

(Translation)

Overseas Student Travel Insurance

In reliance upon the statements that are contained in the insurance application, which is an integral part of this Policy, and in consideration of the premium paid by the Insured subject to the provisions, general terms and conditions, insuring agreements, exclusions and attachments, of this insurance Policy, the Company will deem that the country in which the Insured will study or studies at is not the country of domicile of the insured. The Company agrees with the Insured as follows:

Section 1: Definitions

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

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| 1.1 | "Policy" | means | Policy schedule, benefits schedule, general terms and conditions, insuring agreements, exclusions, attachments, warranties, special provisions, endorsements, and summary documents showing the material contents under this Policy, which are all regarded as being an integral part of the insurance contract. |
| 1.2 | "Company" | means | the Company issuing this Policy. |
| 1.3 | "Insured" | means | the person named as the Insured in this schedule and/or attachments, and under coverage of this Policy, who must be fifteen (15) to forty-five (45) years of age and be enrolled in or studies at an educational institution outside of his or her Country of Domicile that is registered and accredited by the educational government agency of such country on a full-time basis, and the person who duly pays the premium for this insurance. |
| 1.4 | "Accident" | means | an event that happens suddenly due to an external cause and gives rise to a result which is not intended or anticipated by the Insured. |
| 1.5 | "Injury" | means | bodily injury directly resulting from an Accident that happens solely and independently from other causes. |
| 1.6 | "Sickness" | means | a symptom, irregularity, illness, or disease contracted by the Insured. |
| 1.7 | "Loss or Damage" | means | bodily Injury of the Insured caused by Accident, and leading to death, dismemberment, loss of sight, disability or Injury. |
| 1.8 | "Loss or Damage" | means | loss of or damage to the property of the Insured. |

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1.9	"Deductible"	means	the amount of Deductible of each and every loss for which the Insured must be responsible.
1.10	"Physician"	means	<p>a person who graduated with a degree in Medical Sciences and is legally registered with the Medical Council to perform as a medical professional in the locality in which medical services or surgeries are provided. A Physician shall not be:</p> <ul style="list-style-type: none"> • the Insured, or • legal spouse or child of the Insured, unless there is necessity and consent is given by the Company.
1.11	"Nurse"	means	a person who is legally licensed to engage in the nursing profession.
1.12	"Inpatient"	means	a person who is required to receive medical treatment in a Hospital and registered as an Inpatient by diagnosis and advice of the Physician, based on the indication of Medical Standards and within appropriate time period for treatment of such Injury or Sickness, including an Inpatient who dies after admission.
1.13	"Outpatient"	means	a person who receives medical services in an Outpatient department or emergency room of a Hospital, Medical Facility, or Clinic, for a condition which by diagnosis and indication of the Medical Standards does not require Inpatient admission.
1.14	"Hospital"	means	any medical facility that provides medical services, can accommodate overnight patients, has a place with an adequate number of medical personnel 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 territory.
1.15	"Medical Facility"	means	any medical facility that provides medical services, can accommodate overnight patients, and is registered as a Medical Facility under the law of that territory.
1.16	"Clinic"	means	a modern medical facility that is permitted by law to provide medical treatment and diagnoses by Physicians, but cannot accommodate overnight patients.
1.17	"Medical Standards"	means	international rules or practices of modern medical providers for creating suitable treatment plans that are based on Medical Necessity, taking into account the conclusions drawn from the Injury or Sickness record, medical findings,

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- autopsy results, and other pertinent information (if any).
- 1.18 "Necessary and Reasonable Expenses" means medical treatment costs or other expenses that correspond to the amounts normally charged to general patients for similar services by the Hospital, Medical Facility or Clinic where the Insured has been treated.
- 1.19 "Medical Necessity" means medical services provided under the following conditions:
- (1) the services correspond with the diagnosis, and the treatment is consistent with the treated person's Injury or Sickness;
 - (2) there are clear medical indications based on current Medical Standards;
 - (3) the services must not be solely for the convenience of the treated person or his or her family or the treatment provider; and
 - (4) the services must be medical services provided in accordance with Medical Standards and suitable for caring for the patient based on the patient's needs in light of the Injury or Sickness.
- 1.20 "Pre-existing Conditions" means any injury, sickness or physical condition of the Insured occurring within 24 months preceding the effective date of coverage of this insuring agreement
- (a) with sufficient or express indication for a general person to seek treatment;
 - (b) for which medication is required as appropriate for the symptom; or
 - (c) for which a Physician shall provide medical treatment or an advice to seek a treatment..
- 1.21 "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 not be limited to, Pneumocystis Carinii Pneumonia, Organism of Chronic Enteritis, virus, and/or Disseminated Fungi Infection. Malignant Neoplasm shall include but not limited to Kaposi's sarcoma, Central Nervous System Lymphoma, and/or other severe disease which is presently known to be a symptom of Acquired

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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.

