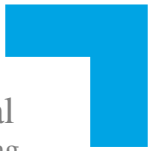


(Translation)

✈ **Travel Guard Global Travel Insurance (Page 1-41)**
for one passenger per booking [Click here](#)

✈ **Travel Guard Global Travel Insurance (Page 42-84)**
for two or more passengers per booking [Click here](#)



Travel Guard Global 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 general terms and conditions, insuring agreements, exclusions and attachments of this insurance Policy, the Company agrees with the Insured as follows:

Section 1: Definitions

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

- | | | | |
|------|------------------|-------|---|
| 1.1 | "Policy" | means | Policy schedule, benefits schedule, terms and conditions, insuring agreements, exclusions, attachments, endorsements, summary documents showing the material contents under this Policy, which are all regarded as being 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. |
| 1.4 | "Accident" | means | an event which happens suddenly due to an external cause and gives rise to a result which is not intended or anticipated by the Insured. |
| 1.5 | "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 | "Physician" | means | 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: <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. |
| 1.9 | "Nurse" | means | a person who is legally licensed to engage in the nursing profession. |
| 1.10 | "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 indication of Medical Standards for treatment of such Injury or Sickness, including the case of an Inpatient who dies |



(Translation)

after admission.

- | | | | |
|------|-------------------------------------|-------|--|
| 1.11 | "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 need to be admitted as an Inpatient. |
| 1.12 | "Hospital" | means | any medical facility that provides medical services, can accommodate overnight patients, has an adequate number of medical personnel and facilities and a complete range of services, particularly a major operating room, and is registered as a Hospital in accordance with the law on medical facilities in that locality. |
| 1.13 | "Medical Facility" | means | any medical facility that provides medical services, can accommodate overnight patients, and is permitted to be registered as a Medical Facility in accordance with the law in that locality. |
| 1.14 | "Clinic" | means | a modern medical facility that is permitted by law to provide medical treatment and diagnoses by Physicians, but cannot accommodate overnight patients. |
| 1.15 | "Medical Standards" | means | international rules or practices of modern medical providers for creating suitable treatment plans that are based on Medical Necessity and appropriateness, taking into account the conclusions drawn from the Injury or Sickness record, medical findings, diagnosis results and other pertinent information (if any). |
| 1.16 | "Necessary and Reasonable Expenses" | means | medical treatment costs and/or other expenses that correspond to the amounts normally charged to general patients for similar services by the Hospital, Medical Facility or Clinic where the Insured has been treated. |
| 1.17 | "Medical Necessity" | means | <p>medical services provided under the following conditions:</p> <ul style="list-style-type: none"> (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. |
| 1.18 | "Pre-existing Conditions" | means | any disease (including complications), symptom or abnormality of the Insured occurring within 24 months |



(Translation)

preceding the effective date of coverage of this Policy with sufficient indication for a general person to seek for diagnosis, care or treatment, or for which a Physician shall provide diagnosis, care or treatment.

For the annual Policy, Pre-existing Conditions shall mean the medical condition for which indemnity was claimed by the Insured during his or her previous trip, or the medical condition in which treatment or diagnosis was sought by the Insured within a 12-month period before his or her trip. Such conditions shall be regarded as Pre-existing Conditions of the next trip.

- 1.19 "AIDS" means Acquired Immune Deficiency Syndrome which is caused by HIV virus infection, and shall include opportunistic infection, Malignant Neoplasm, infections or any Sickness that reveals an HIV (Human Immunodeficiency Virus) positive blood test result.

Opportunistic infection shall include, but is not limited to, Pneumocystis Carinii Pneumonia, Organism of Chronic Enteritis, virus, and/or Disseminated Fungi Infection.

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

AIDS shall include HIV (Human Immunodeficiency Virus), Encephalopathy Dementia, and outbreak of virus.
- 1.20 "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.
- 1.21 "Terrorism" means any action using force or violence and/or involving threat by any person or group of persons regardless of whether such action is taken alone, on behalf of, or in relation to any organization or government with an aim for results involving politics, religions or cults, or similar purposes, and to cause the government and/or the public or any part thereof to be in panic.
- 1.22 "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



(Translation)

referred to in place of Travel Assist in all provisions specified in this Policy and shall have the same meaning as specified in definitions herein.

- 1.23 "Common Conveyance" means A service aircraft with permanent wings operated by a commercial airline registered to carry fare-paid passengers who travel according to flight schedules, and a service helicopter operated by an airline registered to carry fare-paid passengers who travel according to flight schedules between generally accepted commercial airports or commercial airports for helicopters that are duly registered.
- 1.24 "Public Place" means any place to which the general public has access, for example (but not limited to) airports, shops, restaurants, hotel foyers, public parks, beaches, golf courses, driving ranges, public buildings and the like.
- 1.25 "Public Conveyance" means any regularly scheduled type of transportation provided and operated by a duly licensed carrier with the aim for the local public to use as means to travel, and recognized by the country (e.g. bus, ferry, hovercraft, hydrofoil, ship, train, tram or subway). This would exclude all types of transportation that are chartered or arranged as part of a tour even if the services are regularly scheduled. Common Conveyance in this Policy is regarded as Public Conveyance.
- 1.26 "Domestic Trip" means a trip taken within the country of residence of the Insured as notified to the insurance company.
- 1.27 "Overseas Trip" means a trip taken outside the country of residence of the Insured.

Section 2: General Terms and Conditions

2.1 Insurance Contract

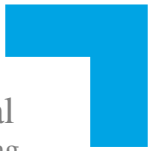
This insurance contract arises from the fact that the Company relies upon the statements of the Insured in the insurance application as well as additional declarations (if any) that the Insured has signed in evidence of his or her acceptance of the insurance contract, this Policy and summary documents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

In the event that 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 void in accordance with section 865 of the Civil and Commercial Code, whereupon the Company will be entitled to terminate 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

Period of each trip of the Insured which begins and ends according to the period of insurance:

2.3.1 For single trip coverage: the coverage starts two hours prior to the departure from Thailand and continues until the Insured travels back to his or her place of residence in Thailand, or for two hours upon arrival in Thailand, or until the expiry date of the period of insurance, whichever is earlier (unless specified otherwise in this Policy).

2.3.2 For annual trip coverage to cover multiple trips: the coverage for each trip starts and ends as mentioned in 2.3.1, subject to the maximum duration of journey for each trip not exceeding 120 days. If the Insured receives medical treatment during the effective period of the Policy and is required to receive continuous treatment as an Inpatient, this Policy shall extend the coverage until the Insured is discharged from the Hospital or Medical Facility.

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.

2.5 Claim and Submission of Evidence of Loss or Damage

2.5.1 Claim for benefit in case of medical treatment overseas, medical treatment in Thailand, medical treatment overseas for Sickness related to pregnancy, medical treatment overseas by a Chinese Traditional Physician, medical treatment due to an Accident

For claim for cost of medical treatment, the Insured shall, at his or her expense, submit the following evidence to the Company within 30 days from the date on which the Insured is discharged from the Hospital, Medical Facility or Clinic.

2.5.1.1 Claim form as prescribed by the Company.

2.5.1.2 Physician's report indicating significant symptom, diagnosis result and treatment.

2.5.1.3 Original copy of receipt listing the expenses, or a summary of the bill and receipt.

2.5.1.4 Copy of the Insured's passport.

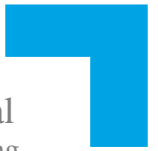
The receipts listing expenses must be the original receipts. The Company will return such receipts that certify the amount paid to the Insured to further claim the remaining amount from another insurer. If the Insured has been indemnified by government welfare, other welfare, or other insurance, the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

2.5.2 Claim for benefit 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.

2.5.2.1 Claim form as prescribed by the Company.

2.5.2.2 Physician's report indicating the permanent disability or dismemberment.



2.5.2.3 Letter confirming the Accident from the commercial airline (in case of permanent disability or dismemberment from an Accident when being on a commercial airplane).

2.5.2.4 Copy of the Insured's passport.

2.5.3 Claim for compensation in case of death

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.

2.5.3.1 Claim form as prescribed by the Company.

2.5.3.2 Death certificate.

2.5.3.3 Copy of autopsy report.

2.5.3.4 Copy of police report.

2.5.3.5 Copies of ID card and house registration of the Insured with the wording "Deceased" thereon.

2.5.3.6 Copy of the Insured's passport or travel evidence.

2.5.3.7 Copies of ID card and house registration of the beneficiary.

2.5.3.8 Letter confirming the Accident from the commercial airline (in case of death from an Accident when being on a commercial airplane).

2.5.4 Claim for compensation in case of emergency medical evacuation

2.5.4.1 Claim form as prescribed by the Company.

2.5.4.2 The Insured or related person shall notify the Company or Travel Assist without delay.

2.5.4.3 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.

2.5.5 Claim for compensation in case of body repatriation

The beneficiary, relative or related person shall notify the Company or Travel Assist without delay. Travel Assist shall then consider the best method for body repatriation.

2.5.5.1 Claim form as prescribed by the Company.

2.5.5.2 The beneficiary, relative or related person shall gather necessary documents as specified in

2.5.3 and submit them to the Company within 30 days from the date of death.

2.5.6 Claim for benefit in case of expenses for funeral arrangements

2.5.6.1 Claim form as prescribed by the Company.

2.5.6.2 Original copy of receipt listing the expenses or a summary of the bill and receipt.

(Translation)

- 2.5.6.3 Death certificate of the Insured.
- 2.5.6.4 Medical record of the Insured.
- 2.5.6.5 Copy of the Insured's passport.

2.5.7 Claim for benefit in case of travel expenses to assist with funeral arrangements

The beneficiary, relative or related person shall notify Travel Assist without delay and submit the following evidence to the Company.

- 2.5.7.1 Claim form as prescribed by the Company.
- 2.5.7.2 Death certificate of the Insured.
- 2.5.7.3 Copy of travel ticket of the family member making a trip to assist with the funeral arrangements.
- 2.5.7.4 Copy of passport of the family member indicating a trip to assist with the funeral arrangements.
- 2.5.7.5 Receipt for actual costs of accommodation and food of the family member making a trip to assist with the funeral arrangements.

2.5.8 Claim for benefit in case of travel expenses for Hospital visitation

The beneficiary, relative or related person shall notify Travel Assist without delay and submit the following evidence to the Company.

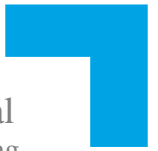
- 2.5.8.1 Claim form as prescribed by the Company.
- 2.5.8.2 Report of the Insured's Physician.
- 2.5.8.3 Letter from the Hospital in which the Insured receives treatment confirming that there is no family member of the Insured present during his or her treatment.
- 2.5.8.4 Copy of travel ticket of the family member making a trip to visit the Insured.
- 2.5.8.5 Copy of passport of the family member indicating a trip to visit the Insured.
- 2.5.8.6 Receipt for actual costs of accommodation and food of the family member making a trip to visit the Insured.

2.5.9 Claim for daily benefit in case of receipt of medical treatment in a Hospital as an Inpatient

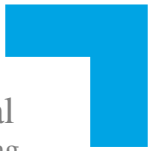
- 2.5.9.1 Claim form as prescribed by the Company.
- 2.5.9.2 Report of the Insured's Physician.

2.5.10 Claim for benefit in case of expenses of repatriation of a minor

- 2.5.10.1 Claim form as prescribed by the Company.
- 2.5.10.2 Report of the Insured's Physician.
- 2.5.10.3 Copy of ID card of the minor. Copy of birth certificate is required in case of no ID card.



- 2.5.10.4 Travel Itinerary of the Insured and the child.
- 2.5.10.5 Copy of travel ticket of the family member making a trip to pick up the minor.
- 2.5.10.6 Copy of passport of the family member indicating a trip to pick up the minor.
- 2.5.10.7 Receipt for actual costs of accommodation and food of the family member making a trip to pick up the minor.
- 2.5.11 Claim for benefit in case of credit card insurance
 - 2.5.11.1 Claim form as prescribed by the Company.
 - 2.5.11.2 List of expenses incurred on the Insured's credit card.
- 2.5.12 Claim for compensation in case of trip cancellation
 - 2.5.12.1 Claim form as prescribed by the Company.
 - 2.5.12.2 Letter from tour agency or airline indicating the amount collected.
 - 2.5.12.3 In the case of trip cancellation resulting from the Insured suffering an Accident or Sickness, or from an Accident or Sickness of his or her spouse, father or mother, grandfathers, grandmothers, children, or father or mother of the spouse, a medical certificate is required.
 - 2.5.12.4 Copy of death certificate (in case of death of the Insured or relative).
- 2.5.13 Claim for compensation in case of trip curtailment
 - 2.5.13.1 Claim form as prescribed by the Company.
 - 2.5.13.2 Copy of plane ticket recently purchased and receipt.
 - 2.5.13.3 Medical certificate in the case of trip curtailment resulting from the Insured suffering an Accident or Sickness, or from an Accident or Sickness of his or her spouse, father or mother, grandfathers, grandmothers, children, or father or mother of the spouse.
 - 2.5.13.4 Copy of death certificate (in case of death of the Insured or relative).
- 2.5.14 Claim for compensation in case of flight delay
 - 2.5.14.1 Claim form as prescribed by the Company.
 - 2.5.14.2 All existing plane tickets and boarding passes.
 - 2.5.14.3 Letter of notification from the person responsible for the trip.
 - 2.5.14.4 Letter of notification from the commercial airline specifying that the delay actually occurred.
- 2.5.15 Claim for compensation in case of Loss of or Damage to baggage or Personal Belonging
 - 2.5.15.1 Claim form as prescribed by the Company.



