



Individual Coronavirus Disease 2019 (COVID-19) Insurance Policy
(Online sale available only)

In reliance upon the statement made in the insurance application which is considered as a part of this Insurance Policy, and in consideration of the premium paid by the Insured under the general conditions, insuring agreements, exclusions, and attachments of this Insurance Policy, the Company agrees to the Insured as follows;

Section 1 : Definition

Words or descriptions to which specific meanings have been provided in any part of this Insurance Policy shall bear such specific meanings wherever they appear, unless otherwise stated in this Insurance Policy.

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|--------------------------|-------|--|
| 1.1 “Insurance Policy” | means | insurance policy schedule, general conditions and terms, insuring agreement, exclusions, attachments, application, special conditions, certification, and summary of general terms and conditions according to the Insurance Policy, that are considered as parts of the same Insurance Contract |
| 1.2 “Company” | means | Tune Insurance Public Company Limited |
| 1.3 “Insured” | means | the person named as Insured in the insurance policy schedule who is covered under this Insurance Policy |
| 1.4 “COVID-19” | means | Coronavirus Disease 2019 according to the meaning provided by World Health Organization (WHO) |
| 1.5 “Sickness” | means | symptom, irregularity, illness or disease occurring to the Insured, suddenly or acutely and unexpectedly, after the Insurance Policy is effective, and clearly occurring on its own and independently from any other cause |
| 1.6 “One inpatient stay” | means | a stay in a hospital or a medical facility for treatment as an inpatient each time including two or more stays |



in a hospital or a medical facility for the same cause or disease or complication, provided that the interval of each stay in a hospital or a medical facility does not exceed 90 days since the last treatment, which are also considered as one stay.

- 1.7 “Pre-existing conditions” means sickness (including complications) occurring to the Insured before the Insurance Policy is effective that has not been fully cured
- 1.8 “Physician” means a person graduated with Doctor of Medicine degree who is legally licensed with the Medial Council to provide medical treatment or surgery within the territory, but must not be the Insured, or spouse or father/mother or child of the Insured.
- 1.9 “Inpatient” means a person who requires medical treatment in a hospital or a medical facility continuously not less than 6 hours and is registered as an inpatient based on diagnosis and advice of a physician in accordance with the medical standard for the period that is suitable for such sickness, including the case of being admitted as an inpatient, and later dying before the 6-hour period have passed
- 1.10 “Outpatient” means a person who receives medical services in an outpatient department or in an emergency room of a hospital or a medical facility or a clinic, and is not necessary for inpatient treatment according to the diagnosis and indications based on the medical standard
- 1.11 “Hospital” means any medical facility providing medical services that can accommodate patients overnight with proper location, sufficient medical personnel and full service management, particularly room for major surgery as well as being licensed as a registered hospital according to the laws of that territory



1.12 “Medical facility”

means any medical facility providing medical services that can accommodate patients overnight and being licensed as a registered medical facility according to the law of that territory

1.13 “Clinic”

means a conventional medical facility that is licensed by law, operated based on medical practitioners’ diagnosis, unable to accommodate patients overnight and licensed as a registered clinic according to the laws of that territory

1.14 “Medical standard”

means international rules or guidelines for conventional medicine that lead to appropriate treatment plans for patients based on medical needs and in accordance with the conclusion from the illness history, detection, autopsy results or others (if any)

1.15 “Medical necessity”

means (1) in accordance with the diagnosis and treatment for the patient’s sickness;
(2) in accordance with the medical indication of the standard for conventional medical practice;
(3) not primarily for the convenience of the patient or his/her family or medical service provider solely; and
(4) in accordance with the suitable medical treatment based on the necessity for the patient’s sickness

1.16 “Necessary and reasonable expenses”

means medical treatment fees and/or any reasonable expenses upon comparing with the services provided by a hospital or a medical facility or a clinic charged to



1.17 “Policy year” means general patient of the hospital or the medical facility or the clinic where the Insured has received treatment a period of one year from the date on which the Insurance Policy is effective or the subsequent annual anniversary thereafter

Section 2: General Terms and Conditions

1. Insurance Contract

This insurance contract is executed based on the reliance on the statement declared by the Insured in the application form and additional declaration (if any) duly signed by the Insured as the evidence to accept such Insurance Policy. The company therefore issued the Insurance Policy and wordings, general conditions, coverage agreement and exclusions under this Insurance Policy.

In case that the Insured has already known but provided false statement in the declaration as mentioned in the first paragraph, or already known any fact but concealed thereof, of which if it is known to the Company, it would have induced the Company to raise the premium or refuse to enter into the insurance contract. In this regard, this insurance contract shall become voidable according to Section 865 of the Civil and Commercial Code and the Company is entitled to terminate this insurance contract.

The Company will not deny the responsibility based on statements other than those declared by the Insured in the documents stated in the first paragraph.

2. Validity and Alteration of Contract

This Insurance Policy including the insuring agreement and attachments form parts of the insurance contract. Alteration of any statements in this insurance contract shall be valid upon being consented by the Company and noted in this Insurance Policy or its attachments.

3. Failure to dispute or object to the invalidity of the insurance contract

The Company will not dispute or object to the invalidity of this insurance contract when the Insurance Policy has been in force for 2 consecutive years or longer from the date



on which the Insurance Policy came into force for the first time, except the case of lack of insurance premium payment.

In the event that the Company knows the information that can lead to the right to avoid the insurance contract but did not exercise the right of avoidance within 1 month from the time of acknowledgement, the Company cannot avoid the validity of the insurance contract in this case.

4. Medical Examination

The Company has the right to require a medical examination, investigate medical treatment records and check laboratory results of the Insured while the Company considers a claim for compensation as deemed appropriate by professional physician(s) appointed by the Company, as well as entitling to perform autopsy, if necessary, not contrary to the law and not contrary to religious doctrines, at the expense of the Company.

In the event that the Insured refuses to allow the Company to examine the treatment records and check the medical diagnosis of the Insured for the purpose of considering the payment of benefits. The company can refuse to provide coverage to the Insured.

5. Premium Payment

Annual premium payment is due immediately or before the coverage starts by the Insured and the coverage will start on the date specified in the insurance policy schedule.