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| 1.22 | "Policy Year" | means | the period of one year commencing on the effective date of the Policy or commencing on the anniversary of the Policy year. |
| 1.23 | "Country of Domicile" | means | any country in which the Insured is entitled by its government to be a citizen, or a permanent country of residence of the Insured. |
| 1.24 | "Family Member" | means | the spouse, son, daughter, sibling, father, or mother of the Insured, and father or mother of the spouse. |
| 1.25 | "Educational Institution" | means | an educational institution that is registered and accredited by an educational government agency of that country. |
| 1.26 | "Tuition" | means | the tuition fee of the educational institution in which the Insured has enrolled that is legally required tuition, i.e. registration fees, expenses necessary for the course, and expenses for equipment used in the course, which shall not include expenses related to accommodation, food, or textbooks (whether necessary or not). |
| 1.27 | "Terminal Illness" | means | any illness for which treatment is unknown or in the process of being discovered. |
| 1.28 | "Common Carrier" | means | a provider of land, water, or air carrier services who holds a valid license to transport passengers who pay the travel fare. |
| 1.29 | "Travel Assist" | means | a company providing services to the Insured while being overseas in terms of travel information, medical care advice, legal counsel, emergency medical evacuation, body repatriation, general information, and other services under the insurance coverage. If a service provider is to be changed from Travel Assist to another entity appointed by the Company during the effective term of this Policy, the entity so appointed shall be referred to in place of Travel Assist in all provisions specified in this Policy, and shall have the same meaning as specified in the definitions herein. |
| 1.30 | Full-Time Enrolment | means | course registration with the number of units per term that is not lower than that specified in the registration rules and/or manual of the university or educational institution in which the Insured is enrolled. |

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Section 2: General Terms and Conditions

2.1 Insurance Contract

This insurance contract arises from the fact that the Company relies upon the statements of the Insured in the insurance application as well as additional declarations (if any) that the Insured has signed in evidence of his or her acceptance of the insurance contract. The Company has therefore issued the Policy and summary documents containing material contents of the insurance.

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

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

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

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

2.3 Period of Insurance

The coverage under this Policy will commence:

- a) when the Company or its assigned agent has received the application for insurance and insurance premium from the Insured;
 - b) on the date of travel, two (2) hours before the Insured leaves the Country of Domicile;
 - c) on the date and at the time specified in the application for insurance;
- whichever is the latest.**

The coverage under this Policy will end:

- a) when the Insured permanently returns to his or her Country of Domicile or after two (2) hours following the arrival in the Country of Domicile;
 - b) when the Insured terminates the Policy;
 - c) upon expiration of the insurance term specified in the insurance schedules;
- whichever is the earliest.**

2.4 Report and Claim

The Insured, the beneficiary, or the representative of the said person, as the case may be, must report any Loss or Damage to the Company 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.

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2.5 Claim and Submission of Evidence of Loss or Damage

2.5.1 Claim for benefits in the case of loss of Tuition

- 2.5.1.1 Claim form prescribed by the Company.
- 2.5.1.2 Receipt for the tuition paid to the Educational Institution enrolled in for that term.
- 2.5.1.3 Report of the physician who treated the Insured (if the Insured is injured, sick, sent home for treatment based on the diagnosis of the physician, or suffering Terminal Illness).
- 2.5.1.4 Evidence of temporary leave issued by the Educational Institution.
- 2.5.1.5 Copy of the report of autopsy, in the case of the death of a Family Member.
- 2.5.1.6 Copy of the death certificate of the late Family Member.
- 2.5.1.7 Copy of the citizen ID card and copy of the house registration of the late Family Member.
- 2.5.1.8 Copy of the daily police report issued by the local police station.

