which coverage is excluded as specified in the attachment (if any).

3.8 At oil rig platform or underground mine

Section 4: Insuring Agreement

Subject to the rules, general terms and conditions, insuring agreements, exclusions, and attachments of the Policy, and in consideration for the premium paid by the Insured, the Company agrees to provide coverage only as specified in the following schedule.

Insuring Agreement

Loss of Life, Dismemberment, Loss of Sight or Total Permanent Disability from Accident Benefit

Additional Definitions

Dismemberment	<i>means</i>	The cutting of a wrist or ankle from the body, and shall include total loss of usability of the aforesaid organ, and there is a clear medical indication that it will never be able to function again.
Loss of Sight	<i>means</i>	Total blindness that is incurable.
Total Permanent Disability	<i>means</i>	Disability to the extent of permanent inability to perform any function in a full-time job or any other occupation.

Coverage

This insurance covers Loss or Damage arising from physical Injury of the Insured due to an Accident, which causes death, dismemberment, loss of vision or permanent disability to the Insured within 180 days from the date of Accident; or Injury for which continuous treatment as an Inpatient in a Hospital or Medical Facility is required for the Insured, and which subsequently causes death at any time. The Company shall pay the following compensation.

1. 100% of the sum insured In case of death.
2. 100% of the sum insured In case of permanent disability which must continue for not less than 12 months from the date of Accident, or there is a clear medical indication that the Insured has become permanently disabled.
3. 100% of the sum insured For both hands from wrists, both feet from ankles, or sight of both eyes.
4. 100% of the sum insured For one hand from the wrist and one foot from the ankle.
5. 100% of the sum insured For one hand from the wrist and sight of one eye.
6. 100% of the sum insured For one foot from the ankle and sight of one eye.
7. 60% of the sum insured For one hand from the wrist.
8. 60% of the sum insured For one foot from the ankle.
9. 60% of the sum insured For sight of one eye.

The Company shall pay compensation in accordance with this clause only for one maximum item throughout the period of insurance. The Company shall compensate the consequence arising in accordance with this insuring agreement in aggregate not exceeding the amount specified in the schedule. If the Company has not compensated the full sum insured, the Company shall continue to provide coverage until the expiry of the period of insurance only in the amount of the remaining sum insured.

Additional documents and evidence for claim (only apply to Loss of Life, Dismemberment, Loss of Sight or Total Permanent Disability from Accident Benefit)

The Insured shall, at his or her expense, submit the following evidence to the Company within 30 days from the date on which the Physician concludes that the Insured suffers permanent disability or dismemberment.

1. Claim for benefit in case of total permanent disability or dismemberment resulting from an Accident

- 1.1 Claim form as prescribed by the Company
- 1.2 Physician's report indicating the permanent disability or dismemberment
- 1.3 Letter confirming the Accident from the commercial airline (in case of permanent disability or dismemberment from an Accident when being on a commercial airplane)
- 1.4 Copy of the Insured's passport
- 1.5 Documents or evidence according to the company required (if any)

2. Claim for compensation in case loss of life

- 2.1 Claim form as prescribed by the Company
- 2.2 Death certificate
- 2.3 Copy of autopsy report
- 2.4 Copy of police report
- 2.5 Copies of ID card and house registration of the Insured with the wording "Deceased" thereon
- 2.6 Copy of the Insured's passport or travel evidence
- 2.7 Copies of ID card and house registration of the beneficiary
- 2.8 Letter confirming the Accident from the commercial airline (in case of death from an Accident when being on a commercial airplane)
- 2.9 Documents or evidence according to the company required (if any)

Exclusions (only apply to Loss of Life, Dismemberment, Loss of Sight or Total Permanent Disability from Accident Benefit)

The insurance under this insuring agreement shall not cover any Injury, loss, or damage arising from or as a result of, or occurring during:

1. Injury arising from the action of the Insured while the Insured is under the influence of alcohol, addictive substance, or narcotics to the extent of being unable to control one's mind.
The term "under the influence of alcohol" in case of having a blood test refers to an alcohol level of 150 milligram percent and over.
2. Infectious parasite, with an exception of infection of tetanus or rabies from a wound suffered as the result of an Accident.
3. Miscarriage
4. Injury while the Insured is taking part in racing of all kinds, including car, boat, horse, ski, jet-skiing, skate, boxing, parachute jumping (except for the purpose of life saving), boarding or traveling in a hot air balloon, or gliding.
5. While the Insured is boarding or traveling in an aircraft which has no license for carrying passengers or does not operate as a commercial aircraft.
6. While the Insured is piloting or working on board as an employee of an airline.
7. While the Insured is taking part in a brawl or taking part in inciting a brawl.
8. While the Insured is committing a felony or while the Insured is being arrested or escaping arrest.
9. While riding or as a passenger on motorcycle.
10. While the Insured is working as a plumber, electrician, mechanic, carpenter, painter, decorator or building contractor; working related to installation, assembly, maintenance or repair of machinery, electric appliance or hydraulic machinery; or working in a high-risk location or other labour work, exclusive of work related to management, supervision, sale, or food management and preparation.

TA2

Insuring Agreement Overseas Medical Expenses Benefit

Additional Definitions

Thai Traditional Physician	<i>means</i>	A Thai Traditional Physician legally licensed for providing treatment with Thai herbs. The Thai Traditional Physician shall not be the Insured, business partner, employer, employee or agent of the Insured, or a person related in any way to the Insured.
Chinese Traditional Physician	<i>means</i>	Physician legally licensed for providing treatment with herbs, acupuncture and chiropractic. The Chinese Traditional Physician shall not be the Insured, business partner, employer, employee or agent of the Insured, or a person related in any way to the Insured.

Coverage

During the validity of the Policy, subject to the coverage benefit conditions of the Policy, if the Insured is injured from an Accident or has a sudden or unanticipated Sickness during the period of insurance, causing the Insured to receive medical treatment whether as an Inpatient or Outpatient, the Company shall reimburse the Insured the Necessary and Reasonable Expenses incurred from medical treatment based on Medical Necessity and Medical Standards in the actual amount paid but not more than the sum insured specified in the insurance schedule.

In case of Injury due to Accident overseas which requires treatment by a Thai Traditional Physician or Chinese Traditional Physician, exclusive of bone fracture or broken bone, the Company shall reimburse the Insured the expenses paid by the Insured at the maximum not exceeding Baht 1,500 per person per accident.

The covered expenses are as follows.

1. Physician fees.
2. Medicine and parenteral nutrition, blood and blood components, as well as costs for the separation, preparation or analysis of blood or blood components, laboratory tests and pathology fees, radiology diagnosis, other special diagnostic methods, including Physician's reading fee, expenses related to the use or provision of services, medical tools and equipment outside the operating room, medical consumables (medical supplies 1), operating room fees and equipment, excluding cost of hiring a special Nurse while in a Hospital or a Medical Facility as an Inpatient.
3. Ambulance fee in case of emergency, to transport the Insured to or from a Hospital or a Medical Facility for Medical Necessity.
4. Take home drugs for Medical Necessity, but not for more than 14 days.

5. Cost for an ICU room or standard single room plus meals provided for the patient by the Hospital or Medical Facility, and daily nursing service fee.

In the case that the Insured is entitled to claim expenses, partly or wholly, from any person or source, the Company will reimburse the Insured the medical expenses only for the amount exceeding the amount that may be claimed.

Additional documents and evidence for claim (only apply to the Overseas Medical Expenses Benefit Agreement)

For claim for cost of medical treatment, the Insured shall, at his or her expense, submit the following evidence to the Company within 30 days from the date on which the Insured is discharged from the Hospital, Medical Facility or Clinic.

1. Claim form as prescribed by the Company.
2. Physician's report indicating significant symptom, diagnosis result and treatment.
3. Original copy of receipt listing the expenses, or a summary of the bill and receipt.
4. Copy of the Insured's passport or travel evidence.
5. Documents or evidence according to the company required (if any).

The receipts listing expenses must be the original receipts. The Company will return such receipts that certify the amount paid to the Insured to further claim the remaining amount from another insurer. If the Insured has been indemnified by government welfare, other welfare, or other insurance, the Insured shall submit a copy of the receipt certifying the amount paid by government welfare or other agency to further claim the remaining amount from the Company.