6. Compensation payment

The Company will pay compensation within 15 days from the date on which the Company received complete and correct proofs of loss or damage. Compensation for death will be paid to the Beneficiary, while other compensation will be paid to the Insured.

In case it is doubtful that such above mentioned claim is not in compliance with the insuring agreement stated in the Insurance Policy, the prescribed period may be extended as deemed necessary but shall not exceed 90 days from the date on which the Company receives complete documents.



If the Company is unable to complete the compensation payment within the period mentioned above, the Company will be responsible to pay 15% interest per annum of the payable amount commencing from the due date.

If medical treatment has taken place in a hospital or a medical facility or a clinic outside Thailand, the Company will pay benefits based on foreign currency exchange rates on the date specified in the receipt of medical treatment fees.

7. Cancellation of Insurance Policy

7.1 The Company shall have the right to cancel the Insurance Policy by giving written notice not less than 15 days in advance by registered mail to the Insured's last known address. In such event, the Company shall refund the paid premium to the Insured after calculating premium deduction for the covered period of the Insurance Policy on a pro rata basis.

7.2 The Insured shall have the right to cancel the Insurance Policy by giving written notice to the Company and shall be entitled to receive premium refund after calculating premium deduction for the covered period of the Insurance Policy on a short rate basis as per the table of short-term premium rate provided below:

The Schedule of short-term premium rate

Period of Coverage (not over/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



With regard to the Cancellation of Insurance Policy according to this condition regardless by any party, the entire Insurance Policy must be canceled. It is not possible to select the cancellation for any part of insuring agreement.

8. Automatic Termination

The coverage under this Insurance Policy will terminate immediately upon any of the following events:

- 8.1 on the expiry date of the Insurance Policy as specified in the insurance policy schedule
- 8.2 in the insured year that the Insured is on completion of 99 years of age
- 8.3 when the Insured fails to pay insurance premiums according to the general terms and conditions stated in clause 5.
- 8.4 when the insured dies
- 8.5 when the Insured is incarcerated in a prison or a correctional institution

For the termination of coverage under clause 8.4 or 8.5, the Company will return the premium to the Insured or the Beneficiary after calculating premium deduction for the covered period of the Insurance Policy on a pro rata basis.

8.6 Each coverage under this Insurance Policy will be terminated when the Company has completely paid the compensation at the maximum sum insured as specified in the insurance policy schedule of that coverage. The Company will continue to provide coverage until the end of the insurance period solely for the sum insured of other remaining coverage.

8.7 This Insurance Policy and all insurance under the Insurance Policy will terminate at 24.00 (local time in Thailand) on the expiry date of the Insurance Policy.

9. Arbitration

In case of dispute, contradictory, or any claim under the Insurance Policy between the person who has the right to claim under the Insurance Policy and the Company, if that person requires or finds it necessary to settle the dispute by arbitration, the Company agree to such arbitration according to the arbitration regulations governed by the Office of Insurance Commission (OIC).



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10. Right to request cancellation of Insurance Policy (Free Look Period)

If the Insured requires the cancellation of this Insurance Policy for any reason, the Insured has the right to request cancellation of the Insurance Policy and return the Insurance Policy to the Company within 15 days from the date of receiving the Insurance Policy from the Company, unless the company has issued the Insurance Policy to the Insured by electronic means, the Insured does not have to return the Insurance Policy to the Company. This Insurance Policy is deemed to be ineffective from the start date of the insurance period as specified in the insurance policy schedule. The Company shall not be liable for any loss or damage occurring under this Insurance Policy and the Company will return all received premiums to the Insured in accordance with the mutually agreed method without deducting any expenses.

11. Precedent Condition

The Company shall not be liable for compensation under this Insurance Policy unless the Insured has fully and correctly complied with the insurance contract and the conditions of this Insurance Policy.

Section 3: General Exclusions

Insurance under this coverage category does not cover any loss or damage caused by or as a result of the following reasons:

3.1 Pre-existing conditions

3.2. Non-conventional treatment including alternative medicine



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Section 4: Insuring Agreement

Under the regulations, Insuring Agreement, Exclusions, General Terms and Conditions, and attachments of the Insurance Policy as well as in return for the premium that the insured must pay, the Company agrees to provide the following coverage:



Insuring Agreement

Sickness with one of the conditions caused by the Coronavirus Disease 2019 (COVID-19)

Coverage

During the period that this Insurance Policy is in force, if the Insured is diagnosed by a physician for the first time as sick with one of the conditions caused by Coronavirus Disease 2019 (COVID-19) as defined while the Insured is still alive, the Company will pay compensation according to the sum insured as specified in the insurance policy schedule.

In the event that the Insured becomes sick with more than one condition caused by Coronavirus Disease 2019 (COVID-19), the Company will pay compensation for one condition only.

1. Coma

Coma means fainting or loss of consciousness diagnosed by an internist or a neurosurgeon with all of the following characteristics detected:

1.1 unavoidably rely on life support equipment to sustain life

1.2 no response to external stimuli for at least 96 hours

1.3 being assessed as permanent brain damage resulting in permanent inability to perform any daily activities after 30 days from the date of fainting or loss of consciousness

This does not include fainting or loss of consciousness caused directly by alcohol consumption or drug abuse.

2. Brain Death and Neurologic Failure

Brain Death and Neurologic Failure means the permanent loss of function in the brain and nervous system, and body failure to respond to any stimuli, that are diagnosed by a physician according to the criteria of the Medical Council.

