



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

In reliance upon the statements made in the application for insurance forming part of this insurance Policy and in consideration of the premium to be paid by the insured person and subject to the terms, general conditions, insuring agreements, exclusions and endorsements of this insurance Policy, the Company agrees with the insured person as follows:

Section 1 Definitions

Words or expressions to which specific meanings have been given in any parts of this Policy shall have such specific meaning wherever they shall appear, unless specified otherwise in the Policy.

Policy	means	the Insurance Schedule, Schedule of Benefits, Conditions, Insuring Agreement, Exclusions, Attachments, Special Provisions, Warranties, Endorsements and Summary of Policy are considered as parts of this Insurance Contract.
Company	means	Tune Insurance Public Company Limited
Policyholder	means	Person, juristic person or organization specified as Policy Holder in the Schedule of Policy and/or the certificated who provides the insurance for the insured persons' benefits.
Insured Person	means	the person named as the Insured person in this policy schedule and/or Endorsement who is under the coverage of this Policy.
Accident	means	an incident happens suddenly from external factor causes the result insured person unintended or unexpected.
Injury	means	bodily injury as directly resulted by accident solely and is independent from other causes.
Sickness	means	symptom, abnormality, sickness or contact disease of the Insured person.
Deductible	means	the first part of loss which shall be borne by the Insured Person.



Physician	means	any person licensed to practice modern medicine with the Medical Council who can render medical treatment and surgery within the territory he/she is licensed.
Nurse	means	a person who is legally licensed to engage in the nursing profession.
Inpatient	means	the person who is necessary to attend medical treatment in hospital or medical center and registered as inpatient by diagnosis and advice of the physician based on indication of medical standard and in the period suitable for treatment of such injury or sickness.
Outpatient	means	the person who received medical service in an outpatient department or emergency room of the hospital, medical facility or clinic, for a condition which by diagnosis and indication of the Medical Standard does not need to be admitted as an Inpatient.
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.
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.
Clinic	means	the modern type clinic duly permitted by law to be operated for medical treatment and diagnosis by the physician but cannot accommodate overnight patient.



Medical Standards	means	international rules or practices of modern medical service that provides suitable treatment plan for the patient according to the medical necessity and correspond with the summary from the injury and sickness background, findings, autopsy result or others (if any).
Necessary and Reasonable Expense	means	medical treatment costs and/or other expenses that correspond to the amounts normally charged to general patients for similar services by the Hospital, Medical Facility or Clinic where the insured person has been treated.
Medical Necessity	means	medical service provided under the following conditions: (1) the services correspond with diagnosis, and the treatment is consistent with the treated person's Injury or Sickness; (2) there are clear medical indications based on current Medical Standards; (3) the services must not be solely for the convenience of the treated person or his or her family or the treatment provider; and (4) Conform to standard medical treatment and is necessary for the injury or sickness suffered by the person being treated.
Pre-existing Conditions	means	As for an annual policy, this refers to a medical state in which the insured person requests a claim during the previous trip, or a medical state in which the insured person requests a treatment or a diagnosis within 24 months before the trip of the insured person. It shall be deemed that such state is a pre-existing medical state for the subsequent trip.
AIDS	means	Acquired Immune Deficiency Syndrome which is caused by HIV virus infection, and shall include opportunistic infection, Malignant Neoplasm, infections or any Sickness that reveals an HIV (Human Immunodeficiency Virus) positive blood test result. Opportunistic infection shall include, but is not limited to, Pneumocystis Carinii Pneumonia, Organism of Chronic Enteritis,



virus, and/or Disseminated Fungi Infection. Malignant Neoplasm shall include Kaposi's sarcoma, Central Nervous System Lymphoma, and/or other severe disease which is presently known to be a symptom of Acquired Immune Deficiency Syndrome, or which causes sudden death, Sickness, or disability to infected persons.

AIDS shall include HIV (Human Immunodeficiency Virus), Encephalopathy Dementia, and outbreak of virus.

Terrorism means violent action and/or threat by any person or group of persons regardless of such action is done alone or in representation or in connection with any organization, government for political or religious result, ideology faith or similar objective, including to impact the government and/or public or partial thereof to become in panic.

