

Domestic Travel Insurance
(Sell through electronic channel (Online))

Thank you for placing your trust in our company for your Domestic travel insurance.
We are honoured to provide you with protection and peace of mind during your journey.

Insurverse is dedicated to providing you with dedicated assistance and total peace of mind
throughout your journey. Our team is ready to assist you every day, 24/7.

Should you require any assistance, please contact insurverse

Assistance Services 24/7 Hotline at (66) 02-842-9899

The assistance services you will receive are;

Travel Assistance Services

Telephone Medical Advice

Arrangement of Hospital Referral

Arrangement of Hospital Admission

Arrangement of Appointments with Local Doctors for Treatment

Letter of Guarantee for Hospital Admission

Emergency Medical Evacuation

Emergency Medical Repatriation

Enjoy your trip and please let insurverse to be your selected Travel Insurance for the next time.

Remark: The English version is a translation of the original in Thai for information purpose only.

In case of a discrepancy, the Thai original shall prevail.

Domestic Travel Insurance

(Sell through electronic channel (Online))

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, insuring agreements, exclusions and attachments of this insurance Policy, the Company agrees with the Insured as follows:

Section 1: Definitions

Unless specified otherwise in this Policy, words or expressions to which specific meanings have been ascribed in any part of this Policy shall have such specific meanings whenever they are used in this Policy.

- | | | |
|-------------------|-------|--|
| 1.1 Policy | means | The policy schedule, general terms and conditions, general exclusions, insuring agreements, policy attachments, insurance application, policy endorsements, insurance certificate, and summary documents setting out the terms, coverages, and exclusions under this policy, which are all regarded as being part of the insurance contract. |
| 1.2 Company | means | INSURVERSE PUBLIC CO., LTD. |
| 1.3 Insured | means | The person named as the insured in this schedule and/or insurance certificate, and under coverage of this policy. |
| 1.4 Trip Duration | means | the duration of each trip of the Insured who is covered, which begins and ends within the insurance period, as follows: |

1.4.1 In the case of domestic travel (Domestic)

The trip duration shall commence from the time the Insured departs from their residence for that trip and continues until the Insured returns to their residence, **unless otherwise specified in this insurance policy.**

1.4.2 In the case where the Insured is a person traveling into the Kingdom of Thailand (Inbound)

The trip duration shall commence from the time the Insured arrives in Thailand and continues until the Insured departs from Thailand, **unless otherwise specified in this insurance policy.**

In this regard, arrival in Thailand or departure from Thailand is determined by proper completion of all immigration checkpoint procedures.

- | | | |
|--------------|-------|--|
| 1.5 Accident | means | 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	means	Bodily injury directly resulting from an accident that happens solely and independently from other causes.
1.7 Sickness	means	A symptom, disorder, illness, or infection which occurs to the insured suddenly or acutely and is unforeseeable, meaning a symptom, disorder, illness, or infection that arises after this policy is in force, provided that it is clearly evidenced that such condition occurs solely and independently of any other causes.
1.8 Any Loss or Damage	means	<p>1. Bodily injury to the Insured by accident resulting in the Insured's death, loss of limb, loss of sight, total permanent disability or requiring medical treatment.</p> <p>2. Any loss or damage as specified in the coverage provisions.</p>
1.9 Deductible	means	The first fixed amount that the insured is responsible for paying according to the insuring agreements and/or endorsements (if any).
1.10 Physician	means	A person who has graduated with a degree in medicine, is properly registered with the Medical Council, and is licensed to practice in the medical or surgical field in the locality where medical or surgical services are provided, but does not include a physician who is the Insured, spouse, blood relative or descendant of the Insured.
1.11 Nurse	means	A person who is licensed to practice nursing in accordance with the law.
1.12 Hospital	means	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.
1.13 Medical Facility	means	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.
1.14 Clinic	means	a modern medical facility that is permitted by law to provide medical treatment and diagnoses by Physicians, but cannot accommodate overnight patients.
1.15 Medical Standard	means	the principles or guidelines of modern medical practice that are internationally recognized and lead to appropriate treatment plans for patients according to medical necessity and consistent with conclusions from medical history,

		sickness history, examination findings, autopsy results, or other factors (if any).
1.16 Necessary and Reasonable Expenses	means	medical expenses and/or any expenses that are appropriate when compared to the services that the hospital, medical facility, or clinic charges general patients of the hospital, medical facility, or clinic where the Insured receives treatment.
1.17 Medical Necessity	means	<p>Medical services provided under the following conditions:</p> <p>(1) Must be consistent with the diagnosis and treatment of the recipient's injury condition.</p> <p>(2) Must have clear medical indications according to current medical practice standards.</p> <p>(3) Must not be solely for the convenience of the recipient or the recipient's family or the healthcare provider. and</p> <p>(4) Must be medical treatment services according to appropriate patient care standards, according to the necessity of that recipient's injury condition.</p>
1.18 Pre-existing condition	means	A disease (including complications), symptoms, or abnormalities that occurred to the Insured within 12 months before the date this insurance policy coverage takes effect, which is significant enough to cause an ordinary person to seek diagnosis, care or treatment, or cause a physician to provide diagnosis, care, or treatment.
1.19 AIDS	means	<p>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.</p> <p>Opportunistic infection shall include, but is not limited to, Pneumocystis Carinii Pneumonia, Organism of Chronic Enteritis, virus, and/or Disseminated Fungi Infection.</p> <p>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.</p> <p>AIDS shall include HIV (Human Immunodeficiency Virus), Encephalopathy Dementia, and outbreak of virus.</p>

1.20 Policy Year	means	A period of one year from the date the insurance policy takes effect or from each subsequent policy anniversary date.
1.21 Terrorism	means	An act that uses force or violence and/or involves threats by any person or group of persons, whether acting alone, acting on behalf of or in connection with any organization or any government, which is committed for political, religious, ideological purposes or similar purposes, including to cause the government and/or the public or any part of the public to be in a state of panic or terror.
1.22 Emergency Assistance Provider	means	A company or legal entity or agent of the emergency assistance provider authorized by the insurance policy issuing company to provide emergency assistance services during travel and various services to the Insured as specified in this insurance contract.