3. Terminal Illness

Terminal illness means an illness which is considered as a serious illness with no curable treatment, and has received an opinion from a physician practicing conventional medicine who provides medical treatment that the said illness will cause death from the following diseases:

3.1 Coronavirus Disease 2019 (COVID-19) according to meanings provided by the World Health Organization (WHO)



3.2 Severe Chronic Obstructive Pulmonary Disease or End-Stage Lung Disease

means severe chronic obstructive pulmonary disease or end-stage lung disease that has been diagnosed by a pulmonologist and has all of the following characteristics:

1. It is necessary to provide oxygen at all times. The indication of oxygenation refers to arterial oxygen pressure less than or equal to 55 mmHg while breathing.
2. Force Expiratory Volume 1st second (FEV 1) less than 1 liter continually for more than 2 months

Claims for benefits and submitting proofs of damage

The Insured, the Beneficiary or his/her representatives, as the case may be, must submit the following proofs to the Company within 30 days from the date on which the Insured becomes sick with one of the conditions caused by Coronavirus Disease 2019 (COVID-19) at his/her own expenses:

1. Compensation Claim Form specified by the Company
2. Medical report confirming the sickness with one of the conditions caused by the Coronavirus Disease 2019 (COVID-19)
3. The insured's medical treatment records (if any)
4. Documents or proofs as required by the Company as necessary (if any)

Failure to submit the proofs within the afore-mentioned period does not deteriorate the right to claim, if it can be demonstrated that there are reasonable grounds for failing to submit such proofs within the specified period, but the submission has been made as soon as possible.



Insuring Agreement

Medical treatment from the Coronavirus Disease 2019 (COVID-19)

Coverage

While the Insured is covered under this Insurance Policy, If the Insured is sick from Coronavirus disease 2019 (COVID-19), which occurs after 14 days of non-coverage period from the date on which the Insurance Policy is effective for the first time as specified in the insurance policy schedule, causing the requirement for medical treatment in a hospital, a medical facility or a clinic, whether as an inpatient or an outpatient,

The company will pay compensation for necessary and reasonable expenses incurred from medical treatment according to medical necessity and medical standard based on the amount actually paid; but not exceeding the sum insured as specified in the insurance policy schedule, to the Insured.

Limitation

1. Room rate for inpatient is limited to no more than 8,000 baht per day. However, this limitation does not apply in the case of being admitted to an Intensive Care Unit (ICU) according to medical standard.

Claims for benefits and submitting proofs of damage

The Insured, the Beneficiary or his/her representatives, as the case may be, must submit the following proofs to the Company within 30 days from the date on which the Insured leaves the hospital, the medical facility or a clinic at his/her own expenses:

1. Compensation Claim Form specified by the Company
2. Medical report indicating significant symptoms, diagnosis results, and treatment
3. Original receipt showing expenses or the closing statement with the receipt
4. Copy of the Insured's Identification Card
5. Documents or proofs as required by the Company as necessary (if any)

The receipt showing the expenses must be the original receipt, and the Company will return the original receipt certifying the amount paid in order for the Insured to claim the remaining amount from other insurers. However, if the Insured receives compensation from the state welfare or any other welfare or other insurance, the Insured must submit a copy of



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the receipt certifying the amount paid by the state welfare or other agencies in order to claim the remaining amount from the Company.

Failure to submit the proofs within the afore-mentioned period does not deteriorate the right to claim, if it can be demonstrated that there are reasonable grounds for failing to submit such proofs within the specified period, but the submission has been made as soon as possible.

Additional exclusions (Applicable to the Insuring Agreement: Medical Treatment from the Coronavirus Disease 2019 (COVID-19) only)

Insurance under this Insuring Agreement does not cover any loss or damage caused by or as a result of the following reasons:

1. special nursing wages, any supporting equipment (except crutches), patient's wheelchair, prosthesis outside the body, alternative medicine, acupuncture
2. Sickesses caused by Coronavirus Disease 2019 (COVID-19) (including complications) occurring during the non-coverage period



Insuring Agreement

Coma sickness due to the impact from vaccination to prevent Coronavirus Disease 2019 (COVID-19)

Additional definition

Insurance fraud means a fraudulent claim for benefits under an Insurance Policy or providing false proofs in any claim, including intentionally causing injury or sickness in order to claim compensation

Coverage

During the period that this Insurance Policy is in force, if the Insured receives vaccination to prevent Coronavirus Disease 2019 (COVID-19) that has been certified or approved by the Food and Drug Administration (FDA) and it causes the Insured suffering from Coma due to the impact of vaccination to prevent Coronavirus Disease 2019 (COVID-19), which has the characteristics as defined while the Insured is still alive, the Company will pay compensation according to the sum insured as specified in the insurance policy schedule to the Insured.

Coma

Coma means fainting or loss of consciousness diagnosed by an internist or a neurosurgeon with all of the following characteristics detected:

1. unavoidably rely on life support equipment to sustain life
2. no response to external stimuli for at least 96 hours
3. being assessed as permanent brain damage resulting in permanent inability to perform any daily activities after 30 days from the date of fainting or loss of consciousness

This does not include fainting or loss of consciousness caused directly by alcohol consumption or drug abuse.

Additional terms and conditions (Applicable only to the Coma sickness due to the impact of vaccination to prevent Coronavirus Disease 2019 (COVID-19) only)



Claims for benefits and submitting proofs of damage

The Insured, the Beneficiary or his/her representatives, as the case may be, must submit the following proofs to the Company within 30 days from the date on which the Insured becomes Coma sickness due to the impact of vaccination to prevent Coronavirus Disease 2019 (COVID-19) at his/her own expenses:

1. Compensation Claim Form specified by the Company
2. A medical report confirming Coma sickness caused by the impact of vaccination to prevent Coronavirus Disease 2019 (COVID-19)
3. Documents confirming from a hospital or a medical facility that the Insured has been vaccinated to prevent Coronavirus Disease 2019 (COVID-19)
4. The insured's medical treatment records (if any)
5. Copy of the Insured's Identification Card
6. Documents or proofs as required by the Company as necessary (if any)

Failure to submit the proofs within the afore-mentioned period does not deteriorate the right to claim, if it can be demonstrated that there are reasonable grounds for failing to submit such proofs within the specified period, but the submission has been made as soon as possible.

Additional exclusions (Applicable to Insuring Agreement: Coma sickness due to the impact from vaccination to prevent Coronavirus Disease 2019 (COVID-19) only)

This insurance does not cover any loss or damage caused by or as a result of the following reasons:

1. vaccination to prevent Coronavirus Disease 2019 (COVID-19) which the vaccine is not certified or approved by the Food and Drug Administration: FDA
2. vaccination to prevent coronavirus disease 2019 (COVID-19) before the date on which the coverage under this Insurance Policy is effective for the first time (this exclusion will not apply in case of the renewal insurance policy.)
3. The insured commits insurance fraud.