Exclusions (only apply to the Overseas Medical Expenses Benefit Agreement)

The insurance under this insuring agreement does not cover the following expenses.

1. Pre-existing Conditions.
2. Treatment or remedies for congenital abnormalities.
3. Treatment for relaxation or health, massage for health or relaxation, rehabilitation, bodily checkups, other treatment costs unrelated to the Injury or Sickness.
4. Treatment of disease or condition related to mind, nerves, stress, insanity, including narcotic addiction, or genetic disorder.
5. AIDS, venereal disease, or sexually transmitted diseases (STD).
6. Treatment related to pregnancy, child birth, or miscarriage.
7. Prosthesis and artificial aids of all kinds (medical supplies 2), i.e. cane, crutches, eyeglasses, hearing aid, speech device, pacemaker.
8. Expenses related to dental treatment, except for first aid after an Accident. This does not include the expense for dental reconstructive treatment, orthodontics, crowns, scaling or polishing, filling, dentures, or expenses for treatment necessary for natural phonation due to dental treatment after an Accident.
9. Medical treatment incurred for the purpose of reaping benefit from this insurance policy.
10. Treatment for beauty, e.g. acne, blemish, freckle, dandruff, dietary, hair transplantation or treatment to remedy bodily deficiency, cosmetic surgery, except in case of necessity as a consequence of an Accident to reconstruct or restore the function of an organ.
11. Any medical treatment given by a Physician who is the Insured or who is father, mother, spouse, or child of the Insured.
12. Immunization or vaccination to prevent disease, except vaccination to prevent rabies after being injured by an animal and vaccination to prevent tetanus after Injury.
13. Injury while the Insured is taking part in racing of all kinds, including car, boat, horse, ski, jet-skiing, skate, boxing, parachute jumping (except for the purpose of life saving), boarding or traveling in a hot air balloon, or gliding.
14. Injury while the Insured is taking part in a brawl or taking part in inciting a brawl.
15. Injury while the Insured is committing a felony or while the Insured is being arrested or escaping arrest.
16. Injury arising from the action of the Insured while the Insured is under the influence of alcohol, addictive substance, or narcotics to the extent of being unable to control one's mind.
The term "under the influence of alcohol" in case of having a blood test refers to an alcohol level of 150 milligram percent and over.
17. Injury while the Insured is boarding or traveling in an aircraft which has no license for carrying passengers or does not operate as a commercial aircraft.
18. Injury while the Insured is piloting or working on board as an employee of an airline.

**Insuring Agreement
Continued Medical Treatment in Thailand**

Coverage

This insurance covers Necessary and Reasonable Expenses incurred from medical treatment based on Medical Necessity and Medical Standards for medical treatment or follow up in Thailand if the Insured is injured from an Accident or has a sudden or unanticipated Sickness while abroad during the period of insurance. Duration of receiving medical treatment is defined as follow

1. In case that Insured never receives any medical treatment from stated injury or sickness from abroad before, the insured must receive medical treatment in Thailand within 1 day counting from the arriving day to Thailand and get continued medical treatment at most 7 days counting from the first day receiving medical treatment in Thailand.

Company will pay to the insured at actual medical expense but not exceed sum insured specified in the insurance schedule and/or certificate

2. In case that Insured get medical treatment from abroad, insured has 7 days counting from the arriving day to Thailand to receive continues medical treatment in Thailand or within specified duration from selected travel insurance plan whichever occurs first.

Company will pay to insured the Necessary and Reasonable Expenses incurred from medical treatment based on Medical Necessity and Medical Standards in the actual amount paid but not more than the sum insured specified in the insurance schedule and/or certificate.

In the case that the Insured is entitled to claim expenses, partly or wholly, from any person or source, the Company will reimburse the Insured the medical expenses only for the amount exceeding the amount that may be claimed as specified in insurance schedule and/or certificate. Company will pay only expenses that happen in Thailand (if any).

Additional documents and evidence for claim (only apply to the Continued Medical Treatment in Thailand Agreement)

For claim for cost of medical treatment, the Insured shall, at his or her expense, submit the following evidence to the Company within 30 days from the date on which the Insured is discharged from the Hospital, Medical Facility or Clinic.