Emergency Assistant means a company providing services to the insured person while being overseas in terms of medical care advice, emergency medical evacuation, body or bone ash repatriation.



Section 2 General Term and Conditions

2.1 Insurance Contract

This Insurance Contract is executed based on the reliance on the statement declared by the policyholders and/or the insured person in the Application Form and additional declaration (if any) duly signed by the insured person as an evidence to accept such insurance according to the Insurance Contract; this Policy is thus issued by the company as an evidence.

In case of the policyholders and/or the insured person has already known but provided false statement in the declaration or already known any fact but concealed thereof, of which if it is known to the company, it may motivate the company to demand higher premium or refuse to execute insurance contract. In this regard, this insurance contract shall become void pursuant to Section 865 of Civil and Commercial Code and the company is entitled to terminate this insurance contract.

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

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

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

2.3 Period of Insurance

As for an insuring period or a travelling period in this Policy, the insured person is covered only by the beginning and the end as part of an insurance period as described below:

2.3.1 Single Trip Coverage

For an inbound trip into Thailand, the coverage period under this Policy shall commence at the arrival in Thailand by the insured person and continue to either the departure from Thailand by the insured person, or the end of the insuring period, whichever is earlier (unless otherwise stated in this Policy). The case shall be confirmed by all complete registration steps at an immigration checkpoint. Each maximum insuring period shall not exceed 180 days.



2.3.2 Annual Trip Coverage

As for the annual trip coverage for multiple trips, an insuring period shall be the same as that of Item 2.3.1 and each maximum insuring period shall not exceed 180 days.

In case that the insured person is hospitalized during the effective period the insurance policy and requires continued treatment as an inpatient, the coverage of this Policy shall extend until the insured person is discharge from the hospital or the medical facility.

2.4 Notification and Claims

The policyholders and/or The insured person, beneficiary or representative of mentioned persons, as the case may be, must inform the company in case of injury or sickness without delay. In the event of death, an immediate notice must be made to the Company, unless it can be proven that immediate notice was not practicable but was given as soon as possible.

In claiming compensation Insurance policyholder and/or the insured person or the representative of the said person, as the case may be must provide evidence or documents as specified under insuring agreement to the company within the specified period at their own expense

2.5 Medical Examination

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

2.6 Compensation Payment

The Company shall provide compensation within 15 days from the date on which the Company has received a complete and correct set of evidence of Loss or Damage. Compensation for death will be paid to the beneficiary while other types of compensation will be paid to the insured person.

In case a reasonable doubt that the said claim was not made in accordance with the insuring agreement in this Policy, the period of time specified for claim compensation investigation may be extended as necessary but not exceed than 90 days from the date the company received the documents.

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



2.7 Payment of Premium and Premium Refund

2.7.1 The policyholders and/or The insured person must pay the premium promptly and the insurance policy shall start the coverage as the date specified in the schedule and/or the insuring certificate.

2.7.2 For a single trip coverage, the premium will not be refunded if the Insurance Policy is cancelled after it has been issued by the Company.

2.7.3 For an annual trip coverage, the insured person or the Company may exercise their rights to terminate the Policy in line with the following conditions:

1) The Company may terminate this Policy by giving written notice not less than fifteen (15) days by registered mail to the Policyholder and/or the Insured person at the latest address informed to the Company. In this case, the Company shall refund premium to the policyholders and/or the insured person after deducting a rateable proportion of the premium for the time the Policy has been in force

2) The policyholders and/or The Insured person may terminate this Policy by giving written notice to the Company and the Company shall refund premium after deducting premium for the time this Policy has been in force effect per the short-term premium rate as shown in the table as follows:

Short-Term Premium Rate Table

Duration of Insurance (not over / months)	Percentage of Annual Premium
1	15
2	25
3	35
4	45
5	55
6	65
7	75
8	80
9	85
10	90
11	95



Duration of Insurance (not over / months)	Percentage of Annual Premium
12	100

The termination of the insurance policy under the conditions in this Article, whichever is done by any party must be the entire termination whole coverage only It is not possible to choose to cancel any part of the coverage during the insurance year.

2.8 Dispute Resolution by Arbitration

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

2.9 Territories and Applicable Laws

This Policy shall cover only the loss or damages that take place in Thailand under the regulations and interpretations in line with Thai laws.