Section 2: General Terms and Conditions

2.1 Insurance Contract

This insurance contract is made based on the Company's reliance upon the statements of the Insured in the application for insurance and additional statements (if any) signed by the Insured as evidence for agreeing to provide insurance coverage under the insurance contract. The Company has therefore issued the insurance policy and summary document of key provisions for this insurance policy.

In the event that the Insured already knows but makes false statements in the statements under paragraph one, or already knows any true facts but conceals those true facts without informing the Company, which if the Company had known those true facts might have induced the Company to charge higher premiums or refuse to enter into the insurance contract, this insurance contract shall be voidable under Section 865 of the Civil and Commercial Code. The Company has the right to rescind the insurance contract.

The Company shall not deny liability based on statements other than those made by the Insured in the documents under paragraph one.

2.2 Completeness of Insurance Contract and Amendment of Contract Terms

This insurance policy, together with the coverage provisions and endorsements, constitute the insurance contract. Any amendment to the insurance contract must be consented to by the Company and must be recorded in this insurance policy or in an endorsement to be valid.

2.3 Period of Insurance

The coverage for each Insured shall commence and terminate within the period specified as follows:

2.3.1 In the case of Single Trip

Each Insured shall receive coverage according to the "Trip Duration" specified in the definitions, which must be within the insurance period as specified in the insurance policy schedule or certificate of insurance (unless otherwise specified in this insurance policy).

2.3.2 In the case of Annual Trip

To cover multiple trips, with coverage period for each trip the same as clause 2.3.1, and the trip duration for each trip not exceeding.....-.....days

2.4 Notification and Claim for Indemnity

The Insured, beneficiary, or representative of such person as the case may be, must notify the Company of any loss or damage without delay. In the case of death, the Company must be notified immediately, unless it can be proven that there were reasonable necessary circumstances preventing immediate notification to the Company, but notification was made as soon as possible.

In claiming compensation, the Insured, beneficiary, or representative of such person as the case may be, must submit evidence or documents as specified under each coverage provision to the Company within the specified time period at their own expense.

Failure to submit documents or evidence within such period shall not result in loss of the right to claim if it can be shown that there were reasonable circumstances preventing the submission of documents or evidence within the specified period but they were submitted as soon as possible.

2.5 Medical Examination

The Company has the right to examine the medical treatment history and diagnostic examinations of the Insured to the extent necessary for this insurance, and has the right to perform an autopsy in cases where it is necessary and not contrary to law at the Company's expense.

In the event that the Insured does not consent to the Company examining the medical treatment history and diagnostic examinations of the Insured for consideration of compensation payment, the Company may refuse to provide coverage to the Insured.

2.6 Payment of Compensation

The Company shall pay compensation within 15 days from the date the Company receives complete and correct evidence of loss or damage. Compensation for death shall be paid by the Company to the beneficiary, while other compensation shall be paid to the Insured.

In the event there is reasonable doubt that a claim for the Company to indemnify under the aforementioned insurance policy does not comply with the coverage provisions in the insurance policy, the specified period may be extended as necessary, but shall not exceed 90 days from the date the Company receives complete documents.

If the Company is unable to pay compensation within the above period, the Company shall be liable to pay interest at the rate of 15 percent per annum on the amount payable, calculated from the due date of payment.

2.7 Settlement of Dispute by Arbitration

In the event of any dispute, conflict, or claim under this insurance policy between the claimant under the insurance policy and the Company, and if the claimant wishes and deems it appropriate to settle that dispute by arbitration, the Company agrees and consents to have the matter adjudicated by an arbitrator in accordance with the regulations of the Office of Insurance Commission (OIC) concerning arbitration.

2.8 Automatic Termination of Insurance Contract for Each Insured

Coverage under this insurance policy for each Insured shall automatically terminate when:

2.8.1 The Insured dies from a cause not covered under this insurance policy. In the case of Annual Trip coverage, the Company shall refund the premium to the Insured, deducting the premium for the period during which this insurance policy has been in force on a pro-rata basis.

2.8.2 The Insured is detained in prison or a correctional institution. In the case of Annual Trip coverage, the Company shall refund the premium to the Insured, deducting the premium for the period during which this insurance policy has been in force on a pro-rata basis.

2.8.3 The trip duration as defined in the definitions expires.

2.8.4 The insurance period expires according to the date specified in the insurance policy schedule or certificate of insurance.

2.9 Cancellation of Insurance Policy and Premium Refund

2.9.1 In the case of Single Trip, cancellation of the insurance policy after the insurance period start date shall result in no premium refund, except in cases where the Insured is required to cancel the trip due to the following reasons:

1) Due to death or serious injury or severe sickness of the Insured, with evidence confirming such cause and reasonable circumstances preventing cancellation of this insurance policy before the insurance period start date, but notification was made as soon as possible.

2) The Insured did not receive visa approval, with evidence confirming from the embassy, and the Insured must notify the Company before the coverage start date.

2.9.2 In the case of Annual Trip, the Insured or the Company may exercise the right to cancel the insurance policy under the conditions specified as follows:

1) The Company may cancel this insurance policy by sending written notice at least 15 days in advance by registered mail to the Insured at the last address notified to the Company. In this case, the Company shall refund the premium to the Insured, deducting the premium for the period during which this insurance policy has been in force on a pro-rata basis.

2) The Insured may cancel this insurance policy by providing written notice to the Company and is entitled to receive a premium refund after deducting the premium for the period during which this insurance policy has been in force according to the short-term premium rate as specified in the following table:

Short-Term Premium Rate Table

Insurance Period (Not exceeding/Month)	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

Cancellation of the insurance policy under the conditions in this clause, regardless of which party initiates it, must be a cancellation of the entire policy only. It is not possible to selectively cancel coverage for only a portion during the policy year.

2.10 Conditions Precedent

The Company shall be liable to indemnify compensation under this insurance policy when the Insured, beneficiary, or representative of such person as the case may be, has complied correctly and completely with the insurance contract and the conditions of the insurance policy.