2.5.15.2 Letter certifying Loss or Damage incurred from the management of the hotel or transport company in the case that such Loss or Damage is under supervision of the hotel staff or transport company.

2.5.15.3 List and prices of the lost or damaged items. If the lost or damaged item was purchased within three months, receipt thereof is required.

2.5.15.4 Daily report of a local police officer in the case that Loss or Damage incurs due to threat or violent force.

2.5.16 Claim for compensation in case of baggage delay

2.5.16.1 Claim form as prescribed by the Company.

2.5.16.2 Receipt for purchase of necessary clothes or necessary supplies.

2.5.16.3 Certification letter from the airline.

2.5.17 Claim for compensation in case of third-party liability

2.5.17.1 Claim form as prescribed by the Company.

2.5.17.2 Medical certificate and receipt in the case that the Insured causes another person to have an Accident.

2.5.17.3 Receipt for cost of repair, or receipt and confirmation letter from a store in the case that an item must be purchased as the Insured damaged the same.

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 has received a complete and correct set of evidence of Loss or Damage. Compensation for death will be paid to the beneficiary while other types of compensation will be paid to the Insured. If there is a reasonable doubt that the aforesaid claim was not made in accordance with the insuring agreement in this Policy, the period of time specified for claim compensation investigation may be extended 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.

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 For single trip insurance, the Insured may not cancel this Policy after its coverage has gone into in effect.



2.8.3 For annual trip, the Insured or the Company may exercise the right to cancel the Policy under the following conditions.

2.8.3.1 The Company may cancel this Policy by giving written notice no less than 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.

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

Short Period Premium Schedule

Period of insurance (not over/month)	Percent of annual premium
1	15
2	25
3	35
4	45
5	55
6	65
7	75
8	80
9	85
10	90
11	95
12	100

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

2.10 Conditions Precedent

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

Section 3: General 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 weapon.

3.4 Radiation or radioactivity from any nuclear fuel or nuclear waste produced by the combustion of nuclear fuel or any process of self-sustaining nuclear fission/fusion.

3.5 Radioactive explosion, or any nuclear component or harmful substance that could cause an explosion in a nuclear process.

3.6 At any time in a country or territory in which coverage is excluded as specified in the attachment (if any).

3.7 Any intentional illegal act by the Insured or confiscation, detention, or destruction by customs or other authorities. Any violation of regulations of a government, or the Insured's negligence to conduct proper prevention to avoid claiming under the Policy after receiving a warning through or by general media with respect to an intention to cause strike, riot or civil war.

3.8 While the Insured is not in a proper condition to travel, or travels against the advice of the Physician permitted to provide treatment.

3.9 While the Insured has a mental disorder, insanity or nervous system disease.

3.10 While the Insured travels with an intention to receive all kinds of medical treatment.

Section 4: Insuring Agreement

Subject to the rules, general terms and conditions, insuring agreements, exclusions, 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 schedule.

Insuring Agreement

Medical Expenses Benefit

Definitions

- "Thai Traditional Physician" means a Thai Traditional Physician legally licensed for providing treatment with Thai herbs. The Thai Traditional Physician shall not be the Insured, business partner, employer, employee or agent of the Insured, or a person related in any way to the Insured.
- "Chinese Traditional Physician" means a Physician legally licensed for providing treatment with herbs, acupuncture and chiropractic. The Chinese Traditional Physician shall not be the Insured, business partner, employer, employee or agent of the Insured, or a person related in any way to the Insured.

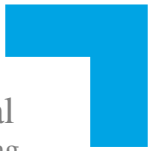
Coverage

During the validity 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 insurance, causing the Insured to receive medical treatment whether as an Inpatient or Outpatient, the Company shall reimburse the Insured 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 case of Injury due to Accident overseas which requires treatment by a Thai Traditional Physician or Chinese Traditional Physician, exclusive of bone fracture or broken bone, the Company shall reimburse the Insured the expenses paid by the Insured at the maximum not exceeding Baht 1,500 per person per accident.

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 Physician's reading fee, expenses related to the use or provision of services, medical tools and equipment outside the operating room, medical consumables (medical supplies 1), operating room fees and equipment, excluding cost of hiring a special Nurse while in a Hospital or a Medical Facility as an Inpatient.
3. Ambulance fee in case of emergency, to transport the Insured to or from a Hospital or a Medical Facility for Medical Necessity.
4. Take home drugs for Medical Necessity, but not for more than 14 days.
5. Cost for an ICU room or standard single room plus meals provided for the patient by the Hospital or Medical Facility, and daily nursing service fee.



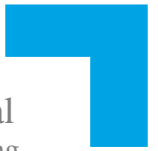
In the case that the Insured is entitled to claim expenses, partly or wholly, from any person or source, the Company will reimburse the Insured the medical expenses only for the amount exceeding the amount that may be claimed.

Exclusions (only apply to the Overseas Medical Expenses Benefit Agreement TA1)

The insurance under this insuring agreement does not cover the following expenses.

1. Pre-existing Conditions.
2. Treatment or remedies for congenital abnormalities.
3. Treatment for relaxation or health, massage for health or relaxation, rehabilitation, bodily checkups, other treatment costs unrelated to the Injury or Sickness.
4. Treatment of disease or condition related to mind, nerves, stress, insanity, including narcotic addiction, or genetic disorder.
5. AIDS, venereal disease, or sexually transmitted diseases (STD).
6. Treatment related to pregnancy, child birth, or miscarriage.
7. Prosthesis and artificial aids of all kinds (medical supplies 2), i.e. cane, crutches, eyeglasses, hearing aid, speech device, pacemaker, wheelchair, etc.
8. Expenses related to dental treatment, except for first aid after an Accident. This does not include the expense for dental reconstructive treatment, orthodontics, crowns, scaling or polishing, filling, dentures, or expenses for treatment necessary for natural phonation due to dental treatment after an Accident.
9. Medical treatment incurred for the purpose of reaping benefit from this insurance policy.
10. Treatment for beauty, e.g. acne, blemish, freckle, dandruff, dietary, hair transplantation or treatment to remedy bodily deficiency, cosmetic surgery, except in case of necessity as a consequence of 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 father, mother, spouse, or child of the Insured.
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, addictive substance, 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 milligram percent and over.



17. Injury 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.

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

Insuring Agreement**Medical Expenses in Thailand Benefit****Coverage**

This insurance covers medical treatment costs necessary to be paid to treat or follow up certain symptom in Thailand for Injury or Sickness sustained by the Insured overseas under the limit of treatment period as follows.

1. In case that the Insured has never received medical treatment for such Injury or Sickness while being overseas, the Insured must request treatment in Thailand within seven (7) days from the date of arrival in Thailand. The continuous treatment shall not exceed twenty one (21) days from the date on which treatment is firstly received in Thailand. The Company shall compensate the Insured in the amount actually paid at the maximum not exceeding the sum insured specified in the schedule.

2. In the case that the Insured has received treatment while being overseas, the Insured shall have no more than twenty one (21) days from the date of arrival at Thailand to receive continuous treatment in Thailand or within the prescribed time specified in the insurance plan chosen, whichever is earlier.

The Company shall compensate Necessary and Reasonable Expenses incurred from medical treatment according to the Medical Necessity and Medical Standards in the amount actually payable, but not exceeding the sum insured specified in the schedule.

In the case that the Insured is entitled to claim expenses, partly or wholly, from any person or source, the Company will reimburse the Insured the medical expenses only for the amount exceeding the amount that may be claimed, but not exceeding the maximum sum insured specified in the schedule. The Company shall reimburse only the expenses incurred in Thailand (if any).

Exclusions (only apply to the Medical Expenses in Thailand Benefit Agreement TA2)

The insurance under this insuring agreement does not cover the following expenses.

1. Pre-existing Conditions.
2. Treatment or remedies for congenital abnormalities.
3. Treatment for relaxation or health, massage for health or relaxation, rehabilitation, bodily checkups, other treatment costs unrelated to the Injury or Sickness.
4. Treatment of disease or condition related to mind, nerves, stress, insanity, including narcotic addiction, or genetic disorder.
5. AIDS, venereal disease, or sexually transmitted diseases (STD).
6. Treatment related to pregnancy, child birth, or miscarriage.
7. Treatment which is not considered as modern medicine, including alternative medicine, e.g. acupuncture, natural therapy, massage treatment, acupressure and chiropractic.
8. Prosthesis and artificial aids of all kinds (medical supplies 2), i.e. cane, crutches, eyeglasses, hearing aid, speech device, pacemaker, wheelchair etc.



9. Expenses related to dental treatment, except for first aid after an Accident. This does not include the expense 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.

10. Service or surgery that is unnecessary or for fraudulent purposes.

11. Treatment for beauty, e.g. acne, blemish, freckle, dandruff, dietary, hair transplantation or treatment to remedy bodily deficiency, cosmetic surgery, except in case of necessity as a consequence from an Accident to reconstruct or restore the function of an organ.

12. Any medical treatment given by a Physician who is the Insured or who is father, mother, spouse, or child of the Insured.

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

14. 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.

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

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

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

The term "under the influence of alcohol" in case of having a blood test refers to an alcohol level of 150 milligram percent and over.

18. Injury 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.

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

Insuring Agreement

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

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.
	100% of the sum insured	For loss of hearing and loss of speech.
	75% of the sum insured	For loss of hearing of both ears.
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.
10.	15% of the sum insured	For loss of hearing of one ear.

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

Definitions

- "Dismemberment" means the cutting of a wrist or ankle from the body, and 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 Hearing" means permanent Loss of Hearing.
- "Loss of Speech" means loss of ability to use three-fourths of the pronunciation principles incorporated into speaking, i.e. lips, oral cavity, tongue and palate; permanent loss of vocal cords; or damage to the motor speech center causing inability to speak.

(Translation)

"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.

Exclusions (only apply to the Death, Dismemberment, Loss of Vision or Permanent Disability from Accident Benefit TA6)

The insurance under this insuring agreement shall not cover any Injury, loss, or damage arising from or 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 substance, 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 milligram percent and over.

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

3. Treatment related to pregnancy, child birth, 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.

9. While the Insured is performing duties as a soldier, police officer or volunteer in a war or to suppress crime.

10. While the Insured is in the vicinity of oil rigs or underground mines.

11. While the Insured is working as a plumber, electrician, mechanic, carpenter, painter, decorator or building contractor; working related to installation, assembly, maintenance or repair of machinery, electric appliance or hydraulic machinery; or working in a high-risk location or other labour work, exclusive of work related to management, supervision, sale, or food management and preparation.

12. While the Insured is driving a motorcycle without a legal driving license under the law of the country.

Insuring Agreement**Emergency Medical Evacuation or Transportation to Country of Domicile Benefit****Definitions**

"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.

Coverage

This insurance provides benefit coverage when the Insured suffers 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 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 directly to Travel Assist.

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

The coverage specified herein is for expenses for services which are determined and/or prepared by Travel 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 TA7)

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 expense 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 only for the expenses incurred from those services under the situation specified by Travel Assist, and in the 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, and other diseases related to AIDS.
5. Venereal disease, or any sexually transmitted diseases (STD).

Insuring Agreement

Repatriation of Body or Ashes to Country of Domicile Benefit

Definitions

"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.

Coverage

This insurance provides coverage when the Insured suffers Injury or Sickness during his or her Overseas Trip, which causes death to the Insured within 30 days from the date of such Injury or Sickness. Travel Assist, or its authorized representative, shall arrange for the repatriation of the body or ashes of the Insured to the Country of Domicile. The Company shall pay the expenses incurred from repatriation of the body or ashes to the Country of Domicile directly to Travel Assist in the amount actually payable, provided that it does not exceed the maximum sum insured specified in the schedule.

The Company shall indemnify any expense for repatriation of the body of the Insured that has been advanced to the Insured's estate in accordance with the amount actually incurred for services and arrangement by a funeral director (undertaker), including costs of casket, embalming, cremation, and other similar expenses.

Exclusions (only apply to the Repatriation of Body or Ashes to Country of Domicile Benefit TA8)

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 transport company 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, and other diseases related to AIDS.
5. Venereal disease, or any sexually transmitted diseases (STD).

