

# An insurance policy compensating income while hospitalized as an in-patient. Electronic sales (Online)

Upon acceptance of the statements in the insurance application form, along with the attached documents of the insurance policy, the endorsement - recognized as an integral part thereof - and in consideration of the indemnity premium obligations set forth in the general conditions, terms, coverage agreements, exclusions, and attached documents of the insurance policy, as well as the summary of terms, coverage agreements, and exclusions pertaining to said policy, the company undertakes to fulfill the following commitments to provide coverage to the insured:

# **Chapter 1 Definitions**

Words and descriptions which have a specific meaning are given in any part of this policy shall be deemed to have the same meaning regardless of where they appear unless otherwise specified in this insurance policy.

- 1. "Company" means Tune Insurance Public Company Limited.
- 2. "Insurance Policy" means the insurance policy schedule, general conditions and provisions, insuring agreements, exclusions, attachments to the insurance policy, insurance application form, certificate of insurance renewal, endorsement, and summary of terms, insuring agreements, and exclusions under this insurance policy, which collectively form part of the insurance contract."
- **3. "The Insured"** means the person named as the Insured in the Policy schedule which is a person who is covered under this insurance policy.
- 4. "Dependant" means a dependent person of the insured and named in the policy schedule.
  - 4.1. "Spouse" means the Insured's spouse with the age of not more than ...... full year
    - 4.2. "Children" means legal children of the Insured or spouse and aged from 1 year to ...... full year and unmarried or not over ......... year and currently studying.
- 5. "Insured Person" means the Insured and/or dependents of the Insured only named in this

Policy schedule which is a person who is covered under this insurance policy An insurance policy compensating income while hospitalized as an in-patient. (Sold via electronic (Online)) Page 1 from 30



- **6. "Daily Benefits"** means benefits paid on a daily basis to Insured Persons who are medically necessary to be admitted to a hospital or medical facility as an in-patient.
- 7. "Medical necessity" means a medical service with the following conditions:

7.1. Must be consistent with the diagnosis and treatment according to the injury or illness of the service recipient.

7.2. There must be a clear medical indication according to current medical practice standards.

7.3. Must not be for the convenience of the service recipient or family of service recipients or of service providers' unilateral medical care, and

7.4. Medical treatment must be in accordance with medical standards, providing appropriate care for the necessary injuries or illnesses of the patient.

- **8. "Sickness"** means sickness or there is an abnormality or infection that occurs with those who have been covered where illness or disease is the cause of the claim.
- **9. "Injury"** means bodily injury as a direct result of an accident that occurs independently and independently of any other.
- **10. "Accident"** means an event that occurs suddenly due to external factors and results in unexpected harm or damage to someone who is not intended or expected to be affected.
- **11. "Hospitalization"** means the act of being admitted to a hospital or medical facility as a patient for the purpose of receiving medical care, following the advice and regular care of physicians.
- **12. "Inpatient"** means a person who requires to be admitted to a hospital or medical facility for a period of no less than 6 hours, and who is registered as an inpatient, diagnosed, and advised by a physician according to medical standards, and is in an appropriate time frame for treatment of injury or illness, including cases where the patient is admitted but dies before completing 6 hours of hospitalization.
- **13. "Hospital"** means any medical facility which provides medical services. It can accept patients overnight and has the elements of a place with a sufficient number of medical personnel as well as complete service management, and in particular, there is room for major surgery, and is allowed to be registered as a hospital of that territory.

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- **14. "Medical hospital"** means any medical facility which provides medical services that can accept patients overnight and is licensed to operate as a medical hospital according to the laws of that territory.
- **15. "Physician"** means a person who has completed a medical degree program, is properly registered with the Medical Council and has been authorized to practice medicine or surgery in the region where medical services are provided.
- **16. "Nurse"** means a person who is licensed to practice nursing by law.
- 17. "Coronavirus disease 2019 (COVID-19)" means coronavirus disease 2019

(COVID- 19) within the meaning of the World Health Organization (WHO).



#### Section 2 General Conditions and Requirements

#### 1. Insurance contract

This insurance contract arises from the Company's reliance on the statement of the insured Person in the Insurance Application Form, Health Statement, and additional statements (if any) signed by the Insured person as evidence. In agreeing to accept insurance under an insurance contract, the company, therefore, issued an insurance policy and condition summary documents, insuring agreement, and exclusions under this insurance policy.