Section 3: General Exclusions

This insurance policy does not cover:

3.1 Any loss or damage arising from or consequent upon the following causes:

3.1.1 Actions of the Insured while under any of the following conditions:

3.1.1.1 While under the influence of narcotics or illicit drugs to the extent of being unable to maintain consciousness, or

3.1.1.2 While under the influence of alcohol with a body alcohol level at the time of examination equivalent to a blood alcohol level of 150 milligrams percent or higher, or

3.1.1.3 While under the influence of alcohol to the extent of being unable to maintain consciousness in cases where no test was conducted or in cases where alcohol level cannot be measured.

3.1.2 Suicide, attempted suicide, or self-inflicted injury.

3.1.3 Infection by disease or parasites, except infection, tetanus, or rabies resulting from wounds received from an accident.

3.1.4 Medical or surgical treatment, except where necessary due to injury covered under this insurance policy and performed within the period specified in the insurance policy.

3.1.5 Any treatment related to pregnancy, childbirth, miscarriage, except where the miscarriage results from an accident, pregnancy complications, infertility treatment (including investigation and treatment), sterilization or contraception.

3.1.6 Dental treatment or root canal treatment, except treatment that occurs within 7 days from the date of the accident.

3.1.7 Replacement or fitting of dentures, dental crowns, prosthodontics.

3.1.8 Food poisoning.

3.1.9 Back pain caused by disc herniation, spondylolisthesis, degenerative Disc herniation, spondylosis, and conditions with defect or pathology at the pars interarticularis of the spine (spondylolysis), except where there is fracture or dislocation of the spine due to accident.

3.1.10 War, invasion, hostile acts by foreign enemies, or hostile acts resembling war, whether war has been declared or not, or civil war, which means war between people residing in the same country, insurrection, rebellion, riot, strike, civil commotion, revolution, coup d'état, declaration of martial law, or any event which results in the declaration or maintenance of martial law.

3.1.11 Terrorism.

3.1.12 Radiation or radioactive contamination from nuclear fuel or from any nuclear waste arising from the combustion of nuclear fuel and from any process of self-sustaining nuclear fission.

3.1.13 Explosion of radioactivity or nuclear components or any other hazardous materials that may explode in a nuclear process.

3.2 Loss or damage occurring at the following times (unless coverage has been extended and an endorsement has been issued to extend such coverage):

3.2.1 While the Insured is piloting or serving as a crew member of any aircraft.

3.2.2 While the Insured is participating in a brawl or provoking a brawl.

3.2.3 While the Insured is committing a crime, or while being arrested, or fleeing from arrest.

3.2.4 While the Insured enters or resides in the Kingdom of Thailand illegally.

3.2.5 While the Insured is hunting, racing any type of car or boat, horse racing, racing any type of ski including jet ski, skating racing, boxing, parachuting (except parachuting to save life), while ascending or descending or riding in a balloon or glider.

3.2.6 While the Insured is boarding or alighting from, or while riding in an aircraft that is not registered to carry passengers and is not a commercial airline.

3.2.7 While the Insured is in the area of an oil drilling rig or underground mine.

3.2.8 While the Insured is serving as a soldier, police officer, or volunteer and is engaged in warfare or suppression operations.

Section 4: Insuring Agreement

While this insurance policy is in force, subject to the provisions, general terms and conditions, coverage provisions, exclusions, and endorsements of the insurance policy, and in consideration of the premium payable by the Insured, the Company agrees to provide coverage only for the coverage provisions attached to this insurance policy and in the sum insured amounts as specified in the insurance policy schedule or certificate of insurance only.

Insuring Agreement

Loss of life, Dismemberment, Loss of sight or Total Permanent Disability due to Accident

Additional Definitions

- | | | |
|-------------------------------|-------|---|
| 1. Dismemberment | means | Severance from the body at or above the wrist or ankle, and includes complete loss of function of such limb with clear medical indication that it cannot be used again permanently. |
| 2. Loss of Sight | means | Total blindness with no possibility of cure permanently. |
| 3. Total Permanent Disability | means | Disability to the extent of being completely and permanently unable to perform any duties in the regular occupation and other occupations, or being unable to independently perform 3 or more activities of daily living.

Activities of Daily Living means the ability to perform 6 basic daily tasks of a normal person, which are medical criteria for assessing patients who are unable to perform such tasks, consisting of:

(1) Ability to Transfer, such as the ability to move from a chair to bed independently without assistance from others or using assistive devices.

(2) Ability to Walk or Mobilize, such as the ability to walk or move from one room to another independently without assistance from others or using assistive devices.

(3) Ability to Dress, such as the ability to put on or remove clothing independently without assistance from others or using assistive devices.

(4) Ability to Bathe, such as the ability to bathe, including entering and exiting the bathroom independently without assistance from others or using assistive devices.

(5) Ability to Eat, such as the ability to eat food independently without assistance from others or using assistive devices.

(6) Ability to Use the Toilet, such as the ability to use the toilet for elimination, including entering and exiting the bathroom independently without assistance from others or using assistive devices. |

Coverage

This insurance provides coverage for loss or damage arising from bodily injury to the Insured by accident occurring during the trip duration and resulting in the Insured's death, loss of limb, loss of sight, or total permanent disability within 180 days from the date of the accident, or injury causing the Insured to be continuously hospitalized as an inpatient in a hospital or medical facility and dying from that injury at any time. The Company shall pay compensation as follows:

- | | | |
|----|-------------------------|---|
| 1. | 100% of the sum insured | For Loss of life. |
| 2. | 100% of the sum insured | Becoming totally permanently disabled, with clear medical indication that the Insured has become totally permanently disabled, or in the case where there is no medical indication but the person has been totally permanently disabled continuously for not less than 12 months from the date of the accident. |
| 3. | 100% of the sum insured | For both hands at or above the wrist, or both feet at or above the ankle, or loss of sight in both eyes. |
| 4. | 100% of the sum insured | For one hand at or above the wrist and one foot at or above the ankle. |
| 5. | 100% of the sum insured | For one hand at or above the wrist and sight in one eye. |
| 6. | 100% of the sum insured | For one foot at or above the ankle and sight in one eye. |
| 7. | 60% of the sum insured | For one hand at or above the wrist. |
| 8. | 60% of the sum insured | For one foot at or above the ankle. |
| 9. | 60% of the sum insured | For sight in one eye. |

The Company shall pay compensation under this clause for only the single highest item.