2.10 Conditions Precedent

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



Section 3 General Exclusion

This Policy does not cover any Injury, Sickness, Loss or Damage arising from or as a result of the following causes or which occurs at the times as follows (Unless specific coverage is specified in the insuring agreement)

- 3.1 Suicide, attempted suicide or self-inflicted Injury.
- 3.2 War, invasion, act of foreign enemies, warlike operations whether war is declared or not, civil war, uprising, insurrection, riot, strike, civil commotion, revolution, coup d'état, proclamations of martial law, or any events which lead to the proclamation or maintenance of martial law.
- 3.3 Terrorism.
- 3.4 Radiation or radioactivity from any nuclear fuel or nuclear waste produced by the combustion of nuclear fuel or any process of self-sustaining nuclear fission/fusion.
- 3.5 Radioactive explosion, or any nuclear component or harmful substance that could cause an explosion in a nuclear process.
- 3.6 Deductible
- 3.7 While the insured person serves as a soldier, police, or a volunteer and participates in war or crime suppression.
- 3.8 At any time in a country or territory in which coverage is excluded as specified in the attachment (if any).
- 3.9 While the event occurs in the area of oil platform or underground mine.



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Section 4 Insuring Agreements

Subject to the insuring agreement, the exclusion, general terms and conditions and endorsement of the insurance policy and in consideration for the premium will be paid by the policyholder and/or the insured person. The company agrees to cover only the insuring agreement attached with this insurance policy and provide sum insured as specified in the schedule and/ or insurance certificate.

A large, semi-transparent watermark of the Tune Protect logo is centered on the page. It consists of the word "Tune" in a white script font above the word "Protect" in a white sans-serif font, all set against a light pink circular background.



Insuring Agreement

Death, Dismemberment, Loss of Sight or Total Permanent Disability from accident

Additional Definitions

Dismemberment	means	the loss of body organ from the wrist joint or the ankle joint and also the loss of use of that organ which according to the medical indication will never be able to function at any time in the future.
Loss of sight	means	complete blindness which is permanently incurable.
Total permanent disability	means	disability to the extent of being unable to perform the normal duty in the insured person's regular occupation or any other occupation totally and permanently.

Coverages

This insurance covers loss or bodily injury of the insured person caused by travel accident leading to death of the insured person, dismemberment, loss of sight or total permanent disability within 180 days commencing from the date of accident or injury requiring the insured person to attend continuous treatment as inpatient in hospital or medical center and subsequently dies at any time, the Company will compensate as follows:

1. 100% of the sum insured In case of death.
2. 100% of the sum insured In case of total permanent disability and such total permanent disability is existed for not less than 12 consecutive months commencing from the date of accident or there is any clear medical indication that the insured person is becoming total permanent disability.
3. 100% of the sum insured For both hands from wrist joints or feet from ankle joints or both sights.
4. 100% of the sum insured One hand from the wrist joint and one foot from the ankle joint.
5. 100% of the sum insured One hand from the wrist joint and one sight.
6. 100% of the sum insured One foot from the ankle joint and one sight.



7. 60% of the sum insured One hand from wrist joint.
8. 60% of the sum insured One foot from ankle joint.
9. 60% of the sum insured One sight.

The company shall compensate only one item of loss which has the highest amount.

Through the period of insurance, the company will pay the compensation under this insuring agreement totally not over the amount specified in the insurance schedule. If the company pays the compensation less than 100% of sum insured, the company still covers the rest amount until end of period of insurance.

Claim and Submission of Evidence of Loss or Damage

The policyholder and/or the insured person shall submit the following evidence to the Company with his/her expense within 30 days from the date on which the Physician concludes that the insured person suffers permanent disability or dismemberment.

1. Claim form as prescribed by the Company.
2. Copy of passport or travel evidence of the insured person.
3. Physician's report indicating the permanent disability or dismemberment.
4. Death certificate.
5. Copy of the autopsy report certified by the police of the case that issued the report and a copy of the police journal
6. Copy of identification card and house registration (stamp "death") of the insured person.
7. Copy of Identification card and house registration of beneficiary.

Nevertheless, non-compliance within the specified time shall not jeopardize the right to claim if it can be proved that there is reasonable explanation why a claim could not be made in a timely manner and that the claim was filed as soon as possible.