In the case where the insured is already aware of the false statement in a statement in policy or is aware of a true statement but conceals it without informing the company, which if known by the company could have motivated the company to charge a higher premium or decline to issue the insurance policy, the insurance contract shall be void according to Section 865 of the Commercial and Civil Code. The company has the right to repudiate the insurance contract.

The company shall not deny liability by relying on a statement beyond what the insured has stated in the policy document in question.

#### 2. Non-Repudiation of Insurance Contract Imperfections

The company shall not dispute or contest the incompleteness of this insurance contract, after the policy has been in force for 2 years, starting from the date the policy first became effective, except in case of non-payment of the insurance premium.

In the event that the company has knowledge of information that could repudiate the insurance contract but does not exercise the right to repudiate within 1 month of becoming aware of such information, the company cannot repudiate the completeness of the insurance contract in this case."

#### 3. Effective Date

This insurance policy is effective and commenced at 00.01 Thailand time on the commencement date of the insurance policy as specified in this policy schedule.

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# 4. Premium payment and coverage commencement

4.1 Annual premium payment

Annual premium payment must be paid immediately or before the coverage begins by the insured, and the coverage starts to take effect on the date specified in the insurance policy schedule.

4.2 Monthly, quarterly, or semi-annual premium payment as specified in the insurance policy schedule.

4.2.1 The first installment of the insurance premium must be paid immediately or before the coverage begins by the insured, and the coverage starts to take effect on the date specified in the insurance policy schedule.

4.2.2 For subsequent installments of the insurance premium, the insured must pay within 30 days from the due date of the premium payment. If the insurance premium is paid, the coverage under this insurance policy is considered continuous from the previous installment, and the company will not reset the time to claim for the incompleteness of the insurance contract.

If the company still cannot collect the insurance premium, the coverage under this insurance policy is considered to be terminated on the last day that the insurance premium, which has been paid, can be used to get coverage.

4.2.3 In case there is a claim for any compensation amount in installments and the company has not yet paid the insurance premium, the company shall deduct the insurance premium amount that has not yet been received for that premium payment installment from the compensation amount that must be paid according to this insurance policy and pay the remaining compensation amount to the insured person or beneficiary.

# 5. Principles of Insurance Premium Calculation and Premium Adjustment

5.1 Insurance premiums for each insured person depending on their age on the effective date of the insurance policy and will be adjusted annually starting from the policy anniversary date when the insured person reaches the age of... years.

5.2 In the event of a policy renewal, the company reserves the right to adjust the insurance premium rate according to the increased risk level and age of the insured person.

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# 6.Termination of Insurance Policy

# 6.1 Termination by the insured

The insured may terminate this insurance policy at any time by providing written notice to the company. In the case of annual premium payment, the termination will take effect on the date the company receives the notice or on the date specified in the notice, whichever is later, and the insured may be entitled to a refund of the insurance premium for the remaining period of the policy term based on the insurance premium rate. In the case of installment premium payment, the termination of the insurance policy will take effect on the last day of the month of the final premium payment.

# 6.2 Termination by the company

6.2.1 If the company decides not to renew the insurance policy upon its expiry date.

6.2.2 When the company cancels this insurance policy by giving written notice in advance of not less than 15 days by registered mail to the insured person at the last address notified to the company, in the case where the insurance premium has already been paid, it shall not result in any liability for the company to pay compensation. The company shall return the insurance premium to the insured person deducting the insurance premium for the period during which this insurance policy has been in force according to the rate of insurance premium

# 7. Termination of Coverage

7.1 Coverage of the Insured under this Insurance Policy will end when one of the events happened as follows whichever event will happen first

7.1.1 On the date the insurance policy ends as specified in the insurance policy schedule (If there is no insurance policy renewal)

7.1.2 In the year in which the insured reaches 60 years of age

7.1.3 When the insured fails to pay premiums according to general conditions and clause 4

7.1.4 When the insured dies from causes that are not covered.

7.1.5 When the Insured is imprisoned in a prison or correctional institution.

For termination of coverage under clauses 7.1.4 or 7.1.5, the company will

return the insurance premium to the insured or beneficiary by deducting premiums for the

period that this insurance policy has already been in force, proportionately

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7.2 Coverage of each dependent under this policy will end when there is any event occurred as follows whichever event will happen first.

7.2.1 On the anniversary date of the insurance policy, when a dependent person ceases to be a dependent person according to the defined definition.