Throughout the insurance period, the Company shall pay compensation for consequences arising under this coverage provision in total not exceeding the amount specified in the insurance policy schedule and/or certificate of insurance. If the Company pays compensation under this coverage provision that does not exhaust the sum insured, the Company shall continue to provide coverage until the end of the insurance period equal to the remaining sum insured only.

Submission of Documents or Evidence for Claiming Compensation (Applicable only to Loss of life, Dismemberment, Loss of sight or Total Permanent Disability due to Accident)

Claims and Submission of Evidence of Loss

The Insured, beneficiary, or representative of such person as the case may be, must notify and submit documents or evidence to the Company within 30 days from the date of death, Loss of life, Dismemberment, Loss of sight or Total Permanent Disability, at their own expense.

1. In the case of Dismemberment, Loss of sight or Total Permanent Disability due to Accident

- 1.1 Claim form as specified by the Company.
- 1.2 Medical report confirming Dismemberment, Loss of sight or Total Permanent Disability (if any).
- 1.3 Copy of passport and/or travel documents of the Insured.
- 1.4 Copy of national identification card of the Insured.
- 1.5 Documents or evidence as required by the Company as necessary (if any).

2. In the case of Loss of life

- 2.1 Claim form as specified by the Company.
- 2.2 Death certificate.
- 2.3 Copy of autopsy report.
- 2.4 Copy of police daily record.
- 2.5 Copy of national identification card and copy of house registration stamped "deceased" of the Insured.
- 2.6 Copy of passport and/or travel documents of the Insured.
- 2.7 Copy of national identification card and copy of house registration of the beneficiary.
- 2.8 Documents or evidence as required by the Company as necessary (if any).

Failure to submit evidence within such period shall not allow the Company to deny liability.

Insuring Agreement**Medical Expenses for Injury or Emergency Illness****Additional Definitions**

- | | | |
|---------------------------|-------|--|
| 1. Emergency Illness | means | Symptoms, abnormalities, illness or disease that occurs to the Insured suddenly or acutely and unpredictably, occurring after this insurance policy takes effect. It must be clearly evident that the sickness is one that occurs independently and separately from any other cause, occurring suddenly or acutely and unpredictably. |
| 2. Inpatient Room Charges | means | patient room charges, patient meals, nursing service charges, and hospital service charges provided by the hospital or medical facility per day. |
| 3. Inpatient | means | A person who is required to receive treatment in a hospital or medical facility continuously for not less than 6 hours and must be registered as an inpatient, having received diagnosis and advice from a physician according to indications which are medical standards and for an appropriate period of time for treatment of that injury or emergency sickness, and includes cases where a person is admitted as an inpatient and subsequently dies before completing 6 hours. |
| 4. Outpatient | means | A person receiving services related to medical treatment in the outpatient department or emergency room of a hospital, medical facility, or clinic, where there is no necessity according to diagnosis and indications that are medical standards for admission as an inpatient. |
| 5. Alternative Medicine | means | Diagnosis, medical treatment or disease prevention by methods of traditional Thai medicine, Thai folk medicine, traditional Chinese medicine, or other methods that are not modern medicine. |

Coverage

While the insurance policy is in force under the terms of the benefit coverage conditions of the insurance policy, if the Insured suffers bodily injury by accident or emergency sickness that occurs suddenly and unpredictably, occurring during the trip duration, necessitating medical treatment in a hospital, medical facility, or clinic whether as an inpatient or outpatient, the Company shall pay compensation for necessary and reasonable expenses arising from medical treatment according to medical necessity and medical standards, for the actual amount paid, but not exceeding the sum insured as specified in the insurance policy schedule or certificate of insurance.

However, if the Insured has received compensation from government welfare or any other welfare or from other insurance, the Company shall be liable only for the amount of medical expenses and the shortfall in medical expenses.

Limitations

1. Inpatient room charges limited to not exceeding.....-.....Baht per day. This limitation does not apply in cases of admission to intensive care unit (ICU) according to medical standards.
2. Does not cover private nursing charges, medical supplies (2), various support devices (except crutches), wheelchairs, external prosthetic organs, alternative medicine, acupuncture.

Submission of Documents or Evidence for Claiming Compensation (Applicable only to Medical Expenses for Injury or Emergency Illness)

The Insured or representative of such person as the case may be must submit the following evidence to the Company within 30 days from the date of discharge from the hospital, medical facility or the date of receiving treatment from a clinic, at their own expense:

1. Claim form as specified by the Company.
2. Copy of passport and/or travel documents of the Insured.
3. Medical report stating important symptoms, diagnosis results, and treatment.
4. Original receipt showing itemized expenses or summary statement with receipt.

The receipt showing itemized expenses must be the original receipt, and the Company will return the original receipt certified for the amount paid so that the Insured can claim the shortfall from other insurers. However, if the Insured has received compensation from government welfare or any other welfare or from other insurance, the Insured shall submit a copy of the receipt certified for the amount paid by government welfare or other agencies to claim the shortfall from the Company.

5. Other evidence as requested by the Company as necessary.

Failure to submit evidence within such period shall not result in loss of the right to claim if it can be shown that there were reasonable circumstances preventing the submission of such evidence within the specified period but it was submitted as soon as possible.

Specific Exclusions (Applicable only to Medical Expenses for Injury or Emergency Illness)

Insurance under this coverage provision does not cover the following expenses:

1. **Pre-existing Condition**
2. **Treatment or correction of congenital physical defects**
3. **Treatment for rest or health purposes, health or relaxation massage, convalescence, health examinations, or any examination or treatment not related to injury or sickness**
4. **Treatment of diseases, symptoms or conditions related to mental, neurological, stress, delirium, including drug addiction, or genetic diseases**
5. **AIDS, venereal disease or sexually transmitted diseases**
6. **Medical treatment that is not modern medical treatment, including Alternative Medicine such as acupuncture, naturopathy, massage therapy, acupressure and chiropractic**

7. All types of prosthetic devices such as canes, eyeglasses, hearing aids, speech devices, all types of cardiac pacemakers, etc.