Specific Exclusions (Only comply with Insuring Agreement for Death, Dismemberment, Loss of Sight or Total Permanent Disability from accident)

This insuring agreement does not cover Loss of Death, Dismemberment, Loss of Sight or Total Permanent Disability resulting from:

1. Action of the insured person while under the influence of alcohol, addictive drugs, narcotic drugs to the extent of being unable to control one's mind. The term "under the influence of alcohol" in case of having a blood test refers to a blood/alcohol level of 150 mg percent and over.
2. Parasite infections except pyrogenic infection, tetanus, or rabies from a wound or cut suffered as a result of an accident.
3. Miscarriage and abortion.
4. While the insured person is racing of all kinds of car or boat, horse racing, all kinds of skiing including jet skiing, skate racing, boxing, parachuting (except for the purpose of life saving), while boarding or traveling on the balloon/glider.
5. While the insured person is boarding or traveling in an aircraft which has no license for carrying passengers or does not operate as commercial aircraft.
6. While the insured person pilots or works as a crew in any aircraft.
7. While the insured person is taking part in a brawl or taking part in inciting a brawl.
8. While the insured person is committing a felony or while the insured person is being arrested or escaping arrest.



Insuring Agreement

Medical Expenses from injury or sickness Benefits

Coverages

This Insurance covers if the insured person sustains an injury from an accident or suffers from sickness which is sudden and unforeseeable during the travel period causing the insured person to seek a medical treatment either as an in-patient or an out-patient.

The Company will pay for the customary and reasonable medical charges according to the medical necessity. The amount to be compensated is the actual expenses paid up to the maximum limit of liability as stated in the policy schedule.

If the insured person requires follow-up treatment after the insurance period end, such medical treatment must be given with forty-eight (48) hours upon the insurance period end. The maximum amount under this follow-up to be paid is the actual amount incurred but not exceeding ten (10)% of the sum insured

Covered expenses are:

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



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

Specific Condition

1. In-patient room and board limits not exceed 8,000 Baht per day. This exclusion does not apply to the medical treatment in Intensive Care Unit (ICU) as per the medical standard.

Claim and Submission of Evidence of Loss or Damage

The policyholders and/or The insured person shall submit the following evidence to the Company with his/her expense within 30 days from the date on which the insured person is discharged from the Hospital, Medical Facility or Clinic.

1. Claim form as prescribed by the Company.
2. Copy of passport or travel evidence of the insured person.
3. Copy of Identification card of the insured person.
4. Physician's report indicating significant symptom, diagnosis result and treatment.
5. Original copy of receipt listing the expenses, or a summary of the bill and receipt.

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

Nevertheless, non-compliance within the specified time shall not jeopardize the right to claim if it can be proved that there is reasonable explanation why a claim could not be made in a timely manner and that the claim was filed as soon as possible.