Insuring Agreement

Hospital Visitation Benefit

Definitions

"Family Member"	means	father, mother, grandfathers, grandmothers, great grandfathers and great grandmothers, son, daughter, spouse of the Insured, and father, mother, grandfathers, grandmothers, great grandfathers and great grandmothers of the spouse.
"Age of Majority"	means	reaching twenty (20) years of age.

Coverage

If the Insured is required to receive medical treatment in a Hospital or Medical Facility as an Inpatient overseas for more than five (5) consecutive days, the Insured's condition prevents transportation back to his or her country, and no Family Member who has attained the Age of Majority is present with the Insured overseas, the Company shall pay only travel expense by economy class air travel, first class rail travel, or sea travel in the actual amount incurred, including accommodation and food expenses up to maximum Baht 10,000 per day, to the maximum of two Family Members or friends of the Insured, provided that it does not exceed the maximum sum insured as specified in the schedule, in order for the Family Members or friends to visit the Insured overseas.

Travel Assist or its authorized representative shall obtain economy class round trip air tickets, first class train tickets, or ship tickets for not more than two Family members or friends of the Insured for Hospital visitation. Travel Assist shall indemnify the actual expenses for stay during Hospital visitation until the Insured has been approved by the Physician that he or she can travel back to Thailand, provided that it does not exceed the maximum sum insured as specified in the schedule. If a Family Member or friend of the Insured who will travel to visit the Insured does not travel out of Thailand, the travel expense incurred shall not exceed the expense for traveling from Thailand.

With respect to the insurance subject to this insuring agreement, an Insured may claim indemnity under either the benefit in case of travel expense for funeral arrangement assistance, or the benefit in case of travel expense for Hospital visitation (if any), and may not claim benefits under both insuring agreements at the same time.

Insuring Agreement**Daily Benefit in case of Receipt of Medical Treatment in Hospital as Inpatient****Coverage**

This insurance provides coverage in the case that the Insured is required to receive medical treatment in a Hospital or Medical Facility as an Inpatient overseas as a result of Injury from an Accident or Sickness occurring during the Overseas Trip. The Company shall pay daily compensation to the Insured in the amount of Baht 3,000 per day from the first day of receipt of medical treatment in the Hospital as an Inpatient. In the event that the Insured is required to continue to receive treatment in Thailand, and in a Hospital or Medical Facility as an Inpatient, the Company shall pay daily compensation to the Insured in the amount of Baht 1,000 per day. The compensation shall be paid after the period in which the Insured has received medical treatment in the Hospital.

Exclusions (only apply to the Daily Benefit in case of Receipt of Medical Treatment in Hospital as Inpatient TA12)

The insurance under this insuring agreement shall not cover medical treatment in a Hospital as an Inpatient arising from the following causes.

1. Pre-existing Conditions.
2. Treatment or remedies for congenital abnormalities.
3. Treatment for relaxation or health, rehabilitation, bodily checkups, other treatment costs unrelated to the Injury or Sickness.
4. Treatment of all kinds of genetic disorders.
5. AIDS, venereal disease, or sexually transmitted diseases (STD).
6. Treatment related to pregnancy, child birth, or miscarriage.
7. Treatment which is not considered a modern medicine, including alternative medicine, e.g. acupuncture, natural therapy, massage treatment, acupressure and chiropractic.
8. Unnecessary services or surgeries.
9. Treatment for beauty, i.e. dietary, treatment to remedy bodily deficiency, or cosmetic surgery, except in case of necessity as a consequence from an Accident to reconstruct or restore the function of an organ.
10. 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.
11. Injury arising from the action of the Insured while the Insured is under the influence of alcohol, addictive substance, or narcotics to the extent of being unable to control one's mind.
The term "under the influence of alcohol" in case of having a blood test refers to an alcohol level of 150 milligram percent and over.
12. Injury 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.
13. Injury while the Insured is piloting or working on board as an employee of an airline.

Insuring Agreement

Trip Postponement or Cancellation Benefit

Definitions

- "Serious Injury or Sickness" means any person who requires medical treatment by a legally licensed Physician. Such Serious Injury or Sickness must result in the Insured being certified by the Physician as unfit to travel or continue with the trip.
- "Family Member" means father, mother, grandfathers, grandmothers, great grandfathers and great grandmothers, son, daughter, spouse of the Insured, and father, mother, grandfathers, grandmothers, great grandfathers and great grandmothers of the spouse.

Coverage

This insurance provides coverage in case of the Insured's trip postponement or cancellation caused by the events specified in this insuring agreement that occurs within 30 days before the date of departure from Thailand (except for the event in 4) as follows.

1. Death, or Serious Injury or Sickness of the Insured or his or her Family Member prevents the Insured from traveling in accordance with the itinerary.
2. Unexpected strike, riot, or civil war which is out of the Insured's control prevents the Insured from traveling in accordance with the itinerary.
3. The Insured is subpoenaed to present as a witness in court, or receives a mandatory writ from the court.
4. The Insured's permanent residence is seriously damaged from fire, flood or similar natural disasters such as typhoon and earthquake within one week before departure, resulting in the Insured being unable to travel in accordance with the itinerary.

The Company shall reimburse the Insured for Loss or Damage of trip postponement or cancellation occurring after the Policy has become effective, i.e. travel deposit, advanced ticket purchase, and/or accommodation and food expenses paid in advance by the Insured only for Loss or Damage for which reimbursement is not provided by other sources, and as a consequence of the trip postponement or cancellation before the date of trip commencement and/or expenses for which the Insured must be legally responsible. This coverage comes into effect only when the Insured has been insured before becoming aware of any event which may cause the trip postponement or cancellation.

Exclusions (only apply to the Trip Postponement or Cancellation Benefit TA16)

The insurance under this insuring agreement shall not cover trip postponement or cancellation arising from or as a result of the following causes.

1. Any Loss or Damage arising from the government's control or rules and regulations.



2. Bankruptcy, lack of liquidity in debt repayment, or lack of debt repayment by the travel agencies or carriers which causes trip cancellation.

3. Any Loss or Damage covered under other policies in effect or government program, or compensation from other sources, i.e. hotels, airlines, travel agencies, or any other operator of business related to travel, food and accommodation.

4. AIDS, or a blood test result revealing HIV positive, and other diseases related to AIDS.

5. Venereal disease, or any sexually transmitted diseases (STD).

6. Taking out of this insurance less than seven (7) days before the date of departure (except in the case of death or Serious Injury of the Insured or his or her Family Member).

Insuring Agreement

Trip Curtailment Expenses and Aircraft Hijacking Benefit

Definitions

"Serious Injury or Sickness"	means	any person who requires medical treatment by a legally licensed Physician. Such Serious Injury or Sickness must result in the Insured being certified by the Physician as unfit to travel or continue with the trip.
"Family Member"	means	father, mother, grandfathers, grandmothers, great grandfathers and great grandmothers, son, daughter, spouse of the Insured, and father, mother, grandfathers, grandmothers, great grandfathers and great grandmothers of the spouse.

Coverage

This insurance covers additional expenses paid by the Insured for travel, accommodation, and food during the trip period and/or fines or expenses subsequently incurred from the Insured's premature return to Thailand caused by any of the following.

1. The Insured suffering Serious Injury or Sickness, and the Physician suggesting a return to Thailand.
2. The plane on which the Insured is on board being hijacked.
3. A Family Member or Trip Companion unexpectedly passing away or suffering Injury or Sickness.
4. A natural disaster such as typhoon or earthquake preventing the Insured from continuing the trip in accordance with the itinerary.
5. Strike, riot, or civil war which is unexpected and out of the Insured's control.
6. Being quarantined by advice of the Physician.

The Company shall compensate the actual expenses but no more than the maximum sum insured as specified in the schedule for additional expenses for traveling by plane, land or ship (economy class, if possible), or accommodation expense and loss of travel expense and/or accommodation expense paid in advance, or deposit withheld after the commencement of the trip as a result of the aforesaid causes. This shall include any expense arising from the extension of trip due to quarantine by advice of the Physician.

This coverage comes into effect only when the Insured has been insured before becoming aware of any event which causes the trip curtailment. An Insured may not claim trip curtailment benefit and trip postponement or cancellation benefit (if any) for the same event at the same time.

Exclusions (only apply to the Trip Curtailment Expenses and Aircraft Hijacking Benefit TA17)



The insurance under this insuring agreement shall not cover expenses for trip curtailment and aircraft hijacking arising from or as a result of AIDS, or a blood test result revealing HIV positive, and other diseases related to AIDS.

Insuring Agreement

Loss or Damage of Baggage or Personal Effects Benefit

Definitions

"Deductible"	means	amount of Deductible of each and every loss for which the Insured must be responsible.
"Personal Effects"	means	the Insured's effects which are carried with the Insured while traveling.
"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.
"Souvenirs"	means	articles that are a symbol or reminder of an event, place or things, and that are sold or given as souvenirs.
"Accessories"	means	articles such as rings, bracelets, necklaces, bangles, earrings, pendants, diamonds, gold, silver, including all gold ornaments and silverware, and watches worn as body accessories.
"Household Contents"	means	furniture, fixture and fittings, clothes and personal effects of the Insured or his or her Family Member or domestic servant permanently residing with the Insured, except for title deeds, bonds, bills of exchange, promissory notes, checks, traveler's checks, securities, all types of documents, cash and banknotes.
"Valuables"	means	Accessories, jewelry, Buddha amulets, precious stones or precious metals, and wool cloths.
"Theft"	means	taking of the property of another person or joint owner in bad faith.
"Burglary"	means	theft presenting signs of breaking-in by any person who enters or exists the location at which the insured property is kept by using aggressive force and causing a clear trail of damage to the said location by use of tools, explosives, electricity, or chemicals or arising from Robbery or Gang Robbery, including Loss or Damage arising from an attempt thereof.
"Robbery"	means	Robbery by committing an act of violence or threatening to do any act of violence immediately in order to facilitate the theft or taking away of property; obtaining delivery of the property; taking hold of the property; causing damage to equipment, of the case or bag in which the property is kept for the purpose of Robbery; concealing the commission of such offense; or avoiding arrest.



"Gang Robbery" means Robbery committed by three persons or more.

Coverage

This insurance covers Loss or Damage of the Insured's baggage or Personal Effects which are carried with the Insured and lost or damaged during Overseas Trip in the following cases:

1. while the baggage or Personal Effects are under control and care of hotel staff or a transport company. Such Loss or Damage must be certified in writing by management of the hotel or transport company; or

2. Loss or Damage from Robbery, Burglary or Gang Robbery of the baggage or Personal Effects, and such Loss or Damage must be reported by the Insured to a police officer at the place of the loss or damage within 24 hours from the incident, and such police report must be provided in the claim of indemnity.

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 for Loss or Damage of items no more than the sum insured per item, pair or set, as specified in the schedule.

2. The Company may deem it proper to compensate in cash, or choose to compensate by restoration or repair in the case that such item is no more than one year of age.

3. The Company may compensate in cash, or choose to compensate by restoration or repair, in which the Company shall deduct depreciation upon wear and tear being accepted, and depreciation in the case that such item is more than one year of age.

Conditions for Coverage

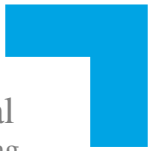
1. The Insured must report Loss or Damage incurred to a police officer or any officer responsible for aircraft, ship or vehicle on which the Insured is traveling, and must obtain written evidence of the report thereof from an authorized person of the said vehicle, unless such act cannot be done due to necessity or being in the incident which prevents the Insured from doing so.

2. The Insured must take all reasonable acts to prevent and protect the insured property, and if the said property is lost or damaged, the Insured must immediately report a police officer, officer of a hotel or transport company, or authorized person of the office of terminal.

3. If the Company has paid indemnity 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 indemnity. 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.

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

5. 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.



For the insurance under the coverage in this insuring agreement, an Insured may not claim indemnity under the benefit under the insuring agreement on Loss or Damage of baggage or personal effects; the benefit under the insuring agreement on Loss or Damage of baggage, Personal Effects and Laptop due to natural disasters; the benefit under the insuring agreement on accessories coverage; the benefit under the insuring agreement on golfing equipment and hole-in-one coverage; or the benefit under the insuring agreement on baggage delay (if any) simultaneously for the same incident.

Exclusions (only apply to the Loss or Damage of Baggage or Personal Effects Benefit TA20)

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, automobile (including accessories), motorcycles, boats, engines, any other vehicles, snow skis, fruits, putrescible matters, consumables, Household Contents, household items, antiques, inventions, drawings, artifacts, contracts, Accessories, Valuables, 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, or damage incurred from any operation to repair, clean, modify or fix any property.
3. Loss or Damage of equipment that is rented, leased, or bought on hire purchase.
4. 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.
5. 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.
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, floppy disks, diskettes, note cards, or the like.
12. Loss of unknown cause.