7.2.2 When the insurance policy is terminated according to the conditions in item 7.1

7.2.3 When dependents fail to pay premiums according to general conditions and clause 4

7.2.4 When a dependent dies from causes that are not covered.

7.2.5 when dependents are incarcerated in a prison or correctional institution For the termination of coverage according to clause 7.2.4 or 7.2.5, the Company will return premiums to the Insured by deducting premiums for the period that this insurance policy has already been in force, proportionately

7.3 Protection under this insurance policy will end for each coverage when the company pays the amount of insurance coverage specified in the insurance policy schedule in full. The company will provide continuous coverage until the end of the insurance period only for the remaining amount of insurance coverage for other coverages.

7.4 This insurance policy and all insurance under this insurance policy will end in

Time 24.00 hours in Thailand on the date of termination of the insurance policy.

#### 8. Status of claims upon the termination of the insurance policy

Termination of the such insurance policy shall not affect claims relating to events arising prior to the expiration date of the insurance policy.

#### 9. Claims for compensation

9.1 How to claim compensation

When there is a right to claim compensation, a written notice must be sent to the company within thirty (30) days from the date the right arises. The company will then send the compensation claim documents to the insured and/or beneficiary, and the person concerned must provide any documents or evidence that the company requires to prove the compensation claim at their own expense. Medical examination expenses required by the company to prove the compensation claim will be borne by the company.

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Failure to submit supporting documents within the specified time period will not result in the loss of the right to claim. If it can be shown that there is a justifiable reason why the supporting documents cannot be submitted within the specified time period, but the supporting documents are submitted as soon as possible, then this will be taken into consideration.

# 9.2 Payment of compensation/indemnity/compensation of benefits

The company shall pay compensation within 15 days from the date the company receives complete and accurate evidence of loss or damage. Compensation for loss of life shall be paid to the beneficiary, while other compensation shall be paid to the insured.

If there is a suspicion that a claim for compensation under the insurance policy above is not in accordance with the terms and conditions of the insurance policy, the time limit specified in the insurance policy may be extended as necessary, but not exceeding 90 days from the date the company receives complete documentation. If the company is unable to pay compensation within the aforementioned time limit, the company shall be liable to pay interest at a rate of 15 percent per annum on the amount payable. This is calculated from the date payment is due.

#### 9.3 Medical Examination

The company has the right to examine the medical treatment history and diagnosis of the insured person as necessary for this insurance policy and has the right to perform an autopsy if necessary and not contrary to the law, at the expense of the company.

If the insured person does not consent to the company examining their medical treatment history and diagnosis for the purpose of considering compensation, the company may reject the coverage under this insurance policy for the insured person.

#### 9.4 Fraudulent Claims

The Company shall not be liable for claims for compensation arising from fraud, and the Company has the right to cancel this insurance policy immediately if the claim for compensation under this insurance policy is fraudulent in any way or the insured or any person acting on behalf of the insured using fraudulent methods or tools in order to receive the benefits under this insurance policy.

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# 10. Waiting Period

The company will not pay benefits under this insurance policy for:

- Any illness that occurs within 30 days (not exceeding 30 days) from the effective date of coverage or the date the company approves an increase in benefits under this insurance policy, whichever is later, or
- 2) Any of the following illnesses that occur within 120 days (not exceeding 120 days) from the effective date of coverage or the date the company approves an increase in benefits under this insurance policy, whichever is later:
- Tumors, cysts, or any type of cancer
- Hernias of all types
- All types of intestinal polyps
- Hemorrhoids or anal fissures
- All types of nodules
- Varicose veins in the legs
- Endometriosis
- Permanent disability that occurs within 180 days from the effective date of coverage or the date the company approves an increase in benefits under this insurance policy, whichever is later
- 4) Illness from COVID-19 that occurs within 14 days from the date the insurance policy becomes effective for the first time, or illness from COVID-19 that occurs within 30 days from the date the policyholder returns to Thailand after traveling abroad.

The company will not apply the waiting period condition in cases where a waiting period of 120 days is not specified or for diseases not listed above.

# **11.** Validity of the contract and changes in the contents of the insurance contract

This insurance policy consists of an insurance application form, an insurance policy schedule, a back-end endorsement form, and a request form for any changes made before issuing the insurance policy. An application for renewal will be combined to form the insurance policy. Any changes made to the policy will require consent from the insurance company and must be recorded on the endorsement form attached to this insurance policy or in the annexed documents. Therefore, the authorized person acting on behalf of the company must complete the process

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# 12. Misrepresentation of age or gender

If there is misrepresentation of age or gender of the insured, the following consequences will apply:

12.1 The insurance company will receive less premium than what was originally intended. The amount of insurance coverage that the insured person will receive under this insurance policy will be equal to the amount of premium that has been paid. The insured person can purchase insurance coverage under this policy based on the correct and actual age and gender. If the insured person's correct and actual age or gender is misrepresented and does not meet the requirements of this insurance policy, the company will not pay any compensation. Instead, the insurance premium that has been paid will be refunded.