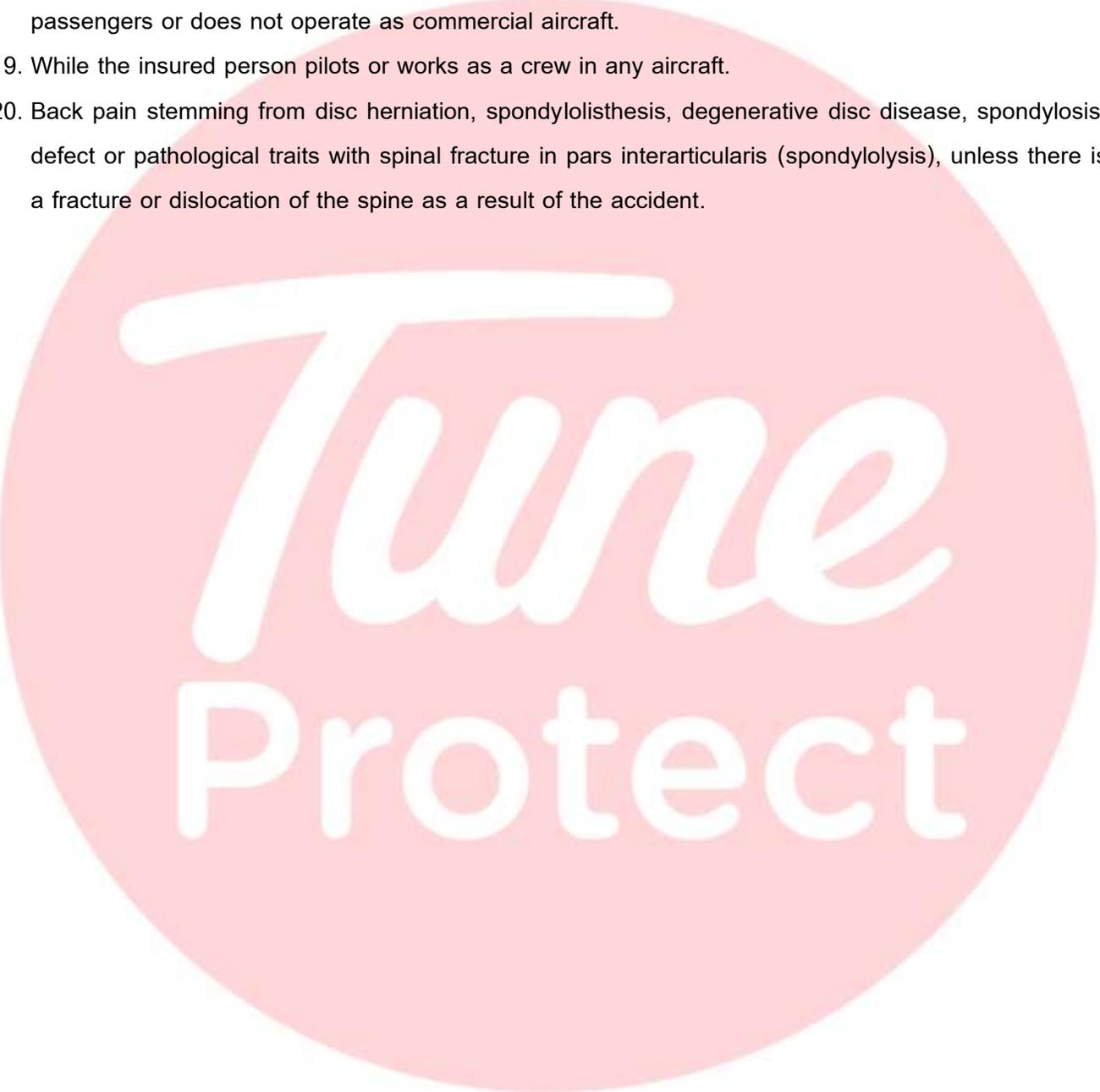
Additional Exclusions (Only comply with the insuring agreement for Medical Expenses from accident or sickness Benefits)

This insurance does not cover the medical expense arising from injury or sickness the following conditions:

1. Pre-existing Conditions.
2. Congenital abnormalities, growth development abnormalities and genetic disorders.
3. Treatment for relaxation or health, massage for health or relaxation, rehabilitation, bodily checkups, other treatment costs unrelated to the Injury or Sickness.
4. Treatment of disease or mental and nervous conditions, stress, insanity including drug addiction or genetic diseases.
5. AIDS, venereal diseases, sexual transmitted disease.
6. Miscarriage and abortion.
7. Artificial aids i.e. crutches, eyeglasses, hearing aid, speech device, pacemakers, etc.
8. Expense relating to dental except to relief the injury from accident but not include dental restoration, braces, crowns and bridges, scaling or polishing, filling, or dentures. This include the medical expense for the treatment which is necessary for natural pronunciation from dental treatment resulting from an accident.
9. Medical treatment incurred for the purpose of reaping benefit from this insurance policy.
10. Any cosmetic surgery or beautification treatment including treatment of acne, freckles, dandruff, weight reduction and gain, hair loss. Reconstructive surgery is also excluded unless injury is sustained as a result of an accident to reactivate the function of such organ.
11. Any medical treatment given by a medical practitioner who is the insured person or the parent, spouse or child/children of the insured person.
12. Any inoculations or vaccinations, except rabies vaccine needed after an animal attack or tetanus shots needed after injured.
13. Injury occurred while the insured driving or take a motorcycle.
14. While the insured person is racing of all kinds of car or boat, horse racing, all kinds of skiing including jet skiing, skate racing, boxing, parachuting (except for the purpose of life saving), while boarding or traveling on the balloon/glider.
15. While the insured person is taking part in a brawl or taking part in inciting a brawl.
16. While the insured person is committing a felony or while the insured person is being arrested or escaping arrest.