Insuring Agreement

Loss or Damage of Baggage, Personal Effects and Laptop Due to Natural Disaster Benefit

Definitions

"Personal Effects"	means	the Insured's effects which are carried with the Insured while traveling.
"Laptop"	means	full set of portable computer, including standard components and accessories for Laptop. Handheld computers and any portable device are excluded.
"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.
"Household Contents"	means	furniture, fixture and fittings, clothes and personal effects of the Insured or his or her Family Member or domestic servant permanently residing with the Insured, except for title deeds, bonds, bills of exchange, promissory notes, checks, traveler's checks, securities, all types of documents, cash and banknotes.
"Accessories"	means	articles such as rings, bracelets, necklaces, bangles, earrings, pendants, diamond, gold, silver, including all gold ornaments and silverware, and watches worn as body accessories.
"Valuables"	means	Accessories, jewelry, Buddha amulets, precious stones or precious metals, and wool cloths.
"Souvenirs"	means	articles that are a symbol or reminder of an event, place or things, and that are sold or given as souvenirs.

Coverage

The Company shall compensate the Insured for the actual Loss or Damage at the maximum amount of no more than the sum insured as specified in the schedule with respect to Loss or Damage of the Insured's baggage, including clothes therein, Personal Effects, and Laptop carried with the Insured or purchased during an Overseas Trip which are damaged due to a natural disaster (such as typhoon and earthquake) for reasons outside the Insured's control at the specified destination overseas.

If any of the Insured's Personal Effects are not worth repairing, the Company will consider the claim for compensation as if such item was lost.

The Company shall compensate no more than the maximum sum insured as specified in the schedule per item, pair, or set. The maximum amount of liability for Laptop is also included in the schedule. The Company may compensate by replacement or repair based on wear and tear and depreciation. Depreciation may not be applied to Laptop purchased for less than one year from the



date of incident, provided that the Insured is able to provide documents in support of the claim such as the original receipt or the original warranty document.

Conditions for Coverage

1. The Insured must report Loss or Damage incurred to a police officer or relevant authorities such as hotel management and airlines having authority at the place of the Loss or Damage within twenty-four (24) hours from the incident, and a written record from such authority must be attached with the claim.

2. The Insured must take all possible acts, with respect to baggage, Personal Effects, and Laptop, by:

a) not leaving the same in Public Place without being taken care of by someone; and

b) taking all reasonable preventions to safeguard the baggage, Personal Effects, and Laptop.

Items that are in a pair or set shall be deemed one item, e.g. one pair of shoes, or a camera, lens and standard accessories.

For the insurance under the coverage in this insuring agreement, an Insured may claim indemnity under only one of the following: the benefit under the insuring agreement on Loss or Damage of baggage or Personal Effects; the benefit under the insuring agreement on Loss or Damage of baggage, Personal Effects and Laptop due to natural disaster; the benefit under the insuring agreement on Accessories coverage; or the benefit under the insuring agreement on golf equipment and hole-in-one coverage (if any).

Exclusions (only applied to the Loss or Damage of Baggage, Personal Effects and Laptop due to Natural Disaster Benefit TA21)

The insurance under this insuring agreement shall not cover Loss or Damage of baggage, Personal Effects or a Laptop, as follows:

1. the following effects shall not be covered: animals, automobiles (including accessories), motorcycles, boats, engines, any other vehicles, snow skis, fruits, putrescible matters, consumables, Household Contents, household items, antiques, inventions, drawings, artifacts, contracts, Accessories, Valuables, 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, or damage incurred from any operation to repair, clean, modify or fix any property;

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

4. 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;

5. 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;

6. Loss or Damage for which compensation is made by other sources, i.e. property insured under other policies, compensation from a carrier, airline, or hotel, or any other party;
7. Loss or Damage to the Insured's baggage that are sent in advance, mailed by post, or shipped, or sent separately and not with the Insured;
8. Loss or Damage to baggage, Personal Effects, or Laptop 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, floppy disks, diskettes, note cards, or the likes; or
12. loss of unknown cause.

Insuring Agreement

Baggage Delay Benefit

Coverage

This insurance provides coverage in case the Insured's baggage is delayed during the trip, misdirected by the airline to another location, or temporarily lost after the Insured's arrival at the baggage claim at the destination as scheduled overseas and in Thailand. The Company shall compensate the Insured for emergency purchase of garments, clothing or personal supplies, made by the Insured in advance as follows.

1. For over eight-hour delay after the Insured's arrival at the destination overseas or in Thailand, the Company will compensate the actual expenses paid by the Insured at the maximum amount of no more than 20 percent of the sum insured as specified in the schedule.

2. For over 16-hour delay after the Insured's arrival at the destination overseas or in Thailand, if the baggage has not been in the Insured's physical possession, the Company will make compensation to the Insured in addition to the amount as per 1 of no more than 30 percent of the sum insured as specified in the schedule.

3. For over 24-hour delay after the Insured's arrival at the destination overseas or in Thailand, if the baggage has not been in the Insured's physical possession, the Company will make compensation to the Insured in addition to the amount as per 2 of no more than 50 percent of the sum insured as specified in the schedule.

For the insurance under the coverage in this insuring agreement, the Company shall compensate the Insured in the amount not exceeding the maximum sum insured as specified in the schedule. An Insured may not claim indemnity under the benefit under the insuring agreement on baggage delay and the benefit under the insuring agreement on Loss or Damage of baggage or Personal Effects (if any) simultaneously for the same incident.

Conditions for Coverage

The Company shall be subrogated to the Insured's rights to exercise claims against any person or organization for the part for which the Company had paid indemnity. 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 file a lawsuit against the person causing Loss or Damage after the Loss or Damage.

Insuring Agreement Missed Connecting Flight Benefit

Coverage

If, during an Overseas Trip, the Insured misses his or her confirmed onward connecting scheduled trip by plane, train, or ship at the transfer point due to a delay of the plane, train, or ship, and no alternative onward transportation is made available to the Insured within a 8-hour period from his or her arrival time at the transfer point, the Company shall compensate the Insured for necessary expenses for accommodation or a hotel for an overnight stay, food, and beverages actually paid for, but no more than the sum insured as specified in the schedule, and shall make compensation for only one of the incidents with respect to each trip out of Thailand.

Exclusions (only applied to the Missed Connecting Flight Benefit TA23)

The insurance under this insuring agreement shall not cover expenses or missed connecting flights arising from or as a result of the following causes.

1. As a result of the Insured missing his or her trip at the first departure point regardless of the cause.
2. Damage incurred in case the Insured fails to obtain written notice from the airline, train company, shipping company, or agency for sale of the Travel Card or travel program specifying the cause of delay, and the delay period of the airline, train, or ship.
3. Delay due to a strike or protest which commences or is declared before the date of issuance of the Policy, the date specified in the travel ticket, or the date on which the trip is confirmed, whichever is earlier.
4. Failure of transportation system due to a strike or protest which commences or is declared before the Insured leaves his or her house or the place where the Insured should have been able to change the trip.
5. The payment made is recoverable from the airline, international train, or ship.

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 by an Accident of any person;
2. Loss or Damage of property by an Accident of any person.

Conditions for Coverage

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

Exclusions (only applied to the Third-Party Liability Benefit TA27)

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 the 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 damage

Insuring Agreement

Emergency Phone Call Benefit

Coverage

The Company shall compensate the actual charges from personal mobile phone use during medical emergencies on an Overseas Trip and in the period of insurance for the purpose of requesting the Travel Assist's services only. The maximum compensation shall not exceed the sum insured as specified in the schedule.

Insuring Agreement

Rental Car Deductible Benefit

Coverage

This insurance covers any excess of the motor insurance policy for cars rented by the Insured in the case that the Insured is liable under the law to compensate Loss or Damage incurred during his or her Overseas Trip.

Conditions for Coverage

- a) The car must be rented from a car rental company with a license to operate a car rental business.
- b) The car rental agreement must require the Insured to take out first-class motor insurance covering Loss or Damage of the rented car during the rental period.
- c) The Insured must comply with every and all conditions of the car rental company under the rental agreement, and the Insurer's conditions thereunder, including laws, rules, and regulations of that country.

Exclusions (only applied to the Rental Car Deductible Benefit TA30)

The insurance under this insuring agreement shall not cover rental car Deductible arising from or as a result of the following causes.

1. Loss or Damage arising from driving of rental car in violation of the conditions under the rental agreement, or incurred outside a public road or due to violation of the laws, rules and regulations of the country.
2. Loss or Damage arising from wear and tear, deterioration, eating away by insects or rodents, defects or hidden damage.

Insuring Agreement

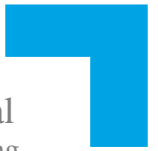
Trip Delay Benefit

Coverage

This insurance provides coverage in the case that the Public Transport that runs as per the Insured's travel schedule prepared for his or her Overseas Trip delays for a minimum of six (6) consecutive hours counting from the time specified in the travel plan, provided to the Insured due to unfavorable weather, defective tools and equipment, or strike, or other performance by Public Conveyance employees that prevents it from traveling. The Company shall pay compensation in the amount of the sum insured as specified in the schedule for Public Conveyance delay with respect to every six (6) full consecutive hours of delay.

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.



TG Exclusion 1

Additional Extension of General Exclusions

(as attachment to the Travel Guard Global Travel Insurance)

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 of 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.



Summary of the insurance plans for the global travel insurance policy Travel Guard Global Travel Insurance

This insurance policy provides coverage for the insured persons who travel overseas, which are trips outside the territory of their countries of residence. The essence of the policy is as described below.

Insurance period

It is the period of each trip by the insured, which starts and ends within the insurance period.

1. Single Trip – to cover a single trip; the coverage starts two hours before the insured travels out of Thailand, and ceases when the insured arrives at his or her residence in Thailand, or within two hours from the time of arrival in Thailand, or until the end of the insurance period, whichever occurs first.

2. Annual Trip – to cover several trips within the insurance year; the coverage period for each trip is the same as that for Single Trip insurance, but each travel period is limited to 120 days. If the insured receives medical treatment during the effective period of the insurance policy and needs to continue the medical treatment as an in-patient, this insurance policy will extend the coverage until the insured leaves the hospital or a medical clinic.

Payment of insurance premium and premium refund

1. The insured shall pay the insurance premium before the commencement of coverage.
2. For Single Trip coverage, the insured may not terminate this insurance policy after the insurance policy has become effective.
3. For Annual Trip coverage, either the insured or the Company may terminate the insurance policy as below.

3.1 The Company may terminate the insurance policy by giving a prior written notice of no less than 15 days by registered mail to the insured at the last address given to the Company. The Company will refund the premium to the insured after the deduction of premium for the effective period of the insurance policy.

3.2 The insured may terminate the insurance policy by giving the Company a written notice, and will receive a refund of premium after the deduction of the premium for the effective period of the insurance policy at the short-term premium rate as per the table below.

Short-term insurance premium rate

Insurance period (not exceeding/month)	Percentage of full-year insurance premium
1	15
2	25
3	35
4	45
5	55
6	65
7	75
8	80



(Translation)

Insurance period (not exceeding/month)	Percentage of full-year insurance premium
9	85
10	90
11	95
12	100

General exclusions

This insurance does not cover injury, sickness, or loss or damage arising from, or in consequence of, the following cause or at the following times:

1. suicide, attempted suicide, or self-inflicted injury;
2. war, invasion, hostile acts of foreign enemies, hostilities or warlike operations, whether war be declared or not, or civil war, insurrection, rebellion, riot, strike, civil commotion, revolution, coup d'état, declaration of martial law, or any incident causing the declaration or maintenance of martial law;
3. terrorism by chemical weapons, bio-weapons, and/or nuclear weapons or other weapons;
4. radiation or radioactivity from any nuclear fuel or any nuclear refuse arising from the combustion of nuclear fuel and any process of self-sustaining nuclear fission or fusion;
5. explosion of radioactivity or nuclear component or other hazardous material that may cause explosion in a nuclear process;
6. the incident occurred in the country or territory excluded from the coverage as specified in the annex (if any);
7. illegal willful acts of the insured, or confiscation of property, or retention or destruction by the customs authority or other competent officers, breach of governmental rules and regulations, or ignorance of the insured in taking appropriate precautions to avoid claims under the insurance policy after being warned through or by the general mass media about the intention to cause strike, riot, or civil war;
8. while the insured is not physically fit for travel, or travels contrary to the advice of an authorized physician;
9. while the insured has any mental disorder, psychotic disorder, or disease in the nervous system; and
10. the insured travels with the intention of receiving medical treatment of any kind.