8. Expenses related to dental or gum services, except to relieve injury from an accident, but does not include dental restoration, orthodontics, dental crowns, root canal treatment, scaling, tooth extraction, dental filling, dental implants or dentures, or medical treatment necessary for natural speech resulting from dental treatment from an accident

9. Services or surgery related to injury or sickness that is unnecessary arising for profit or to defraud the insurance policy

10. Treatment for cosmetic purposes, including acne treatment, melasma, freckles, dandruff, weight loss, hair transplant, or treatment to correct physical defects, cosmetic surgery, except for reconstructive surgery necessary as a result of an accident to enable such organ to return to normal function

11. Medical treatment expenses arising from a physician who is the Insured themselves, father, mother, spouse, or lawful child of the Insured

12. Vaccination or inoculation against disease, except rabies vaccination after being attacked by an animal and tetanus vaccination after injury

Note: The Company shall not offer or arrange the Medical Expenses for Injury or Emergency Illness, the Medical Expenses Coverage arising from Accidental Injury, and the Medical Benefits for Coronavirus Disease 2019 (COVID-19) in Thailand together in the same insurance plan.

Insuring Agreement**Daily Accidental Inpatient Indemnity****Coverage**

While the insurance policy is in force, this insurance provides coverage in the event the Insured is required to be hospitalized or admitted to a medical facility as an inpatient in Thailand due to injury from an accident occurring during the trip duration, within the insurance period, where such bodily injury arises from a cause covered under this insurance policy, according to medical necessity and medical standards.

The Company shall pay daily compensation benefit to the Insured according to the number of days admitted for treatment in a hospital or medical facility as an inpatient, for cases where the Insured is required to be hospitalized as an inpatient in Thailand. The Company shall pay benefits according to the sum insured per day and maximum number of days as specified in the insurance policy schedule page from the first day of admission for treatment as an inpatient in a hospital or medical facility, per each accident injury and per each trip, or per period (if any).

The Company shall pay compensation after the period of hospitalization and the Insured must notify the Company or emergency assistance agency every time they receive medical treatment in a hospital or medical facility as an inpatient.

If the Insured is injured and examination or treatment by surgery or procedure according to medical necessity requires treatment as an inpatient, but due to medical advances such examination or treatment means the Insured does not need to be hospitalized, the Company shall pay daily compensation to the Insured for one (1) day for examination or treatment performed by the following surgeries or procedures:

1. Lithotripsy (ESWL: Extracorporeal Shock Wave Lithotripsy)
2. Coronary angiography by dye injection (Coronary Angiogram / Cardiac Catheterization)
3. Cataract surgery (Extra Capsular Cataract Extraction with Intra Ocular Lens)
4. All types of laparoscopic surgery
5. All types of endoscopy examination
6. Sinus surgery or puncture (Sinus Operations)
7. Excision of breast mass (Excision Breast Mass)
8. Bone Biopsy
9. Amputation of finger or toe
10. Liver puncture/aspiration (Liver Puncture/Liver Aspiration)
11. Bone marrow aspiration
12. Lumbar puncture
13. Thoracentesis/Pleuracentesis/Thoracic Aspiration/Thoracic Paracentesis
14. Abdominal Paracentesis/Abdominal Tapping
15. Curettage, Dilatation & Curettage, Fractional Curettage
16. Cervical biopsy (Colposcope, Loop diathermy)

17. Treatment of Bartholin's Cyst (Marsupialization of Bartholin's Cyst)
18. Gamma ray treatment (Gamma knife)

Specific Terms and Conditions (Applicable only to Daily Accidental Inpatient Indemnity)

Claims and Submission of Evidence of Loss

The Insured or representative of such person as the case may be must notify and submit documents or evidence to the Company within 30 days from the date of discharge from the hospital, medical facility, or clinic, at their own expense:

1. Claim form as specified by the Company.
2. Medical report from the treating physician of the Insured.
3. Invoice / receipt from the hospital.
4. Copy of passport and/or travel documents of the Insured.
5. Copy of national identification card of the Insured.
6. Documents or evidence as required by the Company as necessary (if any).

Failure to submit evidence within such period shall not result in loss of the right to claim if it can be shown that there were reasonable circumstances preventing the submission of such evidence within the specified period but it was submitted as soon as possible.

Specific Exclusions (Applicable only to Daily Accidental Inpatient Indemnity)

Insurance under this coverage provision does not cover hospital admission as an inpatient from the following causes:

- 1. Services or surgery related to injury that is unnecessary and arises for fraud or to seek profit from the insurance policy**
- 2. Medical treatment in Thailand that is not modern medical treatment, including Alternative Medicine such as acupuncture, naturopathy, massage therapy, acupressure and chiropractic**
- 3. AIDS, venereal disease or sexually transmitted diseases**
- 4. Any treatment related to pregnancy, childbirth, miscarriage, pregnancy complications, infertility treatment (including investigation and treatment), sterilization or contraception**

Insuring Agreement

Emergency Medical Evacuation and Repatriation

Additional Definitions

Country of Domicile means Any country where the Insured has been granted citizenship rights by that government, or the country of permanent residence of the Insured.

Coverage

While the insurance policy is in force, this insurance provides benefit coverage when the Insured suffers injury from an accident or emergency sickness that occurs suddenly and unpredictably, occurring during the trip duration, and it is necessary to evacuate the Insured by means appropriate to the necessity according to the opinion or recommendation of the emergency assistance provider for appropriate medical treatment or to return the Insured to their country of domicile. The Company shall indemnify expenses for emergency medical evacuation or repatriation to country of domicile directly to the emergency assistance provider according to actual expenses incurred but not exceeding the sum insured specified in the insurance policy schedule. The method of emergency medical evacuation is determined by the emergency assistance provider, including the form of evacuation and destination, which includes air ambulance, sea, land, or other appropriate transportation methods according to medical necessity and medical standards.