1. Claim form as prescribed by the Company.
2. Physician's report indicating significant symptom, diagnosis result and treatment.
3. Original copy of receipt listing the expenses, or a summary of the bill and receipt.
4. Copy of the Insured's passport or travel evidence.
5. Documents or evidence according to the company required (if any).

The receipts listing expenses must be the original receipts. The Company will return such receipts that certify the amount paid to the Insured to further claim the remaining amount from another insurer. If the Insured has been indemnified by government welfare, other welfare, or other insurance, the Insured shall submit a copy of the receipt certifying the amount paid by government welfare or other agency to further claim the remaining amount from the Company.

Exclusions (only apply to the Continued Medical Treatment in Thailand Agreement)

The insurance under this insuring agreement does not cover the following expenses.

1. Pre-existing Conditions.
2. Treatment or remedies for congenital abnormalities.
3. Treatment for relaxation or health, massage for health or relaxation, rehabilitation, bodily checkups, other treatment costs unrelated to the Injury or Sickness.
4. Treatment of disease or condition related to mind, nerves, stress, insanity, including narcotic addiction, or genetic disorder.
5. AIDS, venereal disease, or sexually transmitted diseases (STD).
6. Treatment related to pregnancy, child birth, or miscarriage.
7. Medical treatment that is not conventional medicine including alternative medicine such as Acupuncture therapy, Massage Therapy, Acupressure and Chiropractic
8. Prosthesis and artificial aids of all kinds (medical supplies 2), i.e. cane, crutches, eyeglasses, hearing aid, speech device, pacemaker.

9. Expenses related to dental treatment, except for first aid after an Accident. This does not include the expense for dental reconstructive treatment, orthodontics, crowns, scaling or polishing, filling, dentures, or expenses for treatment necessary for natural phonation due to dental treatment after an Accident.
10. Medical treatment incurred for the purpose of reaping benefit from this insurance policy.
11. Treatment for beauty, e.g. acne, blemish, freckle, dandruff, dietary, hair transplantation or treatment to remedy bodily deficiency, cosmetic surgery, except in case of necessity as a consequence of an Accident to reconstruct or restore the function of an organ.
12. Any medical treatment given by a Physician who is the Insured or who is father, mother, spouse, or child of the Insured.
13. Immunization or vaccination to prevent disease, except vaccination to prevent rabies after being injured by an animal and vaccination to prevent tetanus after Injury.
14. Injury while the Insured is taking part in racing of all kinds, including car, boat, horse, ski, jet-skiing, skate, boxing, parachute jumping (except for the purpose of life saving), boarding or traveling in a hot air balloon, or gliding.
15. Injury while the Insured is taking part in a brawl or taking part in inciting a brawl.
16. Injury while the Insured is committing a felony or while the Insured is being arrested or escaping arrest.
17. Injury arising from the action of the Insured while the Insured is under the influence of alcohol, addictive substance, or narcotics to the extent of being unable to control one's mind.
The term "under the influence of alcohol" in case of having a blood test refers to an alcohol level of 150 milligram percent and over.
18. Injury while the Insured is boarding or traveling in an aircraft which has no license for carrying passengers or does not operate as a commercial aircraft.
19. Injury while the Insured is piloting or working on board as an employee of an airline.

TA20

Insuring Agreement

Emergency Medical Evacuation or Transportation to Country of Domicile Benefit

Coverage

This insurance provides benefit coverage when the Insured suffers Injury or Sickness during his or her Overseas Trip and it is necessary to evacuate the Insured by the method suitable for necessity based on opinion or advice of AWP Services (Thailand) Co.,Ltd., or its authorized representative, in order to receive appropriate medical treatment; or to evacuate the Insured back to the Country of Domicile. The Company shall pay the evacuation expense directly to AWP Services (Thailand) Co.,Ltd.

With respect to the movement method for emergency medical treatment, AWP Services (Thailand) Co.,Ltd. or its authorized representative will decide and determine the method and type of movement, and the destination, which may include cost of patient transport vehicle by air, sea, land, train or other suitable transport methods, and based on necessary medical treatment.