2.5.2 Claim for benefits in the case of visit of the Insured

- 2.5.2.1 Contact Travel Assist without delay for further action.
- 2.5.2.2 Fill in the claim form prescribed by the Company.
- 2.5.2.3 Submit a report of the medical physician who treated the Insured.
- 2.5.2.4 Submit a letter from the hospital in which the Insured was treated, ensuring that no Family Member was attending to the Insured while being treated.

2.5.3 Claim for benefits in case of permanent disability or dismemberment resulting from an Accident

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

- 2.5.3.1 Claim form as prescribed by the Company.
- 2.5.3.2 Physician's report indicating the permanent disability or dismemberment.
- 2.5.3.3 Copy of the Insured's passport.

2.5.4 Claim for compensation in case of death from an Accident

The beneficiary shall, at his or her expense, submit the following evidence to the Company within 30 days from the date of the Insured's death.

- 2.5.4.1 Claim form prescribed by the Company.
- 2.5.4.2 Death certificate.
- 2.5.4.3 Copy of the autopsy report.
- 2.5.4.4 Copy of the daily police report.
- 2.5.4.5 Copy of the ID card and house registration of the Insured with the word "Deceased" affixed thereon.
- 2.5.4.6 Copy of the Insured's passport or travel evidence.
- 2.5.4.7 Copy of the ID card and house registration of the beneficiary.

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2.5.5 Claim for medical expenses

To claim the medical benefit, the Insured shall submit the following evidence to the Company within 30 days following discharge from the Hospital, Medical Facility, or Clinic, at the expense of the Insured.

- 2.5.5.1 Claim form prescribed by the Company.
- 2.5.5.2 Physician's report specifying the main symptoms, diagnosis, and treatment.
- 2.5.5.3 Original receipt listing the expenses or a summary of the bill and the receipt.
- 2.5.5.4 Copy of the Insured's passport.

The receipt listing the expenses must be the original receipt, and the Company will return the original receipt confirming the paid amount so that the Insured may claim the remaining amount from other insurers. If the Insured has been compensated by a government benefit or other benefits or other insurers, the Insured shall submit a copy of the receipt confirming the amount paid by the government benefit or other agencies in order to claim the remaining amount from the Company.

2.5.6 Claim for compensation in case of emergency medical evacuation and transportation to the Country of Domicile

The Insured, the beneficiary, or related person shall do the following.

- 2.5.6.1 Notify the Company or Travel Assist without delay
- 2.5.6.2 Fill in the claim form prescribed by the Company
- 2.5.6.3 If the Insured is injured in a remote area, the Insured should contact a local Physician for first aid, and Travel Assist shall consider transportation methods and cooperate with the Physician for further treatment.

2.5.7 Claim for compensation in case of repatriation of body or ashes to the Country of Domicile

The insured, beneficiary, or related person shall do the following.

- 2.5.7.1 Notify Travel Assist without delay. Travel Assist shall then consider the best method for body repatriation.
- 2.5.7.2 Fill in the claim form as prescribed by the Company.
- 2.5.7.3 Gather necessary documents as specified in 2.5.4 and submit them to the Company within 30 days from the date of death.

2.5.8 Claim for compensation in case of loss of or damage to baggage and personal belongings during use of a Common Carrier

The insured, beneficiary, or related person shall submit the following documents to support the consideration of claim.

- 2.5.8.1 Claim form as prescribed by the Company.

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- 2.5.8.2 Letter certifying Loss or Damage incurred from the management of the hotel or Common Carrier if such Loss or Damage occurs under the supervision of the hotel staff or Common Carrier.
- 2.5.8.3 List and prices of the lost or damaged items.
- 2.5.8.4 Daily report of a local police officer if the Loss or Damage arises from threat or violent force.

2.5.9 Claim for compensation in case of third-party liability

The Insured, beneficiary, or related person shall submit the following documents to support consideration of claim.

- 2.5.9.1 Claim form as prescribed by the Company.
- 2.5.9.2 Medical certificate and receipt in case the Insured causes another person to have an Accident.
- 2.5.9.3 Receipt for cost of repair, or receipt and confirmation letter from a store in case an item must be purchased, as the Insured damaged the same.

Failure to submit the evidence within the specified period does not prejudice against the claim, provided that the Insured is able to show that there is a reasonable cause for such failure, and that such evidence is submitted as soon as practicable. The Company may request other documents to support the consideration of compensation in addition to those specified above if the documents provided are not sufficient.