12.2 If the insurance company receives more premiums than what was originally intended, the excess premium will be refunded to the insured person. However, this condition will not be enforced to adjust the insurance premium retroactively for past periods of insurance coverage under this insurance policy.

# **13.** Dispute Resolution by Arbitration

In case of any disputes, disagreements, or claims under this insurance policy between the policyholder and the company, and if the policyholder wishes and deems it necessary to settle the dispute by means of arbitration, the company agrees to submit to arbitration according to the regulations of the Office of Insurance Commission (OIC) on arbitration.

#### 14 . Conditions Precedent

The Company shall indemnify in accordance with the terms and conditions of this insurance policy when the insured, the beneficiary, or their representatives, as the case may be, have fully complied with the terms of the insurance contract.

#### **15.** Insurance policy renewal

This insurance policy may be renewed subject to the consideration of the company as follows: 15.1 In the event that the company agrees to renew the insurance policy, the company shall retain the right to:

15.1.1 Adjust the insurance premium rates to be appropriate to the level of risk and the increased age of the insured, and

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the selected insurance plan.



#### บริษัท ทูนประกันภัย จำกัด (มหาชน) Tune Insurance Public Company Limited

15.1.2 Change the terms and conditions of the insurance coverage agreement in the renewed year as necessary. The company must inform the policyholder of any important changes to the terms and conditions of this insurance policy.

15.2 If the insurance policy is renewed and the policyholder pays the insurance premium within the 30-day grace period, the company will not use the conditions of not disputing or objecting to the incompleteness of the insurance contract again. If the policyholder does not pay the insurance premium within the grace period, the coverage under this insurance policy will be terminated from the due date of the final premium payment. If a claim for compensation is made during the grace period and the policyholder has not paid the insurance premium, the company shall deduct the unpaid insurance premium from the compensation paid by the company in accordance with this insurance policy.

15.3 The company can reject the renewal of an insurance policy by notifying the policyholder in writing at least 30 days before the policy expires, as stated in the policy schedule.

# **16.** Pre-existing conditions

The company will not pay benefits under this insurance policy for chronic illnesses, injuries, or illnesses (including complications) that have not been cured before the effective date of this insurance policy, except:

16.1 the insured has informed the company and the company has agreed to accept the risk without exception

or

16.2 this insurance policy has been in effect continuously for at least 3 years, and the chronic illnesses, injuries or illnesses (including complications) have not shown symptoms, have not been diagnosed or treated by a doctor, or have not been examined or consulted by a doctor within 5 years before the effective date of this insurance policy, for the first time.

# 17. Right to cancel insurance policy (Free Look Period)

If the insured wishes to cancel this insurance policy for any reason, the policyholder has the right to cancel the insurance policy and return the insurance policy to the company within 15 days from the date the policy was received from the company unless the company has issued the insurance policy to the policyholder by electronic means. The policyholder is not required to return the insurance policy to the company. In this case, this insurance policy An insurance policy compensating income while hospitalized as an in-patient. (Sold via electronic (Online)) Page 11 from 30



shall be deemed to have no effect from the beginning of the insurance period as specified in the insurance policy schedule, and the company shall not be liable for any loss or damage that occurs under this insurance policy. The company will refund all premiums received from the policyholder according to the agreed method, without deducting any expenses.



#### Section 3 General exclusions

1. Insurance under this insurance policy does not cover the loss or any damage arising from injury or illness (including complications) arising from or as a result of the following causes:

**1.1 Pre-existing Condition** 

1.2 Examination, treatment, condition or abnormality or congenital diseases, or problems with growth and development, such as short stature or genetic diseases 1.3 Suicide, attempted suicide, self-mutilation or attempted self-harm whether it is done by oneself or by allowing others to do it, whether in the midst of insanity or not.

1.4 Actions of the insured person while under the influence of alcohol, addictive substances, or narcotics to the extent that he is unable to control one's consciousness.

The term "under the influence of alcohol" in the case of blood tests is considered to be when the blood alcohol level is 150 milligrams or more.