17. Action of the insured person while under the influence of alcohol, addictive drugs, narcotic drugs to the extent of being unable to control one's mind. The term "under the influence of alcohol" in case of having a blood test refers to a blood/alcohol level of 150 mg percent and over.
18. While the insured person is boarding or traveling in an aircraft which has no license for carrying passengers or does not operate as commercial aircraft.
19. While the insured person pilots or works as a crew in any aircraft.
20. Back pain stemming from disc herniation, spondylolisthesis, degenerative disc disease, spondylosis, defect or pathological traits with spinal fracture in pars interarticularis (spondylolysis), unless there is a fracture or dislocation of the spine as a result of the accident.



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Insuring Agreement

Emergency Medical Evacuation or Repatriation to Country of Domicile Benefits

Coverage

During the effective period under the terms and conditions of the policy coverage benefits, if the insured person is injured in an accident or suffers a sudden and unpredictable sickness during the period of insurance, and it is necessary to evacuate the insured person by the method suitable for the necessity based on an opinion or an advice of the Emergency Service Assistant or its representative in order to receive appropriate medical treatment or to evacuate the insured person back to his/her domicile, the Company shall pay the evacuation cost charged by the Emergency Service Assistant or its representative the company.

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

The coverage specified herein is for expenses for services which are determined and/or prepared by Travel Assistant with respect to transport or medical treatment, and cost of medical tools incurred out of necessity as a result of the transport for emergency medical treatment of the insured person specified in the policy schedule and/or the certificate.

Claim and Submission of Evidence of Loss or Damage

The Policyholder and/or the insured person shall submit the following document to the Company for reimbursement consideration.

1. In case that the insured person is injured or falls sick in a remote area, the insured person should contact a local physician for first aid then Emergency Service Assistant shall determine the evacuation methods and coordinate with the Physician for further treatment.



Additional Exclusions (Only apply to the insuring agreement for the Emergency Medical Evacuation or Repatriation to Country of Domicile Benefits)

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

1. Expenses for all services for which the insured person is not obligated to pay or any expense already included in the expenses specified in the traveling schedule.
2. Expenses associated with any service which has not been approved and managed by the authorized company or authorized representative of the authorized company will not be covered except that the insured or travel companion of the insured is not able to notify the authorized company and have good reason. For expenses incurred and cannot be controlled during transportation for emergency medical care or transportation back to domicile. In this case, the company reserves the right to reimburse the insured for the first reserve for the expenses incurred for those services and the maximum amount is not more than the sum insured as specified in the policy schedule and/or the certificate.
3. AIDS, venereal diseases, sexual transmitted disease.



Insuring Agreement

Repatriation of Mortal Remains to Country of Domicile Benefits

Coverage

During the effective period under the terms and conditions of the policy coverage benefits, if the insured person dies within 30 days from the date of such injury or sickness which is sudden and unforeseeable during the insuring period, the Company shall pay the expenses incurred from the repatriation of the body and any expenses necessary for funeral ceremony including costs of casket, embalming, cremation at the place the insured person dies and the expenses incurred from repatriation of the body or ashes to the Country of Domicile by Emergency Service Assistant or the representative of Emergency Service Assistant who is authorized by the company and charges the expenses directly to the company that it does not exceed the maximum sum insured specified in the schedule and/or the insurance certificate.

Claim and Submission of Evidence of Loss or Damage

The policyholder and/or the insured person shall submit the following document to the Company for reimbursement consideration.

1. Contact and inform the emergency assistant without delay.
2. The beneficiary or relative or relevant person must collect the necessary documents for claiming compensation in the event that the insured dies completely to the company within 30 days from the date of death.

Additional Exclusions (Only apply to the insuring agreement for the Repatriation of Mortal Remains to Country of Domicile Benefits)

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

1. Expenses for all services for which another person must be legally responsible for the insured person or any expense already included in traveling expenses for which the person arranging the trip or the transport company must be responsible.