2.6 Medical Examination

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

2.7 Compensation Payment

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

If there is reasonable doubt that the aforementioned claim was not made in accordance with the insurance agreement in this Policy, the period of time specified for claim compensation investigation may be extended if necessary, but in no event shall this period last more than 90 days from the date on which all documents are received by the Company.

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

If the treatment is in a Hospital, Medical Facility, or Clinic outside Thailand, the Company will pay benefit based on a foreign exchange rate of the date stated in medical treatment receipts.

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2.8 Payment of Premium and Premium Refund

2.8.1 The Insured must pay the premium promptly or prior to the coverage commencement.

2.8.2 The Company may cancel this Policy by giving written notice no less than fifteen (15) days in advance by registered mail to the Insured at the last known address as declared to the Company. The Company will refund the premium to the Insured after deducting a partial premium for the effective period of this Policy on a pro rata basis.

2.8.3 The Insured may cancel this Policy by giving written notice to the Company and may be entitled to a premium refund after part of the premium for the effective period of this Policy has been deducted, based on a short period premium rate under the following schedule.

Short Period Premium Schedule

Remaining insurance term	Percentage of premium refund
100%	90%
90%	80%
80%	70%
70%	60%
60%	50%
50%	40%
40%	30%
30%	20%
20%	10%
10%	0%

Termination of the Policy under this condition made by any party shall mean the whole Policy being terminated. It is not possible to cancel some or part of the insurance coverage during the Policy Year.

2.9 Dispute Resolution by Arbitration

In an event of an argument, dispute, or claim under this Policy between a person who is entitled to a 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 in accordance with the Arbitration Regulations of the Office of the Insurance Commission.

2.10 Conditions Precedent

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

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Section 3: General Exclusions

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

- 3.1 Suicide, attempted suicide, or self-inflicted Injury.
- 3.2 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 using chemical, biological, and/or nuclear, or any other weapons.
- 3.4 Radiation explosion or radioactivity from any nuclear fuel or nuclear waste or any nuclear elements produced by the combustion of nuclear fuel and any process of self-sustaining nuclear fission/fusion.
- 3.5 While the Insured is performing duties as a soldier, police officer or volunteer in a war or to suppress crime
- 3.6 At any time in a country or territory in which coverage is excluded as specified in the attachment (if any).
- 3.7 While the Insured is in the vicinity of oil rigs or underground mines.
- 3.8 While the Insured has a mental disorder, insanity, or nervous system disease.
- 3.9 While the Insured is working as a plumber, electrician, mechanic, carpenter, painter, decorator, or building contractor; doing work related to installation, assembly, maintenance or repair of machinery, electric appliances, or hydraulic machinery; or working in a high-risk location or other labour, exclusive of work related to management, supervision, sale, or food management and preparation.
- 3.10 While the Insured is driving or riding a motorcycle.

Section 4: Insuring Agreement

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

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ST 1

Insuring Agreement

Tuition Loss Benefit

Coverage

The Company will compensate the Insured for Tuition in the following cases:

1. Hospitalization of consecutively **more than one month**, resulting from an Accident or Sickness not excluded under this Policy;
2. Terminal Illness;
3. Movement or transportation to the Country of Domicile for medical treatment based on the diagnosis of the physician treating the Insured; or
4. Death of a Family Member;

Preventing the Insured from attending the course in the semester for which tuition has been paid. The Company will only compensate the Insured for the part of the tuition that is not refunded.

Upon claiming for a benefit, the benefit will be calculated based on the official invoice of the Educational Institution to which the tuition was paid. The Company will pay no more than the amount specified in the schedule hereof.

Exclusions (only apply to the Tuition Loss Benefit)

The Company will not cover any loss of Tuition arising from or as a result of the following cases.

1. Pregnancy, child delivery, miscarriage, or abortion.
2. Being a controller, employee on duty, or traveling employee in any aircraft, except as a passenger of an airline that transports passengers in accordance with a specified schedule.
3. Injury arising from participating in professional sports, any competition using land, water, or air vehicles, hang gliding, mountain climbing, hiking, cliff jumping, bungee jumping, professional or amateur auto racing, and operating an aircraft.
4. Traveling to receive medical treatment.
5. Cosmetic surgery or plastic surgery, unless caused by an Accident.
6. Elective surgery for non-life threatening symptoms.
7. Alcoholism, substance addiction, use of any type of tranquilizer.
8. Treatment of illness by a Family Member.
9. Involvement in engagement or assignment to commit a crime or attempt to commit a crime.
10. Pre-existing Conditions.