1.5 Pregnancy, miscarriage, abortion, childbirth, pregnancy complications, solving infertility problems (including investigation and treatment), sterilization or contraception

1.6 Medical treatments, cosmetic surgery, or corrections for skin problems such as acne, freckles, moles, wrinkles, hair loss, or weight control, treatment of sexual abnormalities, gender reassignment surgery, and elective surgery, except for decorations of wounds resulting from accidents that are covered by insurance

1.7 General health check-ups, treatment for fatigue, rest or recovery, natural therapy, acupuncture, analysis to find any non-direct causes of illness, diagnosis of injury or illness, treatment or analysis for non-medically necessary causes, and non-standard medical treatment or care.

1.8 Diagnosis and treatment of abnormal behavior or personality disorders, including short attention span, autism, or mental illnesses, psychiatric disorders, stress, headache from stress, anxiety, treatment for abnormal eating habits, insomnia, or respiratory obstruction-related diseases.

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**1.9** Diagnosis, treatment, or surgery for dental diseases, except for necessary treatment resulting from injuries caused by accidents.

1.10 Check-ups, prevention, or treatment, the use of drugs or substances to delay aging, or hormone replacement therapy in men or women experiencing decreased sexual function.

1.11 Diagnosis, treatment, or rehabilitation for drug addiction, smoking, alcohol, or substances harmful to the nervous system, diseases or abnormal symptoms from drinking, or alcoholic poisonings, such as alcoholic gastritis or alcoholic hepatitis.

1.12 HIV virus infection, AIDS, AIDS-related complex (ARC), or secondary infection, and/or cancer-related to HIV or AIDS.

2. Any loss or damage occurring in the following time

2.1 While the insured person is participating in any kind of racing, including horse racing, speedboat racing, jet ski racing, skateboarding, boxing, parachuting (except for life-saving purposes), or using a hot air balloon or underwater breathing apparatus.

2.2 While the insured person is involved in or incites any form of physical altercation or argument.

2.3 While the insured person is committing a crime or while being arrested or on the run from arrest.

2.4 While the insured person is performing duties as a soldier, police officer, or volunteer and engaged in a war or military operation, but if the deployment exceeds 30 days, the insurance company shall return the premium from the date of deployment until the end of the mission. After that, the insurance policy will remain in effect.

2.5 War, invasion, hostile acts by foreign enemies, or acts of similar nature, whether declared or not, civil war, rebellion, riot, strike, insurgency, coup d'état, martial law, or any event that results in the declaration or maintenance of martial law.
2.6 Terrorism.

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2.7 Radiation release or spread from nuclear fuel or any nuclear waste resulting from the incineration of nuclear fuel and any nuclear process that involves nuclear fission or fusion reactions that continue on their own.

2.8 Explosions of nuclear components or other hazardous materials that could occur during nuclear processes.

2.9 While the insured is driving or riding a motorcycle.

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#### **Chapter 4 Insuring agreement**

# Insuring agreement Daily benefits for a hospital stay

#### Additional definitions

One hospitalization means staying in a hospital or medical facility as a patient at any given time, including multiple stays in the same hospital or medical facility due to the same illness or complications from the same illness, with each stay not exceeding 90 days from the date of discharge from the hospital or medical facility. The last stay is considered the same hospitalization.

#### **Protection**

When illness or physical injury necessitates medical treatment and the insured person needs to be hospitalized as a patient, and the hospitalization must be a direct result of a consequence of the aforementioned incident, the Company shall provide daily benefits for each day of hospitalization after the non-covered period has elapsed, in accordance with the terms of the insurance policy. However, if the insured person dies before the end of the period, the Company shall pay compensation to the beneficiary as specified in the insurance policy schedule.

If it is necessary to receive treatment for the same cause or disease more than once (whether as an inpatient or outpatient), and the time between each treatment does not exceed 90 days, it shall be considered the same treatment.

Regarding coverage, exclusions, and conditions of the insurance policy, they remain in effect as originally stated and as attached in the documents accompanying this statement, to the extent that they do not conflict with the attached documents.

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# In the case of inpatient medical treatment that does not require

# hospitalization (Day Case)

It has been agreed that this document extends the coverage of daily compensation benefits. In the event that the insured sustains an injury or illness that requires surgical or medical treatment, which would normally be treated as an inpatient, but due to medical advancements, it is no longer necessary to be hospitalized for treatment. The company will pay compensation for one day of treatment for surgical or medical treatment as if the insured was treated as an inpatient, as described below, and is considered as if the insured had received treatment as an inpatient according to the coverage of daily compensation benefits.