2. Any expense for the repatriation of the body of the insured person that is not approved or arranged by the Emergency Service Assistant.
3. AIDS, or a blood test result revealing HIV positive, and other diseases related to AIDS.
4. Venereal diseases, sexual transmitted disease.





Insuring Agreement

Expenses for Visiting the Patient in the Hospital Benefits

Additional Definition

Family member Means Father, mother, grandfather, grandmother, son, daughter, spouse of the insured and father and mother of the spouse.

Majority means Reaching the age of 20.

Coverages

This applies to the circumstance in which the insured person is admitted to the hospital or the medical facility as an inpatient in Thailand as a result of injury or a sickness for over 5 consecutive days and the insured person's condition dictates that it is not possible to leave a hospital. In addition, no family member with the age of majority stays with the insured person in Thailand

The company will pay actual amounts of travel expenses by plane in the economy class, by first class train or ship and accommodation and meals up to the sum insured as specified in the policy schedule and/or the certificate, to the family members of the insured person, maximum 2 persons. The amount paid shall not exceed the sum insured as specified in the policy schedule to allow the family members of the insured person to visit the insured person in Thailand.

The authorized company will arrange an economy-class round-trip air ticket, a first-class train ticket or a ship ticket, accommodation and meals for up to 2 family members of the insured person per trip. The authorized company shall compensate for the cost of patient visit until the insured person is confirmed by a doctor that he/she is fit for travelling back to domicile, up to the sum insured as specified in the policy schedule and/or the certificate.

Additional conditions (Only apply to the insuring agreement for the Expenses for Visiting the Patient in the Hospital Benefits)

1. The medical condition of the insured person prevents the insured person from leaving a hospital. Furthermore, the instruction by the respective doctor bans the relocation of the insured person.
2. The insured person is not accompanied by a family member who is of legal age during his/her stay at the hospital or the medical facility.



Insuring Agreement

Loss or Damage of Travel Documents Benefits

Additional Definitions

Travel Documents	means	passport, green card, visa, driving license, travel ticket or trip ticket, transportation ticket.
Travel Card	means	a travel card the insured person uses for paying travel fare to service providers of land, water, or air transportation which operate with a legal transportation license.
Theft	means	taking of the property of another person or joint owner in bad faith.
Burglary	means	theft presenting signs of breaking-in by any person who enters or exists the location at which the insured person property is kept by using aggressive force and causing a clear trail of damage to the said location by use of tools, explosives, electricity, or chemicals, or arising from Robbery or Gang Robbery, including Loss or Damage arising from an attempt thereof.
Robbery	means	Robbery by committing an act of violence or threatening to do any act of violence immediately in order to facilitate the theft or taking away of property; obtaining delivery of the property; taking hold of the property or concealing the commission of such offense; or avoiding arrest.
Gang Robbery	means	Robbery committed by three persons or more.

Coverage

The Company will pay compensation to the insured person for the actual amount paid up to the sum insured as specified in the policy schedule and/or the certificate for the cost of applying for a new travel document, additional travel and accommodation fees to apply for the new travel document, lost travel documents due to the fact that the insured person is stolen, robbed, burgled, or theft, or the insured person encounters natural disasters (such as typhoons, tsunamis, earthquakes, etc.) while being Thailand.



The insured person shall submit a report of such loss to competent police officers in the area within 24 hours of the incident. The claim shall involve a daily record of the competent police officer.

Claim and Submission of Evidence of Loss or Damage

The policyholders and/or The insured person shall submit the following evidence to the Company with his/her expense within 30 days from the date of event occurring.

1. Claim form as prescribed by the Company.
2. Copy of passport or travel evidence of the insured person.
3. Copy of Identification card of the insured person.
4. Copy of Daily report of a local police officer.
5. Other evidence the company requires as necessary.

Nevertheless, non-compliance within the specified time shall not jeopardize the right to claim if it can be proved that there is reasonable explanation why a claim could not be made in a timely manner and that the claim was filed as soon as possible.