The coverage specified herein is for expenses for services which are determined and/or prepared by AWP Services (Thailand) Co.,Ltd. with respect to transport or medical treatment, and cost of medical tools incurred out of necessity as a result of the transport for emergency medical treatment of the Insured specified herein.

Additional documents and evidence for claim (only apply to the Emergency Medical Evacuation or Transportation to Country of Domicile Benefit)

The Policy holder, Insured or representative must submit the following documents at their own expense within 30 days of the date of occurrence;

1. Claim form as prescribed by the Company
2. The Insured or related person shall notify the Company or AWP Services (Thailand) Co.,Ltd. without delay
3. If the Insured is injured in a remote area, the Insured should contact a local Physician for first aid, and AWP Services (Thailand) Co.,Ltd. shall consider transportation methods and cooperate with the Physician for further treatment
4. Copy of the Insured's passport or travel evidence
5. Documents or evidence according to the company required (if any)

Exclusions (only apply to the Emergency Medical Evacuation or Transportation to Country of Domicile Benefit)

The insurance under this insuring agreement shall not cover expenses for emergency medical evacuation and transportation to the Country of Domicile arising from or as a result of the following causes.

1. Expenses for all services for which the Insured is not obligated to pay or any expense already included in the expenses specified in the traveling schedule.
2. Any expense related to service that is not approved or managed by AWP Services (Thailand) Co.,Ltd., or its authorized representative, unless the Insured or his or her traveling companion is unable to notify AWP Services (Thailand) Co.,Ltd. and has a reasonable cause for the immoderate and uncontrollable expense incurred during emergency medical treatment at any place. In this case, the Company reserves the right to compensate the amount advanced by the Insured only for the expenses incurred from those services under the situation specified by AWP Services (Thailand) Co.,Ltd., and in the maximum amount not exceeding the sum insured specified in the schedule.
3. Pre-existing Conditions.
4. AIDS, or a blood test result revealing HIV positive, and other diseases related to AIDS.
5. Venereal disease or any sexually transmitted diseases (STD).

TA21

Insuring Agreement

Repatriation of Body or Ashes to Country of Domicile Benefit

Coverage

This insurance provides coverage when the Insured suffers Injury or Sickness during his or her Overseas Trip, which causes death to the Insured within 30 days from the date of such Injury or Sickness. AWP Services (Thailand) Co.,Ltd., or its authorized representative, shall arrange for the repatriation of the body or ashes of the Insured to the Country of Domicile. The Company shall pay the expenses incurred from repatriation of the body or ashes to the Country of Domicile directly to AWP Services (Thailand) Co.,Ltd. in the amount actually payable, provided that it does not exceed the maximum sum insured specified in the schedule. The Company shall indemnify any expense for repatriation of the body of the Insured that has been advanced to the Insured's estate in accordance with the amount actually incurred for services and arrangement by a funeral director (undertaker), including costs of casket, embalming, cremation, and other similar expenses.

Additional documents and evidence for claim (only apply to the Repatriation of Body or Ashes to Country of Domicile Benefit)

The Policy holder, Insured or representative must submit the following documents at their own expense within 30 days of the date of occurrence;

1. Claim form as prescribed by the Company
2. Death certificate
3. Copy of autopsy report
4. Copy of police report
5. Copies of ID card and house registration of the Insured with the wording "Deceased" thereon.
6. Copy of the Insured's passport or travel evidence
7. Copies of ID card and house registration of the beneficiary
8. Original receipt of the funeral expense and other related expenses
9. Documents or evidence according to the company required (if any)

Exclusions (only apply to the Repatriation of Body or Ashes to Country of Domicile Benefit)

The insurance under this insuring agreement shall not cover expenses for the repatriation of the body or ashes to the Country of Domicile arising from or as a result of the following causes.

1. Expenses for all services for which another person must be legally responsible for the Insured or any expense already included in traveling expenses for which the person arranging the trip or the transport company must be responsible.
2. Any expense for the repatriation of the body of the Insured that is not approved or arranged by AWP Services (Thailand) Co.,Ltd.
3. Pre-existing Conditions.
4. AIDS, or a blood test result revealing HIV positive, and other diseases related to AIDS.
5. Venereal disease or any sexually transmitted diseases (STD).