This expense coverage is for services determined and/or arranged by the emergency assistance provider for transportation or medical treatment services, medical supplies and equipment incurred as necessary, resulting from the emergency medical evacuation of the Insured as specified herein.

The emergency assistance provider shall determine the method of emergency medical evacuation, the form of evacuation and destination, which may include air ambulance, sea, land, or other appropriate transportation methods as necessary.

The emergency assistance provider is *-the company designated as specified in the endorsement-*.

Specific Terms and Conditions (Applicable only to Emergency Medical Evacuation and Repatriation)

Claims and Submission of Evidence of Loss

The Insured or representative of such person as the case may be must notify and submit documents or evidence to the Company within 30 days from the date of incident, at their own expense:

1. Claim form as specified by the Company.
2. Copy of passport and/or copy of national identification card of the Insured.
3. Copy of travel documents of the Insured.
4. Documents or evidence as required by the Company as necessary (if any).

Failure to submit evidence within such period shall not result in loss of the right to claim if it can be shown that there were reasonable circumstances preventing the submission of such evidence within the specified period, but it was submitted as soon as possible.

However, expenses related to any services not approved and arranged by the emergency assistance provider that the Insured or beneficiary has paid in advance for such services, which could not be reported to the emergency assistance provider but there are reasonable grounds for expenses incurred that could not be controlled during emergency medical treatment anywhere, the Company shall indemnify actual expenses incurred but not exceeding expenses under similar circumstances as determined by the emergency assistance provider, not exceeding the sum insured as specified in the insurance policy schedule or certificate of insurance.

Specific Exclusions (Applicable only to Emergency Medical Evacuation and Repatriation)

Insurance under this coverage provision does not cover expenses for emergency medical evacuation and repatriation to country of residence arising from or consequent upon the following causes:

1. Expenses for all services for which the Insured is not liable to pay that are already included in the travel itinerary expenses

2. Expenses related to any services not approved and arranged by the authorized company, except where the Insured or the Insured's traveling companion is unable to notify the authorized company and there are reasonable grounds for excessive expenses incurred that could not be controlled during emergency medical treatment anywhere. In this case, the Company reserves the right to reimburse amounts paid in advance by the Insured only for expenses incurred for such services, according to similar expenses under such circumstances as determined by the authorized company, with a maximum amount not exceeding the sum insured as specified in the insurance policy schedule or certificate of insurance.

3. AIDS or positive blood test results for HIV virus and other diseases related to AIDS

4. Venereal disease or any disease transmitted through sexual intercourse

Insuring Agreement

Repatriation of Mortal Remains

Additional Definitions

Country of Domicile means Any country where the Insured has been granted citizenship rights by that government, or the country of permanent residence of the Insured.

Coverage

While the Insured is covered under this insurance policy, if the Insured dies within 30 days from the date of injury or emergency sickness that occurs suddenly and unpredictably during the trip duration, the Company shall pay expenses for body preparation and other necessary expenses related to handling the remains, such as coffin costs, embalming, cremation at the place of death, expenses for repatriation of remains or ashes of the Insured to their country of domicile, which is arranged by the emergency assistance provider authorized by the Company and charges expenses directly to the Company but not exceeding the sum insured specified in the insurance policy schedule or certificate of insurance.

The emergency assistance provider is *-the company designated as specified in the endorsement-*.

Submission of Documents or Evidence for Claiming Compensation (Applicable only to Repatriation of Mortal Remains)

The beneficiary or representative of such person as the case may be must notify and submit documents or evidence to the Company within 30 days from the date of incident, at their own expense:

1. Claim form as specified by the Company.
2. Death certificate.
3. Copy of autopsy report, certified by the investigating officer in charge of the case or the agency issuing the report.
4. Copy of police daily record, certified by the investigating officer in charge of the case.
5. Copy of national identification card and copy of house registration stamped "deceased" of the Insured.
6. Copy of passport and/or travel documents of the Insured.
7. Copy of national identification card or identification card used as reference of the beneficiary.
8. Original receipt showing itemized expenses for body preparation and other necessary expenses related to handling the remains.
9. Other evidence as requested by the Company as necessary (if any).

Failure to submit evidence within such period shall not result in loss of the right to claim if it can be shown that there were reasonable circumstances preventing the submission of such evidence within the specified period, but it was submitted as soon as possible.

However, expenses related to any services not approved and arranged by the emergency assistance provider that the Insured or beneficiary has paid in advance for such services, which could not be reported to the emergency assistance provider but there are reasonable grounds for expenses incurred that could not be controlled during emergency medical treatment anywhere, the Company shall indemnify actual expenses incurred but not exceeding expenses under similar circumstances as determined by the emergency assistance provider, not exceeding the sum insured as specified in the insurance policy schedule.

Specific Exclusions (Applicable only to Repatriation of Mortal Remains)

Insurance under this coverage provision does not cover expenses for repatriation of remains to country of domicile arising from or consequent upon the following causes:

- 1. Expenses for all services for which other persons are legally liable to the Insured, or any expenses already included in travel expenses for which the travel organizer or transportation company is responsible**
- 2. Any expenses for transportation of the Insured's remains which are not approved and arranged by the authorized company**
- 3. AIDS or positive blood test results for HIV virus and other diseases related to AIDS**
- 4. Venereal disease or any disease transmitted through sexual intercourse**

Insuring Agreement**Trip Postponement or Cancellation due to departure from residence****Additional Definitions**

1. Serious Injury or Severe Sickness means Any person who must receive treatment by a physician licensed to practice medicine according to law, and such serious injury or sickness results in the patient being certified by a physician that it is not advisable to travel or continue traveling for that trip.
2. Family Member means Father, mother, grandfather, grandmother, great-grandparents, son, daughter, spouse, and siblings sharing the same parents of the Insured, and father, mother, grandfather, grandmother, great-grandparents of the spouse.