- 1. Extracorporeal Shock Wave Lithotripsy (ESWL)
- 2. Coronary Angiogram / Cardiac Catheterization
- 3. Extra Capsular Cataract Extraction with Intra Ocular Lens
- 4. All types of Laparoscopic surgeries
- 5. All types of Endoscopic surgeries
- 6. Sinus Operations
- 7. Excision Breast Mass
- 8. Bone Biopsy
- 9. Amputation of fingers or toes
- 10. Liver Puncture/Liver Aspiration
- 11. Bone Marrow Aspiration
- 12. Lumbar Puncture
- 13. Thoracentesis/Pleuracentesis/Thoracic Aspiration/Thoracic Paracentesis
- 14. Abdominal Paracentesis/Abdominal Tapping
- 15. Curettage, Dilatation & Curettage, Fractional Curettage
- 16. Colposcope, Loop diathermy
- 17. Marsupialization of Bartholin's Cyst
- 18. Gamma knife for treatment of disease

In case of repeated treatment for the same cause or disease, whether inpatient or outpatient, with a time interval between each treatment not exceeding 90 days, it will be considered as one treatment (maximum not exceeding 90 days).

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The coverage, exclusions, and terms and conditions of the insurance policy attached in the annex to this document shall remain in force.

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# Insuring agreement (Aor.Bor.1)

# Death benefit, loss of limbs, loss of sight or total permanent disability due to an accident

More definitions	
Dismemberment	means the amputation of limbs from the wrist or
	ankle, and also includes the permanent loss of
	functionality of the aforementioned organs and
	clear medical indications that they cannot be
	used again indefinitely.
Loss of sight	means Complete blindness and is incurable forever.
Total permanent disability	means a disability to the extent that it cannot
	perform any job duties in any occupation,
	and cannot perform daily activities of at least
	3 types independently. Daily activities refer to
	the ability to perform 6 types of basic daily tasks
	for normal people, which are medical criteria for
	assessing patients who cannot perform such
	tasks, including:
	(1) Ability to move, such as the ability to move
	from a chair to a bed independently, without
	assistance from others or using assistive devices.
	(2) Ability to walk or move, such as the ability to
	walk or move from one room to another
	independently, without assistance from others
	or using assistive devices.
	(3) Ability to dress, such as the ability to put on
	or take off clothes independently, without
	assistance from others or using assistive devices.
	(4) Ability to bathe and clean the body, such as
	the ability to bathe, including entering and

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

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

#### Protection

This insurance covers loss or damage arising from bodily injury caused by an accident which occurred during the period of insurance and causing the death of the insured, Loss of limbs, loss of sight or total permanent disability within 180 days from the date of accident or the injury received causing the insured to continue treatment as an in-patient in a hospital or medical facility and die from such injury at any time. The company will pay compensation as follows:

1. 100% of the sum insured	for death		
2. 100% of the sum insured	for becoming a person with total permanent disability		
	with clear medical indication that the insured is a		
	person with a total permanent disability or in the		
	absence of a medical indication but became a person		
	with permanent disability consecutively not less than		
	12 months from the date of the accident.		
3. 100% of the sum insured	for two hands from the wrist or both feet from the		
	ankle, or both eyes.		
4. 100% of the sum insured	for one hand from the wrist and one foot from the		
	ankle.		
5. 100% of the sum insured	for one hand from the wrist and one eye		
6. 100% of the sum insured	for one foot from the ankle and one eye		
7. 60 % of the sum insured	for one hand from the wrist		
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	r this insurance policy, the insured will be covered according to the selected insurance plan.		



8. 60 % of the sum insured	for one foot from the ankle

9. 60 % of the sum insured for one eye

The company will pay compensation according to this clause only for the highest item listed.

Throughout the insurance period, the company will pay compensation for the losses incurred under this coverage agreement, in total not exceeding the amount specified in the insurance policy and/or certificate. If the company has not paid compensation in full under this coverage agreement, the company will continue to provide coverage until the end of the insurance period up to the amount of remaining insurance coverage.

# Claiming death benefits:

The beneficiary must submit the following documents to the company within 30 days from the date of the insured's death, at the expense of the beneficiary

- 1. Claim form for compensation as specified by the company.
- 2. Death certificate.
- 3. Copy of the autopsy report certified by the on-duty personnel or the agency that issued the report.
- 4. Copy of the daily record of the police certified by the on-duty personnel.
- 5. Copy of the deceased's national ID card and death registration document.
- 6. Copy of the beneficiary's national ID card and household registration document.