Coverage agreements under the insurance plan

Coverage agreement	Plan C
TA1 benefits for medical expenses incurred overseas.	◉
TA2 benefits for medical expenses incurred in Thailand.	◉
TA6 benefits for death, loss of limb, eyesight, or total permanent disability due to an accident.	◉



(Translation)

Coverage agreement	Plan C
TA7 benefits for emergency medical evacuation or repatriation to country of domicile.	◉
TA8 benefits for repatriation of mortal remains or ashes to country of domicile.	◉
TA11 benefits for hospital visitation.	◉
TA12 daily benefits for medical treatment as an in-patient in a hospital.	◉
TA16 benefits for trip postponement or cancellation.	◉
TA17 Benefits for trip curtailment expenses, including aircraft hijacking.	◉
TA19 benefits for loss of personal money.	
TA20 benefits for loss of or damage to personal baggage or property.	◉
TA21 benefits for loss of or damage to baggage, property, including a computer notebook due to natural disaster.	◉
TA23 benefits for loss of travel documents.	
TA24 benefits for baggage delay.	◉
TA25 benefits for missed connecting flights.	◉
TA27 benefits for third-person liability.	◉
TA28 coverage for emergency telephone call charges.	◉
TA29 coverage and benefits for golf equipment and holes-in-one.	
TA30 coverage for rental vehicle excess.	◉
TA32 coverage for travel delay.	◉

Note: The coverage agreements under Insurance Plan A and Plan B contain the same coverage but for different sums insured.

Attachment to insurance plans

TG - Exclusion 1 Extension of general exclusions

Note:

1. Complete and detailed coverage and conditions shall be in accordance with the accident insurance policy for a specific group of insured persons approved by the Office of Insurance Commission (OIC).
2. The Company may select coverage agreements or attachments for the preparation of an insurance plan.



Group Travel Guard Global Travel Insurance Policy - Special

In reliance on the declaration contained in the insurance application that is an integral part of this Policy, and in consideration of the premium to be paid by the Policyholder or the Insured person subject to the rules, general terms and conditions, insuring agreements, exclusions and attachments of this Policy, the Company hereby agrees with the Policyholder or the Insured as described below.

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 appear in this Policy.

Section 2 General terms and conditions

2.1 Insurance contract

- 1.1 "Policy" means the Policy schedule, benefits schedule, conditions, insuring agreements, exclusions, terms, attachments, special provisions, warranties, endorsements, summary documents showing the material contents under this Policy, which are all regarded as being part of the insurance contract;
- 1.2 "Company" means the Company that issues this Policy;
- 1.3 "Policyholder" means the person or organization named as the Policyholder in the Policy schedule who arranges for insurance for the benefit of the Insured;
- 1.4 "Insured" means the person named as the Insured in this Policy schedule and/or attachments who is under the coverage under this Policy;
- 1.5 "Accident" means an event that occurs suddenly due to an external factor and causes a result that is not intended or anticipated by the Insured;
- 1.6 "Injury" means bodily injury directly resulting from an Accident that happens separately from and independently of other causes;
- 1.7 "Sickness" means a symptom, irregularity, illness, or disease affecting the Insured;
- 1.8 "Loss or Damage" means bodily injury of the Insured caused by an Accident and leading to death, dismemberment, loss of sight, disability or Injury;
- 1.9 "Physician" means a person who graduated with a degree in medicine and is legally registered with the Medical Council and licensed to practice as a medical professional in the locality in which medical services or surgical services are provided. A Physician shall not be any of the following persons:



(Translation)

- the Insured; or
 - legal spouse or child of the Insured, unless there is a necessary cause and consent is granted by the Company
- 1.10 "Nurse" means a person legally licensed to engage in the nursing profession;
- 1.11 "Inpatient" means a person who is required to receive medical treatment in a Hospital, and who must be registered as an inpatient by diagnosis and advice of the Physician based on the indications which are medical standards for treatment of such Injury or Sickness, including the case of an inpatient who subsequently dies after admission;
- 1.12 "Outpatient" means a person receiving services due to medical treatment in the outpatient department or in the emergency room of the Hospital, Medical Facility or Clinic, who, based on the diagnosis and indications which are medical standards for treatment, does not need to be admitted as an inpatient;
- 1.13 "Hospital" means any medical facility that provides medical services, can admit patients for overnight stay, has a place with an adequate number of medical personnel, and complete services, particularly a room for major surgery, and is permitted to be registered as a Hospital pursuant to the law on medical facilities in that locality;
- 1.14 "Medical Facility" means any medical facility that provides medical services, can admit patients for overnight stay, and is permitted to be registered as a Medical Facility under the law of that locality;
- 1.15 "Clinic" means a modern medical facility that is permitted by law to provide medical services and diagnoses by a Physician, but cannot admit patients for overnight stay;
- 1.16 "Medical Standards" means international rules or practices of modern medical providers which give rise to suitable treatment plans for patients that are based on medical necessity and correspond with conclusions drawn from the Injury record, medical findings, autopsy results or other information (if any);
- 1.17 "Necessary and Reasonable Expenses" means medical treatment costs and/or any reasonable expenses compared to the charges for services collected by the Hospital, Medical Facility or Clinic from general patients of the Hospital, Medical Facility or Clinic where the Insured has been treated;
- 1.18 "Medical Necessity" means medical services provided under the following conditions:
- 1) the services must correspond with the diagnosis and treatment based on the Injury or Sickness of service



(Translation)

receivers;

2) there are clear medical indications based on current modern medical practice;

3) the services must not be solely for the convenience of the service receivers, their families, or the service provider; and

4) the services must be medical services provided in accordance with the appropriate standards for caring for patients, based on the patient's needs with respect to the Injury of the person receiving treatment;

1.19 "Pre-existing Conditions"

means the conditions of the Insured as follows:

1) for single trip and open policy insurance, pre-existing conditions shall mean diseases (including complication thereof), symptoms, or irregularities of the Insured, occurring within 24 months prior to the effective date of the coverage under this Policy, which is adequately significant to the extent that a reasonable person shall seek a diagnosis or treatment, or causes the Physician to provide a diagnosis or treatment; and

2) for annual trip insurance, pre-existing conditions shall mean medical conditions for which indemnity was claimed by the Insured during his or her previous trip, or the medical conditions for which treatment or a diagnosis was sought by the Insured within a period of 12 months prior to the trip of the Insured. Such conditions are deemed as pre-existing conditions for the next trip;

1.20 "AIDS"

means acquired immune deficiency syndrome caused by HIV infection, and shall include opportunistic infection, malignant neoplasm, infection, or any sickness which, by means of blood testing, reveals HIV (Human Immuno Deficiency Virus).

Opportunistic infection shall include, but is not limited to, pneumocystis carinii pneumonia, organism or chronic enteritis, viruses and/or disseminated fungi infection.

Malignant neoplasm shall include, but is not limited to, kaposi's sarcoma, central nervous system lymphoma, and/or other severe diseases currently known as symptoms of acquired immune deficiency syndrome, or which causes sudden death, sickness, or disability to infected persons.

AIDS shall include HIV (Human Immuno Deficiency Virus), encephalopathy dementia, and the outbreak of the virus;



(Translation)

- | | | |
|--------------------------|-------|--|
| 1.21 "Policy Year" | means | a period of one year commencing on the effective date of the Policy, or commencing on the anniversary of the Policy in subsequent years; |
| 1.22 "Terrorism" | means | any action using force or violence and/or involving threat by any person or group of persons, regardless of whether such action is taken alone, on behalf of, or in relation to any organization or government, with an aim for results involving politics, religions or cults, or similar purposes, and to cause the government and/or the public or any part thereof to be in panic; |
| 1.23 "Travel Assist" | means | a company providing services to the Insured while the Insured is overseas in terms of travel information, medical care advice, legal advice, emergency medical evacuation, body repatriation, general information, and other services under the insurance coverage and for the benefit of the Insured. 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 definition herein; |
| 1.24 "Common Conveyance" | means | a service aircraft with permanent wings that is operated by a commercial airline registered to carry fare-paying passengers who travel according to flight schedules, and a service helicopter that is operated by an airline to carry fare-paying passengers who travel according to schedules between generally accepted commercial airports or commercial airports for helicopters that are duly registered; |
| 1.25 "Public Place" | means | any place accessible to the public such as (but not limited to) airports, shops, restaurants, hotel lobbies, public parks, beaches, golf courses, golf driving ranges, public buildings and the like; |
| 1.26 "Public Conveyance" | means | a form of regularly scheduled transportation service provided and operated by a licensed transportation company with the aim for the local public to use as a means for traveling and that is recognized by that country (for example a bus, ferry, hovercraft, hydrofoil, ship, train, tram, or subway), except all forms of transportation that are chartered or arranged as part of a tour, even though they are the services that are regularly scheduled. For the benefit of the Insured, Common Conveyance in this Policy is regarded as Public Conveyance; |
| 1.27 "Domestic Trip" | means | a trip taken within the country of residence of the Insured, as notified to the insurance company; and |
| 1.28 "Overseas Trip" | means | a trip taken outside the country of residence of the |

(Translation)

Insured.

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, this Policy and summary documents of the material contents of which are issued by the Company.

In the event that 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 Policy, the insuring agreements and attachments form part of the insurance contract. Any change of wording in the insurance contract requires consent of the Company, and shall be recorded in this Policy or attachments before such change becomes valid.

2.3 Reporting and claiming

The Policyholder, the Insured, the beneficiary, or their agent, as the case may be, must inform the Company without delay of any loss or damage. In case of death, the notice thereof must be given immediately to the Company, unless it can be proven that such immediate notice cannot be given to the Company due to reasonable cause but the Company has been given such notice as soon as practicable.

2.4 Claim and submission of evidence of Loss or Damage

2.4.1 Claim for benefits in the case of medical treatment overseas, medical treatment in Thailand, medical treatment overseas for pregnancy-related sickness, medical treatment overseas by a Chinese Traditional Physician, and medical treatment due to Accidents

In order to claim benefits for medical treatment costs, the Policyholder or the Insured, at their own expense, must submit the following evidence to the Company within 30 days from the date on which the Insured is discharged from a Hospital, Medical Facility, or Clinic:

2.4.1.1 a claim form as prescribed by the Company;

2.4.1.2 a Physician's report specifying significant symptoms, diagnosis result and treatment;

2.4.1.3 the original copy of a receipt listing the expenses or a summary of the bill and the receipt; and

2.4.1.4 a copy of the Insured's passport.

The receipts listing the expenses must be original copies. The Company will return the original copies of the receipts bearing the certification of the paid claims amount to the Policyholder or the Insured for use in a claim for the remaining amount from other insurers. However, if the Insured has been indemnified by government welfare, other welfare, or other insurance, the Policyholder or the Insured shall submit a copy of the receipt bearing the certification of the amount paid by government welfare or another agency to claim the remaining amount from the Company.

2.4.2 Claim for benefits in the case of total permanent disability or Accidental dismemberment

At their own expense, the Policyholder or the Insured shall submit the following evidence to the Company within 30 days from the date on which a Physician concludes that the Insured suffers total permanent disability or dismemberment:

2.4.2.1 a claim form as prescribed by the Company;

2.4.2.2 a Physician's report confirming the total permanent disability or dismemberment;

2.4.2.3 a letter confirming the Accident from a commercial airline (if the total permanent disability or dismemberment is due to an Accident while on board a commercial flight); and

2.4.2.4 a copy of the Insured's passport.

2.4.3 Claim for compensation in case of death

At their own expense, the Policyholder or the beneficiary shall submit the following evidence to the Company within 30 days of the date of the Insured's death:

2.4.3.1 a claim form as prescribed by the Company;

2.4.3.2 death certificate;

2.4.3.3 a copy of the autopsy report;

2.4.3.4 a copy of police daily report log;

2.4.3.5 copies of the identification card and house registration of the Insured with the wording "Deceased" stamped thereon;

2.4.3.6 a copy of the Insured's passport or travel evidence;

2.4.3.7 copies of the identification card or house registration of the beneficiary; and

2.4.3.8 a letter confirming the Accident from a commercial airline (in case of death due to an Accident while on board a commercial flight).

2.4.4 Claim for compensation in case of emergency medical evacuation

2.4.4.1 a claim form as prescribed by the Company;

2.4.4.2 the Insured or the related person shall notify the Company or Travel Assist of the case without delay; and

2.4.4.3 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 means and coordinate with the Physician for further medical treatment.

2.4.5 Claim for compensation in case of body repatriation

The Policyholder, beneficiary, relative or related person shall notify Travel Assist of the matter without delay. Travel Assist shall consider the best method for body repatriation to the country of domicile.

2.4.5.1 A claim form as prescribed by the Company.

2.4.5.2 The beneficiary, relative or related person shall gather all necessary documents as specified in clause 2.4.3 and submit them to the Company within 30 days from the date of death.

2.4.6 Claim for benefit in case of expenses for funeral arrangements

2.4.6.1 A claim form as prescribed by the Company.

2.4.6.2 The original copy of the receipt listing the expenses or a summary of the bill and the receipt.

2.4.6.3 The Insured's death certificate.

2.4.6.4 The Insured's medical record.

2.4.6.5 A copy of the Insured's passport.

2.4.7 Claim for benefits in case of travel expenses to assist with funeral arrangements

The Policyholder, beneficiary, relative, or related person shall notify Travel Assist of the matter without delay and shall submit the following evidence to the Company:

2.4.7.1 a claim form as prescribed by the Company;

2.4.7.2 the Insured's death certificate;

2.4.7.3 a copy of the travel ticket of the family member making a trip to assist with the funeral arrangements;

2.4.7.4 a copy of the passport of the family member indicating a trip to assist with the funeral arrangements; and

2.4.7.5 the receipt for actual accommodation and food costs of the family member making a trip to assist with the funeral arrangements.