Coverage

While the insurance policy is in force, this insurance provides coverage for trip postponement or trip cancellation by the Insured occurring within 30 days before the departure date from residence (except for the cause under item 4) due to:

1. Death or serious injury or severe sickness of the Insured or family member, preventing the Insured from traveling as scheduled.
2. Unexpected strike, riot, civil war, which are events beyond the Insured's control preventing travel as scheduled.
3. Receipt of a summons to be a witness in court or receipt of a court order.
4. When the Insured's residence used as permanent residence suffers serious damage from fire or natural disaster within 1 week before the departure date, preventing the Insured from traveling as scheduled.

The Company shall indemnify the Insured for loss or damage from trip postponement or trip cancellation occurring after the insurance policy takes effect, including travel deposit, advance ticket purchase and/or accommodation costs, meal costs paid in advance by the Insured, and/or expenses the Insured is legally liable for, only for loss or damage not compensated from other sources and resulting directly from trip postponement or trip cancellation from the covered causes above, before the trip start date.

This coverage shall only be effective when the Insured has purchased insurance before knowing of any event which may cause such trip postponement or trip cancellation.

Specific Terms and Conditions (Applicable only to Trip Postponement or Cancellation due to departure from residence)**Claims and Submission of Evidence of Loss**

The Insured, beneficiary or representative of such person as the case may be must notify and submit documents or evidence to the Company within 30 days from the date of incident, at their own expense:

1. Claim form as specified by the Company.

2. Letter from tour company or carrier or hotel, accommodation or other relevant parties stating the amount collected from the Insured.

3. Medical certificate in case of trip cancellation due to death or serious injury or severe sickness of the Insured or family member.

4. Copy of death certificate (in case of death of the Insured or family member).

5. Copy of passport and/or travel documents of the Insured.

6. Copy of national identification card of the Insured.

7. Other evidence as requested by the Company as necessary (if any).

Failure to submit evidence within such period shall not result in loss of the right to claim if it can be shown that there were reasonable circumstances preventing the submission of such evidence within the specified period, but it was submitted as soon as possible.

Specific Exclusions (Applicable only to Trip Postponement or Cancellation due to departure from residence)

Insurance under this coverage provision does not cover trip postponement or trip cancellation arising from or consequent upon the following causes:

- 1. Any loss or damage arising from government control or regulations**
- 2. Bankruptcy, insolvency, or default of payment by a tour operator or carrier causing trip cancellation**
- 3. Any loss or damage covered under other insurance policies still in force, or government programs, or compensation to be received from other sources such as hotels, airlines, tour operators, or any other operators related to travel, meals, and accommodation**
- 4. AIDS or positive blood test results for HIV virus and other diseases related to AIDS**
- 5. Venereal disease or any disease transmitted through sexual intercourse**
- 6. Purchasing this insurance within less than seven (7) days before the departure date, except in cases of death or serious injury from an accident of the Insured or family member**
- 7. Trip cancellation or trip postponement known in advance by the Insured before applying for this insurance**
- 8. Pre-existing Condition**
- 9. Treatment of mental illness or any mental symptoms**
- 10. Illegal acts by the Insured or the Insured being prosecuted criminally**

Insuring Agreement

Loss of or Damage to Baggage or Personal Effects

Additional Definitions

1. Baggage	means	The Insured's personal baggage taken or additionally purchased for personal use during the Insured's trip.
2. Personal Property	means	Property of the Insured carried along during the trip.
3. Household Items	means	Items normally used in the home that ordinary persons would not carry while traveling, such as clothing not necessary for the trip, kitchen utensils, household conveniences, etc.
4. Souvenirs	means	Items that are symbolic or commemorative of events, places, or things that are sold or given as souvenirs.
5. Jewelry	means	Items such as rings, bracelets, necklaces, bangles, earrings, pendants, and watches worn as body adornments.
6. Valuables	means	Jewelry made of gold, silver, or other precious metals, fur, watches, and gems, diamonds, or precious stones, including all gold items and silver items.

Coverage

While the insurance policy is in force, this insurance provides coverage for loss of or damage to baggage and personal property within the baggage of the Insured that suffers loss or damage during the period of travel into Thailand, including the period of travel within Thailand, in the following cases:

1. While the baggage or personal property is under the care and custody of hotel staff or a transportation company. Such loss or damage must be certified in writing by the management of that hotel or the management of that transportation company, or

2. Resulting from any person committing acts in the nature of robbery, or violent coercion, or by threatening or intimidating the Insured to take that baggage or personal property. For such loss or damage, the Insured must report to the police authorities in the area where the loss or damage occurred within 24 hours from the time of the incident. Claims for compensation must be accompanied by a police daily record as such.

The Company shall indemnify for loss of or damage to baggage and personal property within the baggage of the Insured during the period of travel into Thailand, including the period of travel within Thailand or when this insurance policy expires according to the specified time, whichever occurs first. The Company shall indemnify as follows:

1. The Company shall indemnify for loss of or damage to items not exceeding the amount per piece, per pair, or per set, according to the actual amount paid or the maximum sum insured for each item specified in the insurance policy schedule page, in total not exceeding the maximum sum insured as specified in the insurance policy schedule.

2. The Company may deem it appropriate to indemnify in cash or choose to indemnify by restoration to original condition or repair, in cases where such items are not more than 1 year old.

3. The Company may indemnify in cash or choose to indemnify by restoration to original condition or repair, whereby the Company will deduct depreciation when it is accepted that there is wear and tear and depreciation in cases where such items are more than 1 year old.

Specific Terms and Conditions (Applicable only to Loss of or Damage to Baggage or Personal Effects)

1. The Insured must report loss or damage to police authorities or authorities responsible for the aircraft, ocean cruise ship, or vehicle used by the Insured for travel, and receive written evidence of notification of loss or damage from the authorized person of that vehicle, unless such action cannot be taken due to necessary circumstances or situations that prevent the Insured from making such notification.

2. The Insured must take all reasonable actions to prevent, protect and safeguard the insured property, and if such property is lost or damaged, the Insured must immediately notify the police authorities, hotel staff, transportation company, or authorized person at the destination transportation station.