# Claiming benefits for permanent disability, loss of organs, or blindness:

The policyholder must submit the following documents to the company within 30 days from the date the physician confirms the permanent disability, loss of organs, or blindness at the expense of the policyholder:

1. Claim form for compensation as specified by the company.

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- 2. Medical report confirming the permanent disability, loss of organs, or blindness.
- 3. Copy of the policyholder's national ID card.

Failure to submit the required documents within the specified period does not invalidate the right to claim benefits. If it is shown that there is a justifiable reason why the documents cannot be submitted within the specified period, but they are submitted as soon as possible, the claim may still be considered.



#### Insuring agreement

#### Medical benefits due to an accident

Snecific	definitions
Specific	uemitions

Room fee for in-patient	means	Room charge for inpatients: Refers to the cost of patient
		rooms, patient meals, medical services, and hospital
		services provided by hospitals or medical facilities on a
		daily basis.
In-patient	means	A person who need to be admitted to a hospital or
		medical facility for at least 6 hours. They must register
		as inpatients and have been diagnosed and advised by a
		physician according to medical standards and for an
		appropriate period of time for the treatment of their
		injuries. This also includes cases where the patient is

hours.

Alternative medicine means

medical diagnosis, treatment, or disease prevention using medical methods, Thai traditional medicine, Thai folk medicine, Chinese medicine, or other non-current medical methods.

admitted as an inpatient but dies before completing 6

# Protection:

If an injury results in the insured person requiring medical treatment by a physician or nursing care, which occurs within 52 weeks from the date of the accident, the insurance company will pay compensation for necessary and reasonable expenses incurred from medical treatment according to medical necessity and standards. This includes the cost of hospital rooms for in-patient care, observation rooms, medical treatment, and nursing care, up to the amount of insurance coverage specified in the policy, less any applicable deductible.

An insurance policy compensating income while hospitalized as an in-patient. (Sold via electronic (Online)) Page 23 from 30 \*Concerning coverage under this insurance policy, the insured will be covered according to the selected insurance plan.



However, if the insured person has received compensation from government benefits or other insurance, the company will only be responsible for the remaining amount of medical and nursing care expenses.

Claiming benefits for medical treatment resulting from an accident:

The insured person must submit the following evidence to the company within 30 days from the date of discharge from the hospital, medical facility, or the date of treatment from a clinic. These documents must include:

- 1) The compensation claim form specified by the company
- Medical reports stating the significant symptoms, diagnosis, and treatment received
- 3) A copy of the insured person's ID card
- The original receipt indicating the expenses incurred, or the summary report reconciling the receipts with expenses incurred.

The receipt that displays the expenses must be the original receipt, and the company will return the original receipt that certifies the amount paid, so that the policyholder can claim the missing part from other policyholders. However, if the policyholder has received compensation from state welfare benefits, other benefits, or from other insurance policies, the policyholder should send a copy of the receipt that certifies the amount paid by state welfare or other agencies to claim the missing part from the company.



# Treatment outside of Thailand

In the event of medical treatment due to injury covered by this insurance policy, the company will pay compensation using the exchange rate of the foreign currency specified on the receipt for medical expenses.

# Limitations:

1. The daily limit for room fees for patients is not more than... baht. However, this limitation does not apply to cases where the patient is treated in an intensive care unit (ICU) according to medical standards.

2. The insurance does not cover special nurse fees, various supportive devices (except for crutches), patient transport, prosthetics, alternative medicine, and acupuncture.



# **Section 5: Attached Documents**

If the text in the attached documents contradicts or conflicts with the text in the insurance policy, the text in the attached documents shall replace it.

The terms and conditions of the insurance policy and any other exclusions still apply as originally stated.

An insurance policy compensating income while hospitalized as an in-patient. (Sold via electronic (Online)) Page 26 from 30 \*Concerning coverage under this insurance policy, the insured will be covered according to the selected insurance plan.