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ST 2

Insuring Agreement

Hospital Visitation Benefit

Coverage

If the Insured is required to receive medical treatment in a Hospital or for more than five (5) consecutive days as a result of Injury or Sickness not excluded under this Policy and the Insured's condition prevents transportation back to his or her Country of Domicile, and no Family Member is present with the Insured overseas, upon being informed by a Family Member, Travel Assist will arrange transportation by economy class air travel and/or first class rail travel, or other appropriate transport methods for one (1) seat to enable a Family Member to visit the Insured. The Company will also pay compensation for the necessary and actual expenses incurred by the Family Member in the amount not exceeding Baht 5,000 (five thousand) Baht per day until the Insured is discharged from the Hospital. In any case, the total amount of liability of the Company for the return trip and daily compensation shall not exceed the maximum sum insured as specified in the schedule.

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ST 3

Insuring Agreement

Death, Dismemberment, Loss of Vision or Permanent Disability from Accident Benefit

Definition

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

Coverage

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

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

The Company shall pay compensation in accordance with this clause for only one applicable item with the highest compensation. Throughout the insurance term, the Company will pay compensation for the consequences in accordance with this insuring agreement in aggregate not exceeding the amount specified in the schedule. If the Company has not paid the full sum insured, the Company shall continue to provide coverage until the expiry of the period of insurance in the amount not exceeding the remaining sum insured.

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Exclusions (only apply to the Death, Dismemberment, Loss of Vision or Permanent Disability from Accident Benefit)

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

1. Injury arising from the action of the Insured while the Insured is under the influence of alcohol, addictive substances, or narcotics to the extent of being unable to control one's mind

(the term "under the influence of alcohol," in case of having a blood test, refers to an alcohol level of 150 mg/dL and over);

2. infectious parasite, with an exception of infection of germ, tetanus or rabies from a wound suffered as the result of an Accident;

3. any treatment related to pregnancy, childbirth, or miscarriage;

4. Injury while the Insured is taking part in racing of all kinds, including car, boat, horse, ski, jet-skiing, skate, boxing, parachute jumping (except for the purpose of life saving), boarding or traveling in a hot air balloon, or gliding;

5. while the Insured is boarding or traveling in an aircraft which has no license for carrying passengers or does not operate as a commercial aircraft.

6. while the Insured is piloting or working on board as an employee of an airline.

7. while the Insured is taking part in a brawl or taking part in inciting a brawl.

8. while the Insured is committing a felony or while the Insured is being arrested or escaping arrest.

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ST 4

Insuring Agreement

Medical Expenses

Coverage

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

In the case of Injury due to Accident overseas that requires treatment by an herbal medicine vendor, traditional doctor, or acupuncturist, exclusive of bone fracture or broken bone, the Company shall reimburse the Insured the actual expenses paid by the Insured at the maximum not exceeding Baht 1,000 per person per accident.

If the Insured requires follow-up in Thailand after returning from the trip, the follow-up treatment must be carried out within 12 hours from arrival in Thailand, and the maximum amount of compensation for medical expenses in Thailand to be paid by the Company for the treatment in Thailand will not exceed 10 percent of the sum insured or 7 days' treatment, whichever is lower. However, the conditions in this paragraph do not apply for cases in which the Insured has been in an Accident, and transportation to Thailand for emergency medical treatment under the Emergency Medical Evacuation or Transportation to Country of Domicile Benefit (ST 5) is required.

The covered expenses are as follows.

1. Physician fees.
2. Medicine and parenteral nutrition, blood and blood components, as well as costs for the separation, preparation or analysis of blood or blood components, laboratory tests and pathology fees, radiology diagnosis, other special diagnostic methods, including the Physician's result 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 the cost of hiring a special Nurse while in a Hospital or a Medical Facility as an Inpatient.
3. Ambulance fee in case of emergency to transport the Insured to or from a Hospital or a Medical Facility for Medical Necessity.
4. Take-home drugs for Medical Necessity, but not for more than 14 days.
5. Cost for an ICU room or standard single room plus meals provided for the patient by the Hospital or Medical Facility, and daily nursing service fee.
6. Medical expenses in the Country of Domicile, in case the Insured temporarily returns to the Country of Domicile and must travel back to continue his or her education. If the Insured suffers Injury or Sickness during the trip, the coverage under this Policy will continue for ninety (90) days following the

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return to the Country of Domicile for a Policy with a term of at least twelve (12) months with respect to the expenses covered under 1-5. However, the maximum sum insured to be paid as compensation for the medical expenses in the Country of Domicile is Baht 200,000 (two hundred thousand baht).