Insuring Agreement

Medical treatment as an inpatient as a result of the impact from vaccination to prevent Coronavirus Disease 2019 (COVID-19)

Additional definitions

1. **Room rate for the inpatient** means inpatient room charges, patient food, nursing service fees and services provided in a hospital or a medical facility providing each day
2. **Alternative medicine** means diagnosis, medical treatment or disease prevention by means of Thai traditional medicine, Thai local medicine, Chinese medicine or other methods that are not conventional medicine
3. **Insurance fraud** means fraudulent claim for benefits under Insurance Policy or declaring false proofs in any claim, including intentionally causing injury or sickness in order to claim compensation

Coverage

During the period that this Insurance Policy is in force, if the Insured receives vaccination to prevent Coronavirus Disease 2019 (COVID-19) that has been certified or approved by the Food and Drug Administration (FDA) and it causes the impact of vaccination to prevent Coronavirus Disease 2019 (COVID-19) and requires medical treatment as an inpatient in a hospital or a medical facility according to medical necessity and medical standard.

The Company will pay compensation for necessary and reasonable expenses incurred from medical treatment as an inpatient in a hospital or a medical facility according to medical necessity and medical standard based on the amount actually paid; but not exceeding the sum insured per one stay and/or the sum insured per policy year (if any) as specified in the insurance policy schedule, to the Insured.



If the insured has already received compensation from state welfare or any other welfare or from other insurance, the Company will be liable only for the remaining amount of medical expenses.

Additional limitations (Applicable to Insuring Agreement: Medical treatment as an inpatient as a result of the impact from vaccination to prevent Coronavirus Disease 2019 (COVID-19) only)

1. Room rates for the inpatient are limited to no more than 8,000 baht per day. However, this limitation does not apply in the case of being admitted to the Intensive Care Unit (ICU) according to medical standard.
2. Take-home medication costs according to medical necessity for continual treatment directly and in accordance with the sickness being treated. The company will compensate according to the amount actually paid, but not exceeding 3,000 baht per one hospital stay.

Additional terms and conditions (Applicable to Insuring Agreement: Medical treatment as an inpatient as a result of the impact from vaccination to prevent Coronavirus Disease 2019 (COVID-19) only)

Claims for benefits and submitting proofs of damage

The Insured, the Beneficiary or his/her representatives, as the case may be, must submit the following proofs to the Company within 30 days from the date on which the Insured leaves the hospital or the medical facility at his/her own expenses:

1. Compensation Claim Form specified by the Company
2. Medical report indicating significant symptoms, diagnosis results, and treatment, as well as the date of diagnosis
3. Documents confirming from a hospital or a medical facility that the Insured has been vaccinated to prevent Coronavirus Disease 2019 (COVID-19)
4. Copy of the medical treatment records from the hospital or the medical facility
5. Original receipt showing expenses or the closing statement with the receipt
6. Copy of the insured's Identification Card
7. Documents or proofs as required by the company as necessary (if any)

The receipt showing the expenses must be the original receipt, and the Company will return the original receipt certifying the amount paid in order for the Insured to claim the



remaining amount from other insurers. However, if the Insured receives compensation from the state welfare or any other welfare or other insurance, the Insured must submit a copy of the receipt certifying the amount paid by the state welfare or other agencies in order to claim the remaining amount from the Company.

Failure to submit the proofs within the afore-mentioned period does not deteriorate the right to claim, if it can be demonstrated that there are reasonable grounds for failing to submit such proofs within the specified period, but the submission has been made as soon as possible.

Additional exclusions (Applicable to Insuring Agreement: Medical treatment as an inpatient as a result of the impact from vaccination to prevent Coronavirus Disease 2019 (COVID-19) only)

This insurance does not cover any loss or damage caused by or as a result of the following reasons:

1. vaccination to prevent Coronavirus Disease 2019 (COVID-19) which the vaccine is not certified or approved by the Food and Drug Administration: FDA

2. vaccination to prevent coronavirus disease 2019 (COVID-19) before the date on which the coverage under this Insurance Policy is effective for the first time (this exception will not apply in case of the renewal insurance policy.)

3. The insured commits insurance fraud.

4. request to be admitted in a hospital or a medical facility or request for surgery, convalescence or resting for recovery purpose or restive treatment, analysis tests to find any causes that are not directly related to the treatment in the hospital or the medical facility due to the impact from vaccination to prevent Coronavirus Disease 2019 (COVID-19), diagnosis, treatment or analysis tests to find any causes that are not medically necessary or based on the medical standard

5. non-conventional treatment including alternative medicine

6. medication, treatment or test that is not related to the diagnosis, symptoms or disorders specified in the medical certificate



Insuring Agreement

Daily severance pay benefit in the case of being treated as an inpatient due to the impact of vaccination to prevent Coronavirus Disease 2019 (COVID-19)

Additional definitions

1. **Alternative medicine** means diagnosis, medical treatment or disease prevention by means of Thai traditional medicine, Thai local medicine, Chinese medicine or other methods that are not conventional medicine
2. **Insurance fraud** means fraudulent claim for benefits under Insurance Policy or declaring false proofs in any claim, including intentionally causing injury or sickness in order to claim compensation

Coverage

During the period that this Insurance Policy is in force, if the Insured receives vaccination to prevent Coronavirus Disease 2019 (COVID-19) that has been certified or approved by the Food and Drug Administration (FDA) and it causes the impact of vaccination to prevent Coronavirus Disease 2019 (COVID-19) and requires medical treatment as an inpatient in a hospital or a medical facility according to medical necessity and medical standard.

The Company will pay daily severance benefits from the first day that the Insured receives medical treatment as an inpatient due to the impact of vaccination to protect Coronavirus Disease 2019 (COVID-19) and will pay for the entire period of inpatient treatment due to the impact of vaccination to protect Coronavirus Disease 2019 (COVID-19) based on the number of days that the hospital or the medical facility charges for room rate according to the amount of daily severance pay benefits as specified in the insurance policy schedule to the Insured.

However, the maximum period of daily severance pay benefit is not exceeding 30 days per one medical stay and/or per policy year.



Any other coverage that the Insured receives from the state welfare or other agencies including other insurers does not lead to the loss of the right to receive benefits under this Insuring Agreement.