## Attachment

### Income compensation during stay in the intensive care unit ( ICU)

#### Additional definitions

"intensive care mean	A room or section that a hospital or medical facility					
room"	has specially arranged with the appropriate					
	equipment to carry out the treatment and care o					
	inpatients who are seriously injured or seriously ill					
	and need to be under the special supervision of					
	doctors and nurses which is regarded as a service at					
	a special rate to save life. The intensive care unit					
	includes Intensive Care Unit, Coronary Care Unit,					
	and Respiratory Care Unit					

#### Protection:

While this insurance policy is in effect, if the insured person is injured or becomes ill and needs to be admitted to an Intensive Care Unit (ICU) as deemed necessary by medical professionals in a hospital or medical facility to receive medical treatment in accordance with medical standards, the company will provide additional compensation on a daily basis for the number of days the hospital or medical facility charges for the room, up to the maximum number of days specified in the insurance policy or accompanying document for each injury or illness.

protection	Amount insured (Baht)
Income compensation during stay in the intensive care	
unit (ICU) per day (maximum no more than days)	
(specify a maximum of 30 days)	

If the text in the attached documents contradicts or conflicts with the text in the insurance policy, the text in the attached documents shall replace it.

The terms and conditions of the insurance policy and any other exclusions still

apply as originally stated.

An insurance policy compensating income while hospitalized as an in-patient. (Sold via electronic (Online)) Page 27 from 30



# Attachment

### Premium discount in case of good history

# (Used only as an attachment to the income compensation insurance policy during

hospitalization)

Company Code:

Attachment N	lo.	It is part of the insurance policy number.				Docur	mentation date	е
Insured's nam	ne							
Effective period: Start date time End Date at 24.00								
Sum Insured:	Baht							
Premium	Baht	Stamp Duty	Baht	Tax	Baht	Total	Baht	

**1.** During the validity of this insurance policy, if the insured does not claim any indemnity under this insurance policy, the company shall grant a premium discount to the insured who has a good claims history, according to the following rates:

<u>For the first renewal year</u>: 10% of the insurance premium in the first year, for insured who have not claimed any indemnity from the company during the first year of insurance.

<u>For subsequent renewal years</u>: 10% of the insurance premium in the previous year, for insured who have not claimed any indemnity from the company. The insured shall be entitled to this discount for a maximum of 3 times throughout the insurance period.

The company shall grant the premium discount to the insured only when the insured renew the insurance policy with the company and subject to the terms and conditions of the renewal only.

2. If the company has granted a premium discount for good claims history in the previous year, but the company has received a notice of claim for any indemnity for any events that occurred during the previous insurance period, the company shall accept the claim and be liable to pay the indemnity according to the criteria set forth in paragraph 1. The company shall be entitled to recover the premium discount previously granted to the insured or deduct the premium discount from the indemnity payable.

An insurance policy compensating income while hospitalized as an in-patient. (Sold via electronic (Online)) Page 28 from 30



**3.** In the case where the policyholder receives a discount on the insurance premium due to a good record in the year of taking out the insurance and there is a claim for compensation for loss or damage in the same year, the premium for the next renewal will return to the normal annual premium before any discounts. To be eligible for a discount on the insurance premium for a good record in the future, a new period of time must be counted, as specified in clause 1.

If the text in the attached documents contradicts or conflicts with the text in the insurance policy, the text in the attached documents shall replace it.

The terms and conditions of the insurance policy and any other exclusions still apply as originally stated.



# **Attachment Document**

# First Liability Coverage for Daily Benefits for Inpatient Hospitalization (for insurance policies that provide income compensation while being admitted as a patient in the hospital)

#### Additional definition:

"One hospitalization" means being admitted as a patient in a hospital or medical facility for treatment, including being admitted to a hospital or medical facility for the second or subsequent time due to the same illness or complication from the same illness, and the length of stay in the hospital or medical facility for each admission does not exceed 90 days from the date of discharge from the hospital or medical facility. If the last day of hospitalization or medical facility stay is within 90 days from the previous hospitalization or medical facility stay, it shall be considered as the same hospitalization.

"Deductible for daily benefits for inpatient hospitalization" means that the insurer is liable to cover the insured for a maximum of ...... days as an inpatient in the hospital, as per the coverage of daily compensation benefits for inpatient hospitalization.

If this attachment document is the final provision of the insurance policy, then this attachment document shall be the end of coverage.

If any text in this attachment document conflicts with the text in the insurance policy, the text in this attachment document shall replace the conflicting terms and conditions in the insurance policy, and other exclusions in the insurance policy shall remain in effect.

An insurance policy compensating income while hospitalized as an in-patient. (Sold via electronic (Online)) Page 30 from 30 \*Concerning coverage under this insurance policy, the insured will be covered according to the selected insurance plan.