Additional Exclusions (Only apply to the insuring agreement for the Loss or Damage of Travel Documents Benefits)

The insurance under this insuring agreement shall not cover expenses or loss of travel documents arising from or as a result of the following causes:

1. No report of loss is made to the competent police officer in the area within 24 hours after the incident and/or without the daily records of the competent police officer.
2. The loss is a consequential result of failure, forgetfulness and ignorance of the insured person to take appropriate care and precaution for the security of travel documents.
3. The request fee for travel documents for a certain country is not included in the travel plans of the insured person.
4. Loss or damage of unknown causes.
5. The actions of the insured person while under the influence of alcohol, addictive drugs, narcotic drugs to the extent of being unable to control one's mind. The term "under the influence of alcohol" in case of having a blood test refers to a blood/alcohol level of 150 mg percent and over.
6. While the insured person joins the fight or contributes to provoking controversy.



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7. When the insured person commits a crime or while being arrested or escaping arrest.
8. Loss due to exchange rate or depreciation of the document.





Insuring Agreement Personal Liability Benefits

Additional Definition

Third Party means any persons who are not the relatives stay with the insured person, employee and business partner of the insured person.

Coverage

The insurance policy covers legal liability to third party of the Insured person which accidentally occurs during the insurance period specified in the schedule and/or the certificate. The company on behalf of the insured person shall compensate the actual amount the insured person has to be legally responsible for which deducts the deductible (if any) but not exceeding the sum insured stated in the schedule and/or the certificate for the result of the damage as following:

1. The death of injury resulting from accident of the third party.
2. Loss or damage to the third party's property resulting from accident.

Specific Condition (Only apply to the insuring agreement for Personal Liability Benefits)

The insured person shall not take any action representing agreement to indemnify or be liable for the Third Party or any other injured person, or which constitutes filing of a lawsuit or defense of the case without written consent from the Company

Claim and Submission of Evidence of Loss or Damage

The policyholders and/or The insured person shall submit the following evidence to the Company with his/her expense within 30 days from the date of event occurring.

1. Claim form as prescribed by the Company.
2. Copy of passport or travel evidence of the insured person.
3. Copy of Identification card of the insured person.
4. Copy of Daily report of a local police officer.
5. Other evidence the company requires as necessary.



Nevertheless, non-compliance within the specified time shall not jeopardize the right to claim if it can be proved that there is reasonable explanation why a claim could not be made in a timely manner and that the claim was filed as soon as possible.

Additional Exclusions (Only apply to the insuring agreement for Personal Liability Benefits)

The insurance under this insuring agreement shall not cover personal liability arising from or as a result of the following causes:

1. The deductible that the insured person has to be responsible for as specified in the policy schedule and/or the certificate (If any)
2. Loss or Damage of the property owned by, or legally in possession or under control of the insured person.
3. Loss or Damage relating to any liability assumed under contract.
4. Loss or Damage relating to the willful or spiteful act, act of gross negligence, or illegal act of the insured person.
5. Expenses for criminal proceedings.
6. The Insured participates in rally racing.
7. Exemplary or multiple damages.
8. Loss or Damage of rented equipment or the equipment for rent.



Section 5 Attachments

If the statement in the attachments are contrary to those in the policy, the statement in the attachment shall prevail.

Other conditions and exclusion under this insurance shall remain effective.





Endorsement of Automatic Extended Term

(It's used as the endorsement for Domestic travel insurance policy

(Sell through electronic channel (Online)))

Company code:

The endorsement no. -	is a part of policy no.: as specified in the schedule Documentation Date: -
Name-Last name of Insured person: as specified in the schedule	
Insurance period: as specified in the schedule	

It is hereby agreed that if anything specified in this endorsement is contrary to the policy wording, the clause in this endorsement shall prevail and all other term and conditions this policy remain unaltered.

Additional Definition

“Unpredictable Event” means weather-permitting to operate the flight due to the natural disaster, defect of aviation equipment in case of the engine failure, changing the size of aircraft, loss of travelling documents. In case that the insured person is not allowed to get on the aircraft due to fully booking or resulting from sickness or injury occurring to the insured person.

Automatic Extended Term

It is hereby agreed in the insuring period of this endorsement that the insuring agreement shall extend the term to cover the return trip of the insured person which is delay due to the unexpected event uncontrolled by the insured person. The company shall extend the term as necessary to cover until the round trip is ended without additional premium or any expense, but not exceeding the days specified in the policy schedule and/or the certificate.