In any case, the maximum sum insured to be paid to the Insured by the Company as compensation for medical expenses shall not exceed the sum insured specified in the schedule.

Exclusions (only apply to the Medical Expenses Benefit)

The insurance under this insuring agreement does not cover expenses, medical expense or any expenses arising from the following causes.

1. Pre-existing Conditions.
2. Chronic disease for Injury or Sickness not cured by the date of execution of the insurance contract, examination of congenital abnormalities, developmental problems, or genetic disorders.
3. Treatment for relaxation or health, rehabilitation, checkups, and other treatment costs unrelated to the Injury or Sickness.
4. AIDS, venereal disease, or sexually transmitted diseases.
5. Any treatment related to pregnancy, childbirth, or miscarriage.
6. Treatment using non-modern medicine, including alternative treatment, such as acupuncture, naturopathic medicine, chiropractic, etc.
7. Prosthesis and artificial aids of all kinds i.e. canes, eyeglasses, hearing aids, speech devices, pacemakers, etc.
8. Expenses related to dental treatment, except for first aid after an Accident. This does not include expenses for dental reconstructive treatment, orthodontics, crowns, scaling or polishing, filling, dentures, or expense for treatment necessary for natural phonation due to dental treatment after an Accident.
9. Service or surgery aa to the Injury or Sickness caused by an intention to gain profit from the insurance policy.
10. Treatment for beauty, e.g. acne, blemishes, freckles, dandruff, diet, hair transplantation, or treatment to remedy bodily imperfections, cosmetic surgery, except in case of necessity as a consequence from an Accident to reconstruct or restore the function of an organ.
11. Any medical treatment given by a Physician who is the Insured, or who is the father, mother, spouse, or child of the Insured.

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12. Immunization or vaccination to prevent disease, except vaccination to prevent rabies after being injured by an animal and vaccination to prevent tetanus after Injury.

13. Injury while the Insured is taking part in racing of all kinds, including car, boat, horse, ski, jet-skiing, skate, boxing, parachute jumping (except for the purpose of life saving), boarding or traveling in a hot air balloon, or gliding.

14. Injury while the Insured is taking part in a brawl or taking part in inciting a brawl.

15. Injury while the Insured is committing a felony or while the Insured is being arrested or escaping arrest.

16. Injury arising from the action of the Insured while the Insured is under the influence of alcohol.

The term "under the influence of alcohol," in case of having a blood test, refers to an alcohol level of 150 mg/dL and over, as well as addictive substances or narcotics to the extent of being unable to control one's mind.

17. Injury while the Insured is boarding or traveling in an aircraft which has no license for carrying passengers and does not operate as a commercial aircraft.

18. Injury while the Insured is piloting or working on board as an employee of an airline.

(Translation)

ST 5

Insuring Agreement

Emergency Medical Evacuation or Transportation to Country of Domicile Benefit

Coverage

This insurance provides benefits coverage when the Insured suffers sudden and unexpected Injury or Sickness during his or her Overseas Trip and it is necessary to evacuate the Insured by the method suitable for necessity based on the opinion or advice of Travel Assist, or its authorized representative, in order to receive appropriate medical treatment; or to evacuate the Insured back to the Country of Domicile. The Company shall pay the evacuation expense as charged by Travel Assist or its authorized representative.

Travel Assist, or its authorized representative will decide and determine the method and type of movement for emergency medical treatment, which may include the cost of patient transport vehicle by air, sea, land, train or other suitable transport methods.

All decisions regarding the method and form of movement and destination will be determined by Travel Assist or its authorized representative and based on necessary medical treatment.