2.4.8 Claim for benefits in case of travel expenses for hospital visitation

The Policyholder, beneficiary, relative, or related person shall notify Travel Assist of the matter without delay, and shall submit the following evidence to the Company:

2.4.8.1 a claim form as prescribed by the Company;

2.4.8.2 the report of the Insured's attending physician;

2.4.8.3 a letter from the Hospital in which the Insured received treatment that confirms that no family member of the Insured is present during his or her treatment;

2.4.8.4 a copy of the travel ticket of the family member making a trip to visit the Insured;

2.4.8.5 a copy of the passport of the family member making a trip to visit the Insured; and

2.4.8.6 the receipt for actual accommodation and food costs of the family member making a trip to visit the Insured.

2.4.9 Claim for daily benefits in case of medical treatment received in a Hospital as an Inpatient

2.4.9.1 A claim form as prescribed by the Company.

(Translation)

2.4.9.2 The report of the Insured's attending Physician.

2.4.10 Claim for benefits in case of expenses of repatriation of a minor

2.4.10.1 A claim form as prescribed by the Company.

2.4.10.2 The report of the Insured's attending Physician.

2.4.10.3 A copy of the identification card of the minor. If the child has no identification card, a copy of the birth certificate is required.

2.4.10.4 The travel itinerary of the Insured and his/her child.

2.4.10.5 A copy of the travel ticket of the family member making a trip to pick up the minor.

2.4.10.6 A copy of the passport of the family member indicating a trip to pick up the minor.

2.4.10.7 A copy of the receipt for actual accommodation and food costs of the family member making a trip to pick up the minor.

2.4.11 Claim for benefits in case of credit card insurance

2.4.11.1 A claim form as prescribed by the Company.

2.4.11.2 A statement of credit card expenditure of the Insured.

2.4.12 Claim for compensation in case of trip cancellation

2.4.12.1 A claim form as prescribed by the Company.

2.4.12.2 A letter from the tour agency or airline specifying the amount collected.

2.4.12.3 If the trip is canceled due to Accident or Sickness suffered by the Insured, or Accident or Sickness suffered by his or her spouse, parents, grandparents, children or the parents of the spouse, a medical certificate shall be submitted.

2.4.12.4 A copy of the death certificate (in the case of death of the Insured or his or her relative).

2.4.13 Claim for compensation in case of trip curtailment

2.4.13.1 A claim form as prescribed by the Company.

2.4.13.2 A copy of the most recently purchased plane ticket together with the receipt.

2.4.13.3 A medical certificate is required if the trip is curtailed due to Accident or Sickness suffered by the Insured, or Accident or sudden Sickness suffered by his or spouse, parents, grandparents, children or the parents of the spouse.

2.4.13.4 A copy of the death certificate (in the case of death of the Insured or his or her relative).

2.4.14 Claim for compensation in case of flight delay

2.4.14.1 A claim form as prescribed by the Company.

2.4.14.2 All existing plane tickets and boarding passes.

2.4.14.3 A letter of notification from the person responsible for the trip.

2.4.14.4 A letter of notification from the commercial airline specifying that the delay actually occurred.

2.4.15 Claim for compensation in case of Loss of, or Damage to, baggage or personal effects.

2.4.15.1 A claim form as prescribed by the Company.

2.4.15.2 A letter certifying the Loss or Damage incurred from the management of the hotel or transport company, if such Loss or Damage is under the supervision of the staff of the hotel or the transport company.

2.4.15.3 The list and prices of the lost or damaged items. If the lost or damaged item was purchased within three months, the receipt thereof shall be presented.

2.4.15.4 A daily report log of a local police officer if that Loss or Damage resulted from threat or violent force.

2.4.16 Claim for compensation in case of baggage delay

2.4.16.1 A claim form as prescribed by the Company.

2.4.16.2 The receipt for the purchase of clothes or necessary supplies.

2.4.16.3 A certification letter from the airline.

2.4.17 Claim for compensation in case of third-party liability

2.4.17.1 A claim form as prescribed by the Company.

2.4.17.2 A medical certificate and receipt if the Insured causes another person to have an Accident.

2.4.17.3 A receipt for repair costs, or a receipt and a confirmation letter from a store, in the case that an item must be purchased because the Insured damaged the same.

2.5 Medical examination

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

2.6 Compensation payment

The Company shall make compensation payment within 15 days of the date on which the Company received a complete and correct set of evidence of Loss or Damage. The compensation for death will be paid by the Company to the beneficiary, while other types of compensation will be paid to the Insured. If there is a reason to suspect that the aforesaid claim for compensation under the Policy was not made in accordance with the insuring agreements in this Policy, the specified period may be extended as necessary, but shall not exceed 90 days from the date on which all documents are received by the Company.

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

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

2.7 Period of insurance

2.7.1 For single trip insurance: the period of insurance of the Insured will start and end within the period of insurance as specified in the Policy schedule. The coverage starts two hours before the Insured departs from Thailand, and continues until the Insured travels back to his or her place of residence in Thailand, or for two hours upon arrival in Thailand, or until the expiry date of the period of insurance, whichever is earlier (unless otherwise specified in this Policy).

2.7.2 For annual trip insurance: for the purpose of coverage for multiple trips of each Insured during the period of insurance (1 year) as specified in the Policy schedule, the period of each trip of the Insured starts and ends within the period of insurance. The coverage starts two hours before the Insured departs from Thailand, and continues until the Insured travels back to his or her place of residence in Thailand, or for two hours upon arrival in Thailand, or until the expiry date of the period of insurance, whichever is earlier (unless otherwise specified in this Policy).

If the Insured receives medical treatment during the effective period of the Policy, and is required to receive continuous treatment as an Inpatient, this Policy shall extend the coverage until the Insured is discharged from the Hospital or Medical Facility.

2.7.3 For open policy insurance: for the purpose of coverage for multiple trips during the period of insurance (one year) as specified in the Policy schedule that are managed and facilitated by the Policyholder, the period of each trip of the Insured starts and ends within the period of insurance. The coverage starts two hours before the Insured departs from Thailand and continues until the Insured travels back to his or her place of residence in Thailand, or for two hours upon arrival in Thailand, or until the expiry date of the period of insurance, whichever is earlier (unless otherwise specified in this Policy).

If the Insured receives medical treatment during the effective period of the Policy and is required to receive continuous treatment as an Inpatient, this Policy shall extend the coverage until the Insured is discharged from the Hospital or Medical Facility.

2.8 Limit of duration of trips

2.8.1 For annual trip insurance: the maximum duration of each trip covered by this Policy is 120 days.

2.8.2 For open policy insurance: the maximum duration of each trip covered by this Policy is 30 days.

2.9 Report of the Insured's name

The Policyholder shall report the list of the Insured and the duration of the trip to the Company before the trip starts. In the case of an Accident, and if the list of the Insured reported does not correspond with the actual list, the Policyholder or the Insured shall have the burden of proof.

2.10 Calculation and adjustment of premiums

2.10.1 For single trip insurance: the insurance contract period starts and ends within the period of insurance specified in the Policy schedule. The Company will calculate the premiums based on the actual number of the Insured, as notified by the Policyholder to the Company upon the commencement of the insurance contract.



(Translation)

2.10.2 For annual trip insurance: the insurance contract period shall be a yearly period as specified in the Policy schedule. The Company will calculate the premiums based on the actual number of the Insured, as notified by the Policyholder to the Company upon the commencement of the insurance contract.

2.10.3 For open policy insurance: the insurance contract period shall be a yearly period as specified in the Policy schedule. The Company will calculate preliminary premiums by making an estimate based on the sum insured and the number of the Insured in one year. Throughout the period of insurance the Company will adjust the premiums on a monthly basis, three-month basis, or six-month basis, as it may deem appropriate, based on the sum insured and the actual number of the Insured at that particular time.

If the actual premiums at the time of adjustment of premiums are higher than the preliminary premiums estimated at the beginning of the insurance contract year, the Company will collect additional premiums based on the difference between the estimated preliminary premiums and the actual premiums. If the actual premiums are lower than the preliminary premiums estimated at the beginning of the insurance contract year, the Company will refund the excess premiums to the Policyholder.

2.11 Premium payment and cancellation of the Policy

2.11.1 The Policyholder must pay the premium immediately upon the due date, or prior to the commencement of the coverage.

2.11.2 For single trip insurance, the Policyholder or the Insured may not cancel this Policy after it has become effective.

2.11.3 For annual trip insurance, the Policyholder or the Company may exercise the right to cancel the Policy under the following conditions:

2.11.3.1 The Company may cancel this Policy by giving no fewer than 15 days written notice by registered mail to the Policyholder to the last known address declared to the Company. The Company will refund the premium to the Policyholder after deducting a partial premium for the effective period of this Policy on a pro-rata basis.

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

Short rate schedule

Period of insurance (not exceeding/month)	Percentage of annual premiums
1	15
2	25
3	35
4	45
5	55
6	65
7	75
8	80
9	85



(Translation)

10	90
11	95
12	100

Cancellation of the Policy under this condition, by any party, shall be the cancellation of the entire Policy. It is not possible to only cancel any particular portion of the insurance coverage during the Policy Year.

2.11.4 For open policy insurance, the Policyholder or the Company may exercise the right to cancel the Policy under the following conditions.

2.11.4.1 The Company may cancel this Policy by giving no fewer than 15 days written notice by registered mail to the Policyholder to the last known address declared to the Company. The Company will refund the premium to the Policyholder after deducting a partial premium for the number of the Insured, for the effective period of this Policy, on a pro-rata basis.

2.11.4.2 The Policyholder may cancel this Policy by giving written notice to the Company, and may be entitled to the premium refund after a partial premium for the number of the Insured for the effective period of this Policy has been deducted on a pro-rata basis.

Cancellation of the Policy under this condition, by any party, shall be cancellation of the entire Policy. It is not possible to cancel only any particular portion of the insurance coverage during the Policy Year.

2.12 Dispute resolution by arbitration

In the event of a dispute, controversy, or claim under this Policy between a person who is entitled to claim under the Policy and the Company, if that person wishes and deems it appropriate to settle the dispute by way of arbitration, the Company shall give its consent for the case to be decided by an arbitrator, according to the Arbitration Regulations of the Office of the Insurance Commission (OIC), on arbitration.

2.13 Conditions precedent

The Company may not be liable for compensation under this Policy unless the Policyholder, 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.

Section 3 General exclusions

This insurance does not cover any Injury, Sickness, Loss, or Damage arising from, or due to, the following causes, or which occurs at the following times.

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 weapon.



(Translation)

3.4 Radiation or radioactivity from any nuclear fuel or nuclear waste produced by the combustion of nuclear fuel or any process of self-sustaining nuclear fission.

3.5 Radioactive explosion, or any nuclear component or any other harmful substance that could cause an explosion in a nuclear process.

3.6 Any intentionally illegal act by the Insured or confiscation, detention, or destruction by customs or other authorities, or any violation of regulations of a government, or the Insured's negligence after receiving a warning through or by general media with respect to an intention to cause strike, riot or civil war.

3.7 While the Insured is not fit to travel, or travels against the advice of the Physician permitted to provide treatment.

3.8 While the Insured is suffering from any mental disorder, insanity or nervous system disease.

3.9 While the Insured travels with an intention to receive any kind of medical treatment.

Section 4 Insuring agreements

Subject to the rules, general terms and conditions, insuring agreements, exclusions, and attachments of the Policy, and in consideration for the premium paid by the Policyholder or the Insured, the Company agrees to provide coverage for the Insured only as specified in the Policy schedule in accordance with the insurance agreement documents attached to this Policy.

Insuring Agreement

Medical Treatment Benefit

Definitions

"Thai Traditional Physician"	means	a Traditional Physician legally licensed to provide treatment with Thai herbs. The Thai Traditional Physician shall not be the Insured, business partner, employer, employee or agent of the Insured, or a person related in any way to the Insured.
"Chinese Traditional Physician"	means	a Physician legally licensed to provide treatment with herbs, acupuncture, and chiropractic. The Chinese Traditional Physician shall not be the Insured, business partner, employer, employee or agent of the Insured, or a person related in any way to the Insured.

Coverage

During the validity 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 insurance, resulting in the Insured having 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 the Medical Necessity and Medical Standards in the actual amount paid, but not more than the sum insured specified in the Policy schedule.

In the event of Injury due to an Accident overseas which requires treatment by a Thai Traditional Physician or Chinese Traditional Physician, exclusive of bone fracture or broken bone, the Company shall reimburse the Insured for the expenses actually paid by the Insured at the maximum not exceeding Baht 1,500 per person per accident.