Additional terms and conditions (Applicable to Insuring Agreement: Daily severance pay benefit in the case of being treated as an inpatient due to the impact of vaccination to prevent Coronavirus Disease 2019 (COVID-19) only)

Claims for benefits and submitting proofs of damage

The Insured, the Beneficiary or his/her representatives, as the case may be, must submit the following proofs to the Company within 30 days from the date on which the Insured leaves the hospital or the medical facility at his/her own expenses:

1. Compensation Claim Form specified by the Company
2. Documents confirming from a hospital or a medical facility that the Insured has been vaccinated to prevent Coronavirus Disease 2019 (COVID-19)
3. Medical report indicating significant symptoms, diagnosis results, and treatment, as well as the date of diagnosis
4. Copy of the medical treatment records from the hospital or the medical facility
5. Copy of receipt showing expenses or the closing statement with the receipt
6. Copy of the insured's Identification Card
7. Documents or proofs as required by the company as necessary (if any)

Failure to submit the proofs within the afore-mentioned period does not deteriorate the right to claim, if it can be demonstrated that there are reasonable grounds for failing to submit such proofs within the specified period, but the submission has been made as soon as possible.

Additional exclusions (Applicable to Insuring Agreement: Daily severance pay benefit in the case of being treated as an inpatient due to the impact of vaccination to prevent Coronavirus Disease 2019 (COVID-19) only)

This insurance does not cover any loss or damage caused by or as a result of the following reasons:

1. vaccination to prevent Coronavirus Disease 2019 (COVID-19) which the vaccine is not certified or approved by the Food and Drug Administration: FDA



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2. vaccination to prevent coronavirus disease 2019 (COVID-19) before the date on which the coverage under this Insurance Policy is effective for the first time (this exception will not apply in case of the renewal insurance policy.)

3. The insured commits insurance fraud.

4. request to be admitted in a hospital or a medical facility or request for surgery, convalescence or resting for recovery purpose or restive treatment, analysis tests to find any causes that are not directly related to the treatment in the hospital or the medical facility due to the impact from vaccination to prevent Coronavirus Disease 2019 (COVID-19), diagnosis, treatment or analysis tests to find any causes that are not medically necessary or based on the medical standard

5. non-conventional treatment including alternative medicine



Personal Accident and Disease-Specific Health Insurance Policy
(Online sale available only)

In reliance upon the statement made in the insurance application which is considered as a part of this Insurance Policy, and in consideration of the premium paid by the Insured under the general conditions, insuring agreements, exclusions, and attachments of this Insurance Policy, the Company agrees to the Insured as follows;

Section 1 : Definition

Words or descriptions to which specific meanings have been provided in any part of this Insurance Policy shall bear such specific meanings wherever they appear, unless otherwise stated in this Insurance Policy.

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| 1.1 “Insurance Policy” | means | insurance policy schedule, general conditions and terms, insuring agreement, exclusions, attachments, application, special conditions, certification, and summary of general terms and conditions according to the Insurance Policy, that are considered as parts of the same Insurance Contract |
| 1.2 “Company” | means | Tune Insurance Public Company Limited |
| 1.3 “Insured” | means | the person named as the Insured in the insurance policy schedule who is covered under this Insurance Policy |
| 1.4 “Beneficiary” | means | the person named as the Beneficiary in the insurance policy schedule and/or the attachment |
| 1.5 “Accident” | means | an event that occurs suddenly from external factors and leads to the results that the Insured does not intend or expect |
| 1.6 “Injury” | means | bodily injury which is caused directly and solely by an accident and independently from other causes |
| 1.7 “Sickness” | means | symptom, irregularity, illness or disease occurring to the Insured, suddenly or acutely and unexpectedly, after the Insurance Policy is effective, and clearly occurring on its own and independently from any other cause |



- 1.8 “Any Loss or Damage” means an accidental bodily injury of the Insured that causes the insured’s death, dismemberment, loss of sight, disability, or injury or loss or damage to the Insured's property
- 1.9 “Deductible” means the first fixed amount that the Insured is obliged to bear under the terms of the insurance contract
- 1.10 “One inpatient stay” means a stay in a hospital or a medical facility for treatment as an inpatient each time including two or more stays in a hospital or a medical facility for the same cause or disease or complication, provided that the interval of each stay in a hospital or a medical facility does not exceed 90 days since the last treatment, which are also considered as one stay.
- 1.11 “Pre-existing conditions” means sickness (including complications) occurring to the Insured before the Insurance Policy is effective which has not been fully cured
- 1.12 “Physician” means a person graduated with Doctor of Medicine degree who is legally licensed with the Medial Council to provide medical treatment or surgery within the territory, but must not be the Insured, or spouse or father/mother or child of the Insured
- 1.13 “Alternative Medicine” means diagnosis, medical treatment or disease prevention by means of Thai traditional medicine, Thai local medicine, Chinese medicine or other methods that are not conventional medicine
- 1.14 “Nurse” means a person who is legally licensed to perform nursing duties with the Nurse Council
- 1.15 “Inpatient” means a person who require medical treatment in a hospital or a medical facility continuously not less than 6 hours and is registered as an inpatient based on diagnosis and



- advice of physician in accordance with the medical standard for the period that is suitable for such sickness, including the case of being admitted as an inpatient, and later dying before the 6-hour period have passed
- 1.16 “Outpatient” means a person who receives medical treatment services in an outpatient department or in an emergency room of a hospital or a medical facility or a clinic, and is not necessary for inpatient treatment according to the diagnosis and indications based on the medical standard
- 1.17 “Hospital” means any medical facility providing medical services that can accommodate patients overnight with proper location, sufficient medical personnel and full service management, particularly room for major surgery as well as being licensed as a registered hospital according to the laws of that territory
- 1.18 “Medical facility” means any medical facility providing medical services that can accommodate patients overnight and being licensed as a registered medical facility according to the law of that territory
- 1.19 “Clinic” means a conventional medical facility that is licensed by law, operated based on medical practitioners’ diagnosis, unable to accommodate patients overnight and licensed as a registered clinic according to the laws of that territory
- 1.20 “Medical standard” means international rules or guidelines for conventional medicine that lead to appropriate treatment plans for patients based on medical needs and in accordance with the conclusion from the illness history, detection, autopsy results or others (if any)
- 1.21 “Medical necessity” means (1) in accordance with the diagnosis and treatment for the patient’s sickness;