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

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

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

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

(Translation)

ST 6

Insuring Agreement

Repatriation of Body or Ashes to Country of Domicile Benefit

Coverage

During the coverage of this insurance Policy, if the Insured suffers sudden and unexpected Injury or Sickness while traveling that causes death within 30 days from the date of such Injury or Sickness, the Company will pay the compensation for funeral and other necessary expenses related to the body, including costs for the casket, embalming, cremation at the location of death, and expenses incurred from repatriation of the body or ashes to the Country of Domicile, arranged by Travel Assist or its authorized representatives authorized by the Company, and directly charged to the Company, provided that it does not exceed the maximum sum insured specified in the schedule.

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

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

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

(Translation)

ST 7

Insuring Agreement

Loss or Damage of Baggage or Personal Effects Benefit during Use of Service of Common Carriers

Definition

"Personal Effects"	means	the Insured's effects which are carried with the Insured while traveling, which is not stipulated in the exclusions.
"Household Effects"	means	articles for household use which are not usually carried with a person while traveling, i.e. clothes unnecessary for traveling, kitchenware, and household facilities, etc.
"Souvenirs"	means	articles that are a symbol or reminder of an event, place or things, and that are sold or given as souvenirs.

Coverage

This insurance covers Loss or Damage of the Insured's baggage or Personal Effects which are lost or damaged while the baggage or Personal Effects are under control and care of a Common Carrier from whom the passenger bought the ticket, and on which the passenger travels. Such Loss or Damage must be certified in writing by management of the Common Carrier.

The Company shall compensate for Loss or Damage of baggage, clothes or Personal Effects carried in the Insured's baggage during the trip or at the expiration of this Policy as specified, whichever is earlier. The Company shall compensate as follows.

1. The Company shall compensate no more than the sum insured per item, pair or set, as specified in the schedule for Loss or Damage of items.
2. The Company may deem it proper to compensate in cash, or choose to compensate by restoration or repair in case such item is no more than one year old.
3. The Company may compensate in cash, or choose to compensate by restoration or repair. Depreciation may be applied upon wear and tear being agreed upon, and in the case that such item is more than one year old.

Deductible

The Company will not pay compensation for the first five hundred (500) Baht for each and every Loss or Damage.

(Translation)

[Conditions for Coverage \(only apply to the Loss or Damage of Baggage or Personal Effects during Use of Service of Common Carriers Benefit\)](#)

The Insured must report Loss or Damage incurred to any officer responsible for the vehicle on which the Insured is traveling, and must obtain written evidence of the report on Loss or Damage from an authorized person of the said vehicle, showing the amount which has been compensated.

1. If the Company has paid compensation under this Policy, the Company shall be subrogated to the Insured's rights to exercise claims against any person or organization only for the part for which the Company had paid compensation. The Insured shall cooperate with the Company by submitting documents and taking necessary actions to protect all such rights and shall not take any action which damages the Company. The Insured shall not take any legal action against the person causing the loss or damage following such loss or damage.

2. The Insured must take every step to ensure that the Insured's baggage or Personal Effects are reasonably taken care of.

3. The Insured must pay Deductible for any Loss or Damage in the amount of the sum insured for each and every Loss or Damage as specified in the schedule.

[Exclusions \(only apply to the Loss or Damage of Baggage or Personal Effects during Use of Service of Common Carriers Benefit\)](#)

The insurance under this insuring agreement shall not cover Loss or Damage of baggage or Personal Effects as follows.

1. The following effects shall not be covered: animals, conveyance propelled by mechanism (including accessories and component parts thereof), motorcycles, boats, engines, cars (including accessories) any other vehicles, snow skis, fruits, putrescible matters, consumables, Household Effects, household items, antiques, inventions, drawings, artifacts, contracts, valuable accessories, such as diamond, gold, silver, gold work, and silverware, musical instruments, lenses or contact lenses, wheelchairs, dentures, artificial limbs, share certificates, securities, bill of exchange documents, bonds, title deeds, cash, banknotes, coins, coupons, stamps, or Souvenirs, identification cards, driving licenses, and travel documents.

2. Loss or Damage caused by wear and tear, deterioration, eating away by insects or rodents, hidden defects, latent defect, or damage incurred from any operation to repair, clean, modify or fix any property.

3. Loss or Damage of equipment that is rented, let, or bought on hire purchase.

4. Loss or Damage caused by seizure, destruction or confinement of property under the rules and regulations of a confinement station or customs; forfeiture of property under the order of a government officer or agency having authority under the law; carriage of illegal goods, carriage of contraband goods, or any other conduct contrary to the law.