The covered expenses are as follows.

1. Physician's fees.
2. Costs for medicine and parenteral nutrition, blood and blood components, as well as costs for the separation, preparation, or analysis for the purpose of transfusion of blood or blood components, laboratory and pathology tests, radiological diagnosis, other special diagnostic methods, including Physician's result interpretation 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 private Nurse while staying in a Hospital or a Medical Facility as an Inpatient for treatment.
3. Ambulance fee in case of emergency cases, to transport the Insured to or from a Hospital or a Medical Facility due to a medical reason in accordance with the Medical Necessity.
4. Take-home medication based on 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.

(Translation)

In the event that the Insured is entitled to claim expenses, in whole or in part, from any person or source, the Company will reimburse the Insured for the medical expenses only for the amount exceeding the amount that may be claimed.

Exclusions (only applicable to Medical Expenses Benefit Agreement GTA1)

Insurance under this insuring agreement does not cover the following expenses.

1. Pre-existing Conditions.
2. Treatment or correction of congenital abnormalities.
3. Treatment for relaxation or health, massage for health or relaxation, rehabilitation, health checkups, other treatment costs unrelated to Injury or Sickness.
4. Treatment of diseases or conditions related to the mind, nerves, stress, or insanity, including narcotic addiction or genetic disorder.
5. AIDS, venereal disease, or sexually transmitted diseases.
6. Any treatment related to pregnancy, child birth, or miscarriage.
7. Prosthesis and artificial aids of all kinds (medical supplies 2), i.e. canes, crutches, eyeglasses, hearing aids, speech devices, all kinds of pacemakers, wheelchairs, 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, filling, dentures, or medical expenses for treatment necessary for natural phonation due to dental treatment after an Accident.
9. Services or surgical treatment in relation to Injury or Sickness incurred for the purpose of reaping benefit from this Policy.
10. Aesthetic treatment, i.e. acne, melasma, freckle, dandruff, weight loss, hair transplantation, or treatment to correct bodily defects, or cosmetic surgery, except in cases of necessary cosmetic surgery as a consequence of an Accident to reconstruct or restore the function of an organ.
11. Expenses for medical treatment given by a Physician who is the Insured or who is the father, mother, spouse, or child of the Insured.
12. Immunization or vaccination to prevent disease, except for vaccination to prevent rabies after being injured by an animal, and vaccination to prevent tetanus after Injury.
13. Injury that arises 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 leaving or traveling in a hot air balloon or a glider.
14. Injury that arises while the Insured is taking part in a brawl or involved in inciting a brawl.
15. Injury that arises 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, addictive substance, 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 a blood alcohol level of 150 mg/dL or more.
17. Injury that arises while the Insured is boarding, leaving, or traveling in an aircraft which has no license for carrying passengers, or does not operate as a commercial aircraft.
18. Injury that arises while the Insured is piloting or working on board as an employee of an airline.

Insuring Agreement**Medical Expenses in Thailand Benefit****Coverage**

This insurance covers medical treatment costs necessary to be paid as the costs for treatment, or following up on certain symptoms, in Thailand, for Injury or Sickness sustained by the Insured overseas, under the limit of treatment period as follows.

1. If the Insured has never received medical treatment for such Injury or Sickness while being overseas, the Insured must request treatment in Thailand within seven (7) days of the date of arrival in Thailand. The continuous treatment shall not exceed twenty one (21) days from the date on which treatment is initially received in Thailand. The Company shall compensate the Insured for the amount actually paid, at a maximum not exceeding the sum insured specified in the Policy schedule.
2. If the Insured has received treatment while being overseas, the Insured shall have no more than twenty one (21) days from the date of arrival in Thailand to receive continuous treatment in Thailand, or within the prescribed time specified in the insurance plan chosen, whichever is earlier.

The Company shall pay compensation for the Necessary and Reasonable Expenses incurred from medical treatment according to the Medical Necessity and Medical Standards in the amount actually payable, but not exceeding the sum insured specified in the Policy schedule.

If the Insured is entitled to claim expenses, in whole or in part, from any person or source, the Company will reimburse the Insured for the medical expenses only for the amount exceeding the amount that may be claimed, but not exceeding the maximum sum insured specified in the Policy schedule. The Company shall reimburse only the expenses incurred in Thailand (if any).

Exclusions (only applicable to the Medical Expenses in Thailand Benefit Agreement GTA2)

Insurance under this insuring agreement does not cover the following expenses.

1. Pre-existing Conditions.
2. Treatment or correction of congenital abnormalities.
3. Treatment for relaxation or health, massage for health or relaxation, rehabilitation, health checkups, or other treatment costs unrelated to the Injury or Sickness.
4. Treatment of diseases or conditions related to the mind, nerves, stress, insanity, including narcotic addiction, or genetic disorder.
5. AIDS, venereal disease, or sexually transmitted diseases.
6. Any treatment related to pregnancy, child birth, or miscarriage.
7. Treatment which is not considered modern medicine, including alternative medicine, i.e. acupuncture, natural therapy, massage treatment, acupressure, and chiropractic.
8. Prosthesis and artificial aids of all kinds (medical supplies 2), i.e. canes, crutches, eyeglasses, hearing aids, speech devices, all kinds of pacemakers, and wheelchairs.
9. Expenses related to dental treatment, except for first aid after an Accident. This does not include the expenses for dental reconstructive treatment, orthodontics, crowns, scaling, filling,

(Translation)

dentures, or medical expenses for treatment necessary for natural phonation due to dental treatment after an Accident.

10. Services or surgical treatment that is unnecessary or fraudulent.
11. Aesthetic treatment, i.e. acne, melasma, freckle, dandruff, weight loss, hair transplantation, treatment to correct bodily defects, or cosmetic surgery, except in cases of necessary cosmetic surgery as a consequence of an Accident to reconstruct or restore the function of an organ.
12. Expenses for medical treatment given by a Physician who is the Insured or who is the father, mother, spouse, or child of the Insured.
13. Immunization or vaccination to prevent disease, except for vaccination to prevent rabies after being injured by an animal and vaccination to prevent tetanus after Injury.
14. Injury that arises 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, leaving, or traveling in a hot air balloon or a glider.
15. Injury that arises while the Insured is taking part in a brawl or involved in inciting a brawl.
16. Injury that arises while the Insured is committing a felony or while the Insured is being arrested or escaping arrest.
17. Injury arising from the action of the Insured while the Insured is under the influence of alcohol, addictive substance, or narcotics, to the extent of being unable to control one's mind.
The term "under the influence of alcohol" in case of having a blood test refers to a blood alcohol level of 150 mg/dL or more.
18. Injury that arises while the Insured is boarding, leaving, or traveling in an aircraft which has no license for carrying passengers, or does not operate as a commercial aircraft.
19. Injury that arises while the Insured is piloting or working on board as an employee of an airline.

Insuring Agreement

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

Definitions

"Dismemberment"	means	the severance of a limb, at or above the wrist or ankle joints, from the body, and shall include total loss of usability of the aforesaid organ where there is a clear medical indication that it will never be able to function again.
"Loss of Hearing"	means	the permanent loss of the ability to hear.
"Loss of Speech"	means	loss of ability to use three-fourths of the pronunciation principles incorporated into speaking, i.e. lips, oral cavity, tongue and palate; permanent loss of vocal cords; or damage to the motor speech center causing the inability to speak.
"Loss of Vision"	means	total blindness that is incurable.
"Total 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 Total 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 Total Permanent Disability which must continue for not less than 12 months from the date of Accident, or where there is a clear medical indication that the Insured has become totally and 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.
	100% of the sum insured	For Loss of Hearing and Loss of Speech.
	75% of the sum insured	For Loss of Hearing of both ears.
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.
10.	15% of the sum insured	For Loss of Hearing of one ear.

The Company shall pay compensation in accordance with this clause only for one maximum item throughout the period of insurance. The Company shall compensate for the consequence arising in accordance with this insuring agreement, in aggregate not exceeding the amount specified in the Policy schedule. If the Company has not compensated the full sum insured, the Company shall continue to provide coverage until the expiry of the period of insurance only in the amount of the remaining sum insured.

Exclusions (only applicable to Death, Dismemberment, Loss of Vision or Total Permanent Disability from Accident Benefit Agreement GTA6)

Insurance under this insuring agreement shall not cover any Injury, Loss, or Damage arising from or as a result of the following causes, or occurring the following times.

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

The term "under the influence of alcohol" in case of having a blood test refers to a blood alcohol level of 150 mg/dL or more.

2. Parasitic infection, with the exception of infection of tetanus or rabies from a wound sustained in an Accident.

3. Treatment related to pregnancy, child birth, 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), or boarding, leaving, or traveling in a hot air balloon or a glider.

5. While the Insured is boarding, leaving, 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 involved in inciting a brawl.

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

9. While the Insured is performing duties as a soldier, police officer, or volunteer in a war or to suppress crime.

10. While the Insured is in the vicinity of oil rigs or underground mines.

11. While the Insured is working as a plumber, electrician, mechanic, carpenter, painter, decorator or builder; working related to installation, assembly, maintenance or repair of machinery, electric appliances or hydraulic machinery; or working in a high-risk location or other labour work, exclusive of work related to management, supervision, sale, or food management and preparation.

12. While the Insured is driving a motorcycle without a legal driving license under the law of the country.

Insuring Agreement**Emergency Medical Evacuation or Transportation to Country of Domicile Benefit****Definitions**

"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.

Coverage

This insurance provides benefit coverage when the Insured suffers 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 opinion or advice of Travel Assist, or its authorized representative, in order to receive appropriate medical treatment; or to evacuate the Insured to the Country of Domicile. The Company shall pay the evacuation expense directly to Travel Assist.

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

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

Exclusions (only applicable to the Emergency Medical Evacuation or Transportation to Country of Domicile Benefit Agreement GTA7)

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 expense related to any 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 expenses incurred during emergency medical treatment at any place. In this case, the Company reserves the right to compensate the amount advanced by the Insured only for the expenses incurred from those services under the situation specified by Travel Assist, and in the maximum amount not exceeding the sum insured specified in the Policy schedule.
3. Pre-existing Conditions.
4. AIDS, or a blood test revealing a HIV positive result, and other diseases related to AIDS.
5. Venereal disease, or any sexually transmitted diseases.

Insuring Agreement**Repatriation of Body or Ashes to Country of Domicile Benefit****Definitions**

"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.

Coverage

This insurance provides coverage when the Insured suffers Injury or Sickness during his or her Overseas Trip, which causes death to the Insured within 30 days from the date of such Injury or Sickness. Travel Assist, or its authorized representative, shall arrange for the repatriation of the body or ashes of the Insured to the Country of Domicile. The Company shall pay the expenses incurred from repatriation of the body or ashes to the Country of Domicile directly to Travel Assist in the amount actually payable, provided that it does not exceed the maximum sum insured specified in the Policy schedule.

The Company shall indemnify any expense for repatriation of the body of the Insured, that has been advanced, to the Insured's estate in accordance with the amount actually incurred for services and arrangement by a funeral director (undertaker), including costs of casket, embalming, cremation, and other similar expenses already incurred.

Exclusions (only applicable to the Repatriation of Body or Ashes to Country of Domicile Benefit Agreement GTA8)

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 transport company 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 revealing a HIV positive result, and other diseases related to AIDS.
5. Venereal disease, or any sexually transmitted diseases.



Insuring Agreement

Hospital Visitation Benefit

Definition

"Family Member"	means	father, mother, grandfathers, grandmothers, great grandfathers and great grandmothers, son, daughter, spouse of the Insured; and father, mother, grandfathers, grandmothers, great grandfathers and great grandmothers of the spouse.
"Age of Majority"	means	reaching twenty (20) years of age.

Coverage

If the Insured is required to receive medical treatment in a Hospital or Medical Facility as an Inpatient, overseas, for more than five (5) consecutive days, the Insured's condition prevents transportation back to his or her country, and no Family Member who has attained the Age of Majority is present with the Insured overseas, the Company shall pay only travel expense by economy class air travel, first class rail travel, or sea travel in the actual amount incurred, including accommodation and food expenses up to the maximum of Baht 10,000 per day, to the maximum of two Family Members or friends of the Insured, provided that it does not exceed the maximum sum insured as specified in the Policy schedule, in order for the Family Members or friends to visit the Insured overseas.

Travel Assist or its authorized representative shall obtain economy class round trip air tickets, first class train tickets, or ship tickets for no more than two Family members or friends of the Insured for visitation. Travel Assist shall indemnify the actual expenses for the stay during visitation until the Insured has been approved by the Physician to travel back to Thailand, provided that it does not exceed the maximum sum insured as specified in the Policy schedule. If a Family Member or friend of the Insured who will travel to visit the Insured does not travel out of Thailand, the travel expense incurred shall not exceed the expense for traveling from Thailand.