- (2) in accordance with the medical indication of the standard for conventional medical practice;
- (3) not primarily for the convenience of the patient or his/her family or medical service provider solely; and
- (4) in accordance with the suitable medical treatment based on the necessity for the patient's sickness

1.22 "Necessary and reasonable expenses"

means medical treatment fees and/or any reasonable expenses upon comparing with the services provided by a hospital or a medical facility or a clinic charged to general patient of the hospital or the medical facility or the clinic where the Insured has received treatment

1.23 "Policy year"

means a period of one year from the date on which the Insurance Policy is effective or the subsequent annual anniversary thereafter

1.24 "Terrorism"

means an act relating to the use of force or violence and/or the threat to any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purposes, including for the purpose of causing the government and/or the public or any part of the public to be in a state of panic

Section 2: General Terms and Conditions

1. Insurance Contract

This insurance contract is executed based on the reliance on the statement declared by the Insured in the application form and additional declaration (if any) duly signed by the Insured as the evidence to accept such Insurance Policy. The company therefore issued the Insurance Policy and wordings, general conditions, coverage agreement and exclusions under this Insurance Policy.



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In case that the Insured has already known but provided false statement in the declaration as mentioned in the first paragraph, or already known any fact but concealed thereof, of which if it is known to the Company, it would have induced the Company to raise the premium or refuse to enter into the insurance contract. In this regard, this insurance contract shall become voidable according to Section 865 of the Civil and Commercial Code and the Company is entitled to terminate this insurance contract.

The Company will not deny the responsibility based on statements other than those declared by the Insured in the documents stated in the first paragraph.

2. Validity and Alteration of Contract

This Insurance Policy including the insuring agreement and attachments form parts of the insurance contract. Alteration of any statements in this insurance contract shall be valid upon being consented by the Company and noted in this Insurance Policy or its attachments.

3. Failure to dispute or object to the invalidity of the insurance contract

The Company will not dispute or object to the invalidity of this insurance contract when the insurance policy has been in force for 2 consecutive years or longer from the date on which the Insurance Policy came into force for the first time, except the case of lack of insurance premium payment.

In the event that the Company knows the information that can lead to the right to avoid the insurance contract but did not exercise the right of avoidance within 1 month from the time of acknowledgement, the Company cannot avoid the validity of the insurance contract in this case.

4. Medical Examination

The Company has the right to require a medical examination, investigate medical treatment records and check laboratory results of the Insured while the Company considers a claim for compensation as deemed appropriate by professional physician(s) appointed by the Company, as well as entitling to perform autopsy, if necessary, not contrary to the law and not contrary to religious doctrines, at the expense of the company.



In the event that the Insured refuses to allow the Company to examine the treatment records and check the medical diagnosis of the Insured for the purpose of considering the payment of benefit. The company can refuse to provide coverage to the Insured.

5. Change of Occupation

If the Insured is injured while working for consideration in another risky occupation which is more dangerous than the occupation that was originally declared, the Company will pay compensation in the amount equal to the premium received for the original occupation and the Insured can purchase coverage for the new occupation.

If the insured changes his or her occupation to another type of occupation which the Company has designated as less risky than the type of occupation declared to the Company, The Company will reduce the premium and will return the premium on a pro rata basis from the date on which the Company has received the proofs showing the change of occupation.

6. Premium Payment

6.1 Annual premium payment

Annual premium payment is due immediately or before the coverage starts by the Insured and the coverage will start on the date specified in the insurance policy schedule.

6.2 In case of premium payment for 2 consecutive months as specified in the insurance policy schedule

6.2.1 The first installment of premium payment is due immediately or before the coverage starts by the Insured and the coverage will start on the date specified in the insurance policy schedule.

6.2.2 In case of the next installment of premium payment, the Insured must pay the premium within 30 days from the expiration date of the premium payment period. If the premium is paid, it is deemed that the coverage under this Insurance Policy is a continuation of coverage from the previous period. The Company will not apply the Waiting Period and exercise of the right to dispute or object the invalidity of the insurance contract to restart the coverage period.

If the Company is still unable to collect such premium, the coverage under this Insurance Policy shall be deemed to expire on the last day that the paid premium can purchase the coverage.



6.2.3 In the event of a claim for any amount of compensation in grace period and the Company has not received the premium payment, the Company will deduct the premium equal to the amount of the unearned premium for that premium payment period from the payable compensation under this Insurance Policy and pay the remaining amount of compensation to the Insured or the Beneficiary.

7. Compensation payment

The Company will pay compensation within 15 days from the date on which the Company received complete and correct proofs of loss or damage. Compensation for death will be paid to the Beneficiary, while other compensation will be paid to the Insured.

In case it is doubtful that such above mentioned claim is not in compliance with the insuring agreement stated in the Insurance Policy, the prescribed period may be extended as deemed necessary but shall not exceed 90 days from the date on which the Company receives complete documents.

If the Company is unable to complete the compensation payment within the period mentioned above, the Company shall be responsible to pay 15% interest per annum of the payable amount commencing from the due date.

If medical treatment has taken place in a hospital or a medical facility or a clinic outside Thailand, the Company will pay benefits based on foreign currency exchange rates on the date specified in the receipt of medical treatment fees.

8. Cancellation of Insurance Policy

8.1 The Company shall have the right to cancel the Insurance Policy by giving written notice not less than 30 days in advance by registered mail to the Insured's last known address. In such event, the Company shall refund the paid premium to the Insured after calculating premium deduction for the covered period of the Insurance Policy on a pro rata basis.

8.2 The Insured shall have the right to cancel the Insurance Policy by giving written notice to the Company and shall be entitled to receive premium refund after calculating premium deduction for the covered period of the Insurance Policy on a short rate basis as per the table of short-term premium rate provided below:



The Schedule of short-term premium rate

Period of Coverage (not over/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

With regard to the Cancellation of Insurance Policy according to this condition regardless by any party, the entire Insurance Policy must be canceled. It is not possible to select the cancellation for any part of insuring agreement.