5. Loss or Damage caused by disobedience, rebellion, revolution, civil war, usurpation, or actions taken by government agencies to obstruct, fight or prevent the said situation.

(Translation)

6. Loss or Damage for which compensation is made by other sources, i.e. property insured under other policies, compensation from a transport company, airline, or hotel, or any other party.

7. Loss or Damage to the Insured's baggage or Personal Effects that are sent in advance, mailed by post, or shipped, or sent separately and not with the Insured.

8. Loss or Damage to baggage or Personal Effects that the Insured leaves or forgets and leaves in a Public Place or on any vehicle.

9. Loss or Damage as a result of the Insured's negligence to take reasonable care and precaution for the safety of such property.

10. Loss or Damage of goods, goods samples or any type of equipment.

11. Loss or Damage of information recorded on tapes, programs, diskettes, note cards, or the like.

12. Loss of unknown cause.

(Translation)

ST 8

Insuring Agreement

Third-Party Liability Benefit

Definitions

"Third Party" means Any person except a relative who stays with the Insured, or employee or partner of the Insured.

Coverage

This insurance covers the Insured's Third-Party liability incurred due to an unexpected incident. The Company shall compensate Loss or Damage of a Third Party incurred during an Overseas Trip. The Insured shall be liable under the law for the actual amount of Loss or Damage, but no more than the sum insured as specified in the schedule in case of:

1. Death or Injury due to an Accident of any person;
2. Loss or Damage of property due to an Accident of any person.

Conditions for Coverage (only applied to the Third-Party Liability Benefit)

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

Exclusions (only applied to the Third-Party Liability Benefit)

The insurance under this insuring agreement shall not cover Third-Party liability arising from or as a result of the following causes.

1. Loss or Damage of the property owned by, or legally in possession or under control of the Insured.
2. Loss or Damage relating to any liability assumed under contract.
3. Loss or Damage relating to a willful or spiteful act, act of gross negligence, or illegal act of the Insured.
4. Ownership, possession, or use of any wheeled vehicles, watercraft, aircraft, firearms or pets.
5. Trade or professional liability.
6. Action of an animal under care and control of the Insured, or property under care and control of the Insured.
7. Expenses for criminal proceedings.
8. The Insured's participation in a car rally race.
9. Exemplary or multiple damages.

Section 5: Attachments

If the contents in the attachments are contrary to or inconsistent with those in the Policy, the contents in the attachments shall prevail. Other conditions and exclusions under the insurance agreement in the Policy shall remain effective.

(Translation)

Exclusions

(as attachment to the Travel Guard Overseas Student Travel Insurance)

ST Student 1

Attachment No.:	Forming a part of the Policy No.:	Made on:	
Insured's name:			
Validity period: starting from	time:	ending on:	time:
Premium:	Stamp duty: Baht	Tax: Baht	Total: Baht

Exclusion: It is agreed that if the Injury suffered by the Insured is caused by a crime, the sum insured under the Insuring Agreement on Death, Dismemberment, Loss of Vision or Permanent Disability from Accident Benefit ST3 will be reduced to Baht

If the contents in this attachment are contrary to or inconsistent with those in the Policy, the contents in this attachment shall prevail. Other conditions and exclusions under the insurance agreement in the Policy shall remain effective.

(Translation)

Additional Extension of General Exclusions

(as attachment to the Travel Guard Overseas Student Insurance)

ST Exclusion 1

Attachment No.:	Forming a part of the Policy No.:	Made on:
Insured's name:		
Validity period: starting from	time:	ending on: time:
Premium:	Stamp duty: Baht	Tax: Baht Total: Baht

It is agreed and understood that the insurance under the Policy to which this attachment is attached during the period of insurance shall not cover Loss or Damage, Injury, Sickness, or liability under the law arising from, as a result of, or directly or indirectly occurring in the following period.

1. Any trip to, pass or within Afghanistan, Cuba, Democratic Republic of Congo, Iran, Iraq, Liberia, Sudan or Syria
2. The Insured's action related to:
 - 2.1 terrorism;
 - 2.2 membership in a terrorist organization;
 - 2.3 smuggling of narcotics or trade related to narcotics; or
 - 2.4 smuggling of nuclear, chemical or biological weapons.

If the contents in this attachment are contrary to or inconsistent with those in the Policy, the contents in this attachment shall prevail. Other conditions and exclusions under the insurance agreement in the Policy shall remain effective.