3. In the event the Company has paid compensation under this insurance policy, the Company shall be subrogated to the rights of the Insured to claim against any person or organization only for the portion for which the Company has paid compensation. In this regard, the Insured must cooperate with the Company in delivering documents and taking necessary actions to protect such rights and must not take any action that is detrimental to the Company.

4. The Insured must follow all procedures to ensure that the baggage and personal property of the Insured receive proper care.

5. The Insured must be responsible for the deductible for any loss or damage in the sum insured amount as specified in the insurance policy schedule for each and every loss or damage.

Claims and Submission of Evidence of Loss

The Insured or representative of such person as the case may be must notify and submit documents or evidence to the Company within 30 days from the date of incident, at their own expense:

1. Claim form as specified by the Company.
2. Letter certifying loss or damage from hotel management or transportation company management, in cases where the loss or damage is under the control of hotel staff or transportation company.
3. List and price of lost or damaged items. If the lost or damaged items were purchased within 3 months, receipts for those items must be provided.
4. Police daily record from local police authorities, in cases where loss or damage results from intimidation or violent coercion.
5. Copy of passport and/or travel documents of the Insured.
6. Copy of national identification card of the Insured.
7. Documents or evidence as required by the Company as necessary (if any).

Failure to submit evidence within such period shall not result in loss of the right to claim if it can be shown that there were reasonable circumstances preventing the submission of such evidence within the specified period, but it was submitted as soon as possible.

Specific Exclusions (Applicable only to Loss of or Damage to Baggage or Personal Effects)

Insurance under this coverage provision does not cover property or loss of or damage to baggage or personal property arising from or consequent upon the following causes:

- 1. Deductible for which the Insured is responsible as specified in the insurance policy schedule (if any)**
- 2. The following property shall not be covered: animals, automobiles (including accessories), motorcycles, boats, engines of any other vehicles, snow skis, fruits, perishable items, consumer goods, household items, household articles, antiques, artifacts, paintings, art objects, contracts, jewelry, valuables, musical instruments, lenses or contact lenses, wheelchairs for disabled persons, dentures, artificial limbs, stock certificates, securities, bill documents, bonds, title deeds, cash, banknotes, coins, coupons, stamps or souvenirs, identification cards, driver's licenses, travel documents**
- 3. Loss or damage caused by wear and tear, gradual deterioration, insect damage, vermin such as rats, inherent deterioration, or damage occurring due to the Insured undertaking any repairs, cleaning, or modification or alteration of any property**
- 4. Bags that are not baggage such as wallets, handbags, or bags whose general use is not as baggage, unless inside baggage**
- 5. Loss of or damage to rented or leased equipment**
- 6. Seizure of property or detention of property under customs laws, confiscation by government, transportation of illegal goods, or any other acts contrary to law**
- 7. Loss of or damage to property compensated from other sources, including property insured under other insurance policies, compensation received from transportation companies or airlines or hotels or places where the Insured stays such as guest houses, homestays, etc.**
- 8. Loss of or damage to baggage or personal property within the Insured's baggage sent in advance, or items sent by mail or shipped by sea, not accompanying the Insured**
- 9. The Insured leaving baggage in any vehicle or public place, or loss or damage resulting from the Insured's negligence in properly caring for and protecting the safety of such property**
- 10. Loss of or damage to goods or product samples or any type of equipment**
- 11. Loss of or damage to data recorded on tapes, programs, disks, data storage cards, or anything similar**

Endorsement

Medical Expenses for Food Poisoning or Acute Gastroenteritis

(For use solely as an endorsement to the Medical Expenses for Injury or Emergency Illness

Domestic Travel Insurance

(Sell through electronic channel (Online))

Company Code

Endorsement No.	This endorsement forms part of Policy No.	Date of Issue
Insured Name		
Beneficiary Name	Relationship to the Insured	
Sum Insured	Baht per any one period of hospitalization	
Period of Insurance: From	at	hrs. To
		at
		hrs.
Premium	Baht	Stamp Duty
	Baht	Tax
	Baht	Total
		Baht

Additional Definitions

- Any One Period of Hospitalization means Confinement in a hospital or medical facility for treatment as an inpatient on any one occasion, including two or more periods of hospitalization arising from the same cause, disease, or complications thereof, provided that each period of hospitalization is not more than 90 days apart from the last treatment. For outpatient treatment, a period not exceeding 14 days from the last treatment shall also be deemed as the same period of hospitalization.
- Food Poisoning or Acute Gastroenteritis-AGE means An acute disorder of the gastrointestinal tract caused by the consumption of food or water contaminated with toxins or pathogens. Symptoms may include nausea, vomiting, abdominal pain, diarrhea, fatigue, dehydration, or electrolyte imbalance. Such illness must be clearly diagnosed by a physician and supported by blood test results and/or laboratory findings indicating electrolyte imbalance in order to confirm the condition.

Extension of Coverage

It is agreed that during the period the insurance policy is in effect, the Emergency Medical Treatment Coverage for Injury or Illness has been extended to cover cases where the Insured suffers an emergency illness that occurs suddenly and unpredictably during the travel period, and is diagnosed by a physician as suffering from Food Poisoning or Acute Gastroenteritis (AGE), resulting in the need for medical treatment at a hospital, medical facility, or clinic, whether as an inpatient or outpatient.

The Company shall pay compensation for necessary and reasonable expenses incurred from medical treatment according to medical necessity and medical standards, based on the actual amount paid, but not exceeding the sum insured per hospitalization as specified in the attached document. When combined with compensation for the Emergency Medical Treatment Coverage for Injury or Illness, the total shall not exceed the sum insured for the Emergency Medical Treatment Coverage for Injury or Illness as specified in the insurance policy schedule or certificate of insurance.

However, if the Insured has received reimbursement from government welfare, any other welfare, or from other insurance, the Company shall be liable only for the medical expenses and the remaining portion of medical expenses.

The Company's liability shall not exceed the sum insured specified in the attached document.

If the wording in the attached document conflicts or contradicts the wording in the insurance policy, the wording in the attached document shall prevail.

Other insurance contract conditions and exclusions in the insurance policy shall remain in effect as before.