9. Automatic Termination

The coverage under this Insurance Policy will terminate immediately upon any of the following events:

- 9.1 on the expiry date of the Insurance Policy as specified in the insurance policy schedule
- 9.2 in the insured year that the Insured is on completion of 99 years of age
- 9.3 when the Insured fails to pay insurance premiums according to the general terms and conditions stated in clause 6.
- 9.4 when the insured dies from any causes that are not covered
- 9.5 when the Insured is incarcerated in a prison or a correctional institution



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For the termination of coverage under clause 9.4 or 9.5, the Company will return the premium to the Insured or the Beneficiary after calculating premium deduction for the covered period of the Insurance Policy on a pro rata basis.

9.6 Each coverage under this Insurance Policy will be terminated when the Company has completely paid the compensation at the maximum sum insured as specified in the insurance policy schedule of that coverage. The Company will continue to provide coverage until the end of the insurance period solely for the sum insured of other remaining coverage.

9.7 This Insurance Policy and all insurance under the Insurance Policy will terminate at 24.00 (local time in Thailand) on the expiry date of the Insurance Policy.

10. Arbitration

In case of dispute, contradictory, or any claim under the Insurance Policy between the person who has the right to claim under the Insurance Policy and the Company, if that person requires or finds it necessary to settle the dispute by arbitration, the Company agree to such arbitration according to the arbitration regulations governed by the Office of Insurance Commission (OIC).

11. Right to request cancellation of Insurance Policy (Free Look Period)

If the Insured requires the cancellation of this Insurance Policy for any reason, the Insured has the right to request cancellation of the Insurance Policy and return the Insurance Policy to the Company within 15 days from the date of receiving the Insurance Policy from the Company, unless the Company has issued the Insurance Policy to the insured by electronic means, the Insured does not have to return the Insurance Policy to the Company. This Insurance Policy is deemed to be ineffective from the start date of the insurance period as specified in the insurance policy schedule. The Company shall not be liable for any loss or damage occurred under this Insurance Policy and the Company will return all received premiums to the Insured in accordance with the mutually agreed method without deducting any expenses.



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12. Precedent Condition

The Company shall not be liable for compensation under this Insurance Policy unless the Insured has fully and correctly complied with the insurance contract and the conditions of this Insurance Policy.

Section 3: Insuring Agreement

Under the regulations, Insuring Agreement, Exclusions, General Terms and Conditions, and attachments of the Insurance Policy as well as in return for the premium that the insured must pay, the Company agrees to provide the following coverage:

Insuring Agreement (Aor Bor 1)

Benefits in case of death, dismemberment, loss of sight or total permanent disability



Additional definitions

Dismemberment	means	the removal of body organ from the wrist or ankle including complete loss of functional capability of the above-mentioned organs that is clearly unable to function permanently according to medical indications
Loss of sight	means	complete blindness which is permanently incurable
Total Permanent Disability	means	<p>the Insured's total permanent disability as a result of an injury causing the permanent inability to perform 3 or more daily routines on his/her own and inability to work or carry on any occupation to receive consideration or profit. Such disability must be continuous for a period of at least 180 days, including the loss or disability from injury resulting in any of the following:</p> <ol style="list-style-type: none">(1) loss of both eyes(2) loss of two hands, or two feet, or one hand and one foot(3) Loss of one eye and one hand, or loss of one eyesight and one foot <p>Additionally, the Company provides coverage for total permanent disability as a result of an injury which occurs after the effective date of the contract.</p>
Performing Daily Routine	means	<p>the ability to perform 6 main daily tasks of normal people, which are medical criteria for evaluating patients who are unable to perform tasks as follows:</p> <ol style="list-style-type: none">(1) the ability to move, such as the ability to move from chair to bed on his/her own without any assistance of others or use of assistive devices(2) the ability to walk or move, such as the ability to walk or move from one room to another on



his/her own without any assistance of others or use of assistive devices

(3) the ability to dress, such as the ability to wear or undress on his/her own without any assistance of others or use of assistive devices

(4) the ability to bathe, such as the ability to bathe, including entering and exiting the shower room on his/her own without any assistance of others or use of assistive devices

(5) the ability to eat, such as the ability to eat on his/her own without any assistance of others or use of assistive devices

(6) the ability to excrete, such as the ability to use the toilet for excretion including entering and exiting the toilet on his/her own without any assistance of others or use of assistive devices

Coverage

This insurance covers any loss or damage due to bodily injury of the Insured caused by an accident that leads to loss of life, dismemberment, loss of sight or total permanent disability of the Insured within 180 days from the date of accident, or the injury which causes the Insured to receive continual medical treatment as an inpatient in a hospital or a medical facility, and which subsequently causes death at any time. The Company will pay the following compensation.

1. 100% of the sum insured for loss of life (death)
2. 100% of the sum insured for total 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 totally and permanently disabled.
3. 100% of the sum insured for loss of both hands from wrists, both feet from ankles, or loss of sight in both eyes



4. 100% of the sum insured for loss of one hand from wrist, and one foot from ankle
5. 100% of the sum insured for loss of one hand from wrist and loss of sight in one eye
6. 100% of the sum insured for loss of one foot from ankle and loss of sight in one eye
7. 60% of the sum insured for loss of one hand from wrist
8. 60% of the sum insured for loss of one foot from ankle
9. 60% of the sum insured for loss of sight in one eye

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

Claim for compensation in case of death

The Beneficiary must submit the following proofs to the Company within 30 days from the date of the Insured's death at his/her own expenses:

1. Compensation Claim Form specified by the Company
2. Death certificate
3. Copy of Autopsy Report certified by an officer on duty responsible for the case or the department issuing the report
4. Copy of Police Report certified by an officer on duty responsible for the case
5. Copy of the Insured's Identification Card and House Registration with the wording "Deceased" thereon
6. Copy of the Beneficiary's Identification Card and House Registration

Failure to submit the proofs within the afore-mentioned period does not deteriorate the right to claim, if it can be demonstrated that there are reasonable grounds for failing to submit such proofs within the specified period, but the submission has been made as soon as possible.

Claim for compensation in case of total permanent disability or dismemberment



The Insured must submit the following proofs to the Company within 30 days from the date on which the physician concludes that the Insured suffers total permanent disability or dismemberment at his/her own expenses:

1. Compensation Claim Form specified by the Company
2. Medical report confirming the total permanent disability or dismemberment

Failure to submit the proofs within the afore-mentioned period does not deteriorate the right to claim, if it can be demonstrated that there are reasonable grounds for failing to submit such proofs within the specified period, but the submission has been made as soon as possible.

Additional exclusions (Applicable to Insuring Agreement: Benefits in case of death, dismemberment, loss of sight or total permanent disability (Aor Bor 1) only)

This insurance does not cover

1. any loss or damage caused by or as a result of the following reasons:

1.1 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 his/her mind; the term "under the influence of alcohol" refers to the case of having a blood test showing an alcohol level of 150 milligram percent and over.

1.2 suicide, attempted suicide or self-inflicted Injury

1.3 parasitic infection, except the infection of tetanus or rabies from a wound as the result of an accident

1.4 medical or surgical treatment unless necessary due to injury which is covered under this Insurance Policy and has operated within the period specified in the Insurance Policy

1.5 miscarriage

1.6 dental treatment or root canal treatment, except the treatment occurred within 7 days from the date of accident

1.7 replacement or new sets of dentures, dental crowns, artificial denture

1.8 food poisoning



1.9 backache as a result of Disc herniation, Spondylolisthesis, Degeneration disc Disease, Spondylosis, Defect, Spondylitis, except the case of fracture or dislocation of spinal as a result of an accident

1.10 war, invasion, act of foreign enemies or warlike whether declared or not, or civil war, insurrection, rebellion, riot, strike, civil commotion, revolution, coup d'état, martial law announcement or any incident causing the announcement or maintenance of martial law

1.11 terrorism

1.12 radiation or radioactivity from any nuclear fuel or any nuclear refuse arising from the combustion of nuclear fuel and any process of self-sustaining nuclear fission

1.13 Explosion of radioactivity or nuclear component or other hazardous material which may cause explosion in nuclear process

2. any loss or damage occurred at the time as follows:

2.1 while the Insured is taking part in all kinds of car or boat racing, horse racing, ski racing of any kind including jet-skis, skating, boxing, parachuting (except for the purpose of life saving); while going up or down or in a balloon, or glider, bungee jumping, diving that requires an air tank and an underwater breathing apparatus

2.2 while the Insured is riding or travelling on a motorcycle

2.3 while the Insured is boarding or disembarking or travelling in an aircraft that is not registered for carriage of passengers and not operated by commercial airlines

2.4 while the Insured is piloting or performing duties as a crew member of any aircraft

2.5 while the Insured is taking part in a quarrel or is involved in inducing a quarrel

2.6 while the Insured is committing a serious crime, or while being arrested or escaping

2.7 while the Insured is performing duties as a soldier, police officer or volunteer and entering the operation in war or suppression, but if the period of such operation is more than 30 days, the Company will return the premium from the period of operation in the war or suppression until the end of the operation thereafter. The Insurance Policy continues to be effective until the end of the insurance period specified in the insurance policy schedule.



Insuring Agreement Coronavirus Disease 2019 (COVID-19)

Additional Definition

Coronavirus Disease 2019 (COVID-19) means Coronavirus Disease 2019 according to the meanings provided by World Health Organization (WHO)

Coverage

It is agreed that If the Insured is clearly diagnosed by a physician as having contracted the Coronavirus Disease 2019 (COVID-19) occurring after 14 days of the non-coverage period from the date on which the Insurance Policy becomes effective for the first time as specified in the insurance policy schedule, with the features according to the additional definition provided under the Insuring Agreement of this Insurance Policy.

The company will pay benefits according to the sum insured as specified in the policy schedule and this Insuring Agreement will terminate immediately.

Claims for benefits and submitting proofs of damage

The Insured, the Beneficiary or his/her representatives, as the case may be, must submit the following proofs to the Company within 30 days from the date on which the Insured leaves the hospital or the medical facility at his/her own expenses:

1. Compensation Claim Form specified by the Company
2. Medical report indicating significant symptoms, diagnosis results, and treatment
3. Original receipt showing expenses or the closing statement with the receipt
4. Copy of the insured's Identification Card
5. Documents or proofs as required by the company as necessary (if any)

The receipt showing the expenses must be the original receipt, and the Company will return the original receipt certifying the amount paid in order for the Insured to claim the remaining amount from other insurers. However, if the Insured receives compensation from the state welfare or any other welfare or other insurance, the Insured must submit a copy of the receipt certifying the amount paid by the state welfare or other agencies in order to claim the remaining amount from the Company.



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Additional exclusions (Applicable to the Insuring Agreement: Coronavirus Disease 2019 (COVID-19) only)

Insurance under this Insuring Agreement does not cover any loss or damage caused by or as a result of the following reasons:

1. Pre-existing conditions
2. Sickneses caused by Coronavirus Disease 2019 (COVID-19) (including complications) occurring during the non-coverage period



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Attachments

If the statements in the following attachments are contrary to or inconsistent with the statements of the Insurance Policy, the statements in the following attachments shall be used instead.

The conditions of the insurance contract and other exclusions in the Insurance Policy remains in force as usual.



Limitation of Liability Attachment

(Applicable to Insuring Agreement: Benefits in case of death, dismemberment, loss of sight or total permanent disability (Aor Bor 1) of the Personal Accident and Disease-Specific Health Insurance Policy only)

company code

Attachment No.	As a part of Insurance Policy No.	Date
The Insured's Name: As specified in the insurance policy schedule		
Effective Period: start from	time:	expire on time: 24.00
Net premium: Baht	Revenue stamp: Baht	Tax: Baht Total premium: Baht

Limitation of Liability: It is agreed that if the injury suffered by the Insured is the result of murder or assault, the sum insured according to the **Insuring Agreement: Benefits in case of death, dismemberment, loss of sight or total permanent disability (Aor Bor 1)** will be reduced to only 50,000 baht.

If the statements provided in this statement are contrary to or inconsistent with the statements provided the Insurance Policy, the statements in this attachment shall be used instead.

The conditions of the insurance contract and other exclusions in the Insurance Policy remains in force as usual.