With respect to the insurance subject to the coverage under this insuring agreement, any Insured may claim indemnity under either the benefit in case of travel expense for funeral arrangement assistance, or the benefit in case of travel expense for Hospital visitation (if any), and may not simultaneously claim benefits under both insuring agreements.

Insuring Agreement**Daily Benefit in Case of Receipt of Medical Treatment in Hospital as Inpatient****Coverage**

This insurance provides coverage in the case that the Insured is required to receive medical treatment in a Hospital or Medical Facility as an Inpatient overseas as a result of Injury from an Accident or Sickness occurring during the Overseas Trip. The Company shall pay daily compensation to the Insured of Baht 3,000 per day from the first day of receipt of medical treatment in the Hospital or Medical Facility as an Inpatient. In the event that the Insured is required to receive continuous treatment in Thailand, the Insured must continue receiving the medical treatment in a Hospital or Medical Facility as an Inpatient and the Company shall pay daily compensation to the Insured in the amount of Baht 1,000 per day. The compensation shall be paid after the period in which the Insured has received medical treatment in the Hospital.

Exclusions (only applicable to the Daily Benefit in Case of Receipt of Medical Treatment in Hospital as Inpatient Agreement GTA12)

Insurance under this insuring agreement does not cover medical treatment in a Hospital as an Inpatient arising from the following causes.

1. Pre-existing Conditions.
2. Treatment or correction of congenital abnormalities.
3. Treatment for relaxation or health, rehabilitation, health checkups, any treatment costs unrelated to Injury or Sickness.
4. Treatment of all kinds of genetic disorders.
5. AIDS, venereal disease, or sexually transmitted diseases.
6. Any treatment related to pregnancy, child birth, or miscarriage.
7. Treatment in Thailand which is not considered modern medicine, including alternative medicine, i.e. acupuncture, natural therapy, massage treatment, acupressure, and chiropractic.
8. Unnecessary services or surgeries.
9. Aesthetic treatment, i.e. weight loss or treatment to correct bodily defects, or cosmetic surgery, except in cases of necessary cosmetic surgery as a consequence of an Accident to reconstruct or restore the function of an organ.
10. Injury that arises 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, leaving, or traveling in a hot air balloon or a glider.
11. Injury arising from the action of the Insured while the Insured is under the influence of alcohol, addictive substance, or narcotics, to the extent of being unable to control one's mind.
The term "under the influence of alcohol" in case of having a blood test refers to a blood alcohol level of 150 mg/dL or more.
12. Injury that arises while the Insured is boarding, leaving, or traveling in an aircraft which has no license for carrying passengers or does not operate as a commercial aircraft.
13. Injury that arises while the Insured is piloting or working on board as an employee of an airline.

Insuring Agreement

Trip Postponement or Cancellation Benefit

Definition

"Serious Injury of Sickness"	means	any person who requires medical treatment by a legally licensed Physician. Such Serious Injury or Sickness must result in the Insured being certified by the Physician as unfit to travel or continue with the trip.
"Family Member"	means	father, mother, grandfathers, grandmothers, great grandfathers and great grandmothers, son, daughter, spouse of the Insured; and father, mother, grandfathers, grandmothers, great grandfathers and great grandmothers of the spouse.

Coverage

This insurance provides coverage in case of the Insured’s trip postponement or cancellation which is caused by the events specified in this insuring agreement that occurs within 30 days before the date of departure from Thailand (except for the event in 4) as follows.

1. Death, Serious Injury, or Sickness of the Insured or his or her Family Member prevents the Insured from traveling in accordance with the itinerary.
2. Unexpected strike, riot, or civil war which is out of the Insured’s control, preventing the Insured from traveling in accordance with the itinerary.
3. The Insured is subpoenaed to appear as a witness in court, or receives a mandatory writ from the court.
4. The Insured’s permanent residence is seriously damaged by fire, flood or similar natural disasters such as typhoon, earthquake, etc., within one week prior to the date of departure, resulting in the Insured being unable to travel in accordance with the itinerary.

The Company shall reimburse the Insured for Loss or Damage of trip postponement or cancellation occurring after the Policy has become effective, i.e. travel deposit, advanced ticket purchase, and/or accommodation and food expenses paid in advance by the Insured only for the Loss or Damage for which reimbursement is not provided by other sources, and which is a consequence of the trip postponement or cancellation before the date of trip commencement and/or expenses for which the Insured must be legally responsible. This coverage comes into effect only when the Insured has been insured before becoming aware of any event which may cause the trip postponement or cancellation.

Exclusions (only applicable to the Trip Postponement or Cancellation Benefit Agreement GTA16)

The insurance under this insuring agreement shall not cover trip postponement or cancellation arising from or as a result of the following causes.

1. Any Loss or Damage arising from the government’s control or rules and regulations.
2. Bankruptcy, lack of liquidity in debt repayment, or lack of debt repayment by the travel agencies or carriers which causes trip cancellation.
3. Any Loss or Damage covered under other policies in effect or government program, or compensation from other sources, i.e. hotels, airlines, travel agencies, or any other operators of business related to travel, food and accommodation.
4. AIDS, or a blood test revealing a HIV positive result, and other diseases related to AIDS.
5. Venereal disease, or any sexually transmitted diseases.



(Translation)

6. Taking out this insurance fewer than seven (7) days before the date of departure (except in the case of death or Serious Injury of the Insured or his or her Family Member).

Insuring Agreement

Trip Curtailment Expenses and Aircraft Hijacking Benefit

Definitions

"Serious Injury of Sickness"	means	any person who requires medical treatment by a legally licensed Physician. Such Serious Injury or Sickness must result in the Insured being certified by the Physician as unfit to travel or continue with the trip.
"Family Member"	means	father, mother, grandfathers, grandmothers, great grandfathers and great grandmothers, son, daughter, spouse of the Insured; and father, mother, grandfathers, grandmothers, great grandfathers and great grandmothers of the spouse.

Coverage

This insurance provides coverage for additional expenses paid by the Insured for travel, accommodation, and food during the trip period and/or fines or expenses subsequently incurred from the Insured's premature return to Thailand caused by any of the following events.

1. The Insured suffers Serious Injury or Sickness, and the Physician recommends a return to Thailand.
2. The plane that the Insured is on board is being hijacked.
3. A Family Member or friend of the Insured unexpectedly passed away or suffers Injury or Sickness.
4. A natural disaster such as typhoon or earthquake prevents the Insured from continuing the trip in accordance with the itinerary.
5. Strike, riot, or civil commotion which is unexpected and out of the Insured's control.
6. Being quarantined as advised by a Physician.

The Company shall compensate the actual expenses, but no more than the maximum sum insured as specified in the Policy schedule for additional expenses for traveling by plane, land, or ship (economy class, if possible), or accommodation expense and loss of travel expense and/or accommodation expense paid in advance, or for the Insured's deposit withheld after the commencement of the trip as a result of the aforementioned causes. This shall include any expenses arising from extension of the trip due to quarantine by advice of the Physician.

This coverage comes into effect only when the Insured has been insured before becoming aware of any event which causes the trip curtailment. An Insured may not claim trip curtailment benefit, and trip postponement or cancellation benefit (if any) simultaneously for the same event. postponement or cancellation benefit (if any) simultaneously for the same event.

Exclusions (only applicable to the Trip Curtailment Expenses and Aircraft Hijacking Benefit Agreement GTA17)

(Translation)

The insurance under this insuring agreement does not cover expenses for trip curtailment and aircraft hijacking arising from or as a result of AIDS, or a blood test revealing a HIV positive result, and other diseases related to AIDS.

Insuring Agreement

Loss or Damage of Baggage or Personal Effects Benefit

Definitions

"Deductible"	means	amount of deductible of each and every loss for which the Insured must be responsible.
"Personal Effects"	means	the Insured's effects which are carried with the Insured while traveling.
"Household Effects"	means	articles for household use which are not usually carried with a person while traveling, i.e. clothes unnecessary for traveling, kitchenware, 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.
"Accessories"	means	articles such as rings, bracelets, necklaces, bangles, earrings, pendants, diamonds, gold, silver, including all gold ornaments and silverware, and watches worn as body accessories.
"Household Contents"	means	furniture, fixtures and fittings, clothes and personal effects of the Insured or his or her Family Member or domestic servant permanently residing with the Insured, except for title deeds, bonds, bills of exchange, promissory notes, checks, traveler's checks, securities, all types of documents, cash, and banknotes.
"Valuables"	means	Accessories, jewelry, Buddha amulets, precious stones or other precious metals, and fur fabric.
"Theft"	means	taking of the property of another person or joint owner in bad faith.
"Burglary"	means	theft presenting signs of breaking-in by any person who enters or exits the location at which the insured property is kept by using aggressive force and causing a clear trail of damage to the said location by use of tools, explosives, electricity, or chemicals, or arising from Robbery or Gang Robbery, including Loss or Damage arising from an attempt thereof.
"Robbery"	means	Robbery by committing an act of violence or threatening to do any act of violence immediately in order to facilitate the theft or taking away of property; obtaining delivery of the property; taking hold of the property; causing damage to equipment, or the case or bag in which the property is kept for the purpose of Robbery; concealing the commission of such offense; or avoiding arrest.
"Gang Robbery"	means	Robbery committed by three persons or more.

Coverage

This insurance provides coverage for Loss or Damage of baggage or Personal Effects of the Insured which are carried with the Insured and lost or damaged during the period of an Overseas Trip in the following cases:

1. while the baggage or Personal Effects are under control and care of hotel staff or a transport company. Such Loss or Damage must be certified in writing by management of the hotel or transport company; or
2. Loss or Damage from Robbery, Burglary or Gang Robbery of the baggage or Personal Effects, and such Loss or Damage must be reported by the Insured to a police officer at the place of the loss or damage within 24 hours of the incident, and the relevant daily police report log must be presented in the claim for indemnity.

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

Under this coverage, the Insured may not claim a compensation for the Loss or Damage of Baggage or Personal Effects benefit and the Baggage Delay benefit (if any) simultaneously for the same event.

Conditions for coverage

1. The Insured must report Loss or Damage incurred to a police officer, or any officer responsible for aircraft, ship, or vehicle on which the Insured is traveling, and must obtain written evidence of the report thereof from an authorized person of the said vehicle, unless such act cannot be done due to necessity or being in an incident which prevents the Insured from doing so.
2. The Insured must take all reasonable acts to prevent and protect the insured property, and if the said property is lost or damaged, the Insured must immediately report to a police officer, officer of a hotel or transport company, or authorized person of the office of the terminal station.
3. If the Company has paid indemnity 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 indemnity. 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 is injurious to the Company.
4. The Insured must take every procedural step to ensure that the Insured's baggage or Personal Effects are reasonably taken care of.
5. The Insured must be responsible for the Deductible for any Loss or Damage with respect to the amount of the sum insured for each and every Loss or Damage as specified in the Policy schedule.

For the insurance under the coverage in this insuring agreement, an Insured may not claim indemnity under the benefit under the insuring agreement on Loss or Damage of baggage or Personal Effects; the benefit under the insuring agreement on Loss or Damage of baggage, Personal Effects and Laptop due to natural disasters; the benefit under the insuring agreement on Accessories coverage; the benefit under the insuring agreement on golfing equipment and hole-in-one coverage; and the benefit under the insuring agreement on baggage delay (if any) simultaneously for the same incident.

Exclusions (only applicable to Loss or Damage of Baggage or Personal Effects Benefit Agreement GTA20)

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

1. The following effects shall not be covered: animals, automobiles (including accessories), motorcycles, boats, engines, any other vehicles, snow skis, fruits, putrescible matter, consumables, Household Contents, household items, antiques, inventions, drawings, artifacts, contracts, Accessories, Valuables, 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, or damage incurred due to any operation to repair, clean, modify or fix any property.

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

4. 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.

5. Loss or Damage caused by seizure, destruction or quarantine of property under the rules and regulations of a quarantine station or customs house; 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.

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, sent by parcel 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, floppy disks, diskettes, note cards, or the like.

12. Loss of unknown cause.

Insuring Agreement

Loss or Damage of Baggage, Personal Effects and Laptop Due to Natural Disaster Benefit

Definitions

"Personal Effects"	means	the Insured's effects which are carried with the Insured while traveling.
"Laptop"	means	a complete portable computer, including standard components and accessories for a Laptop. Handheld computers and any portable devices are excluded.
"Household Effects"	means	articles for household use which are not usually carried with a person while traveling, i.e. clothes unnecessary for traveling, kitchenware, household facilities, etc.
"Household Contents"	means	furniture, fixtures and fittings, clothes and Personal Effects of the Insured or his or her Family Member or domestic servant permanently residing with the Insured, except for title deeds, bonds, bills of exchange, promissory notes, checks, traveler's checks, securities, all types of documents, cash and banknotes.
"Accessories"	means	articles such as rings, bracelets, necklaces, bangles, earrings, pendants, diamonds, gold, silver, including all gold ornaments and silverware, and watches worn as body accessories.
"Valuables"	means	Accessories, jewelry, precious stones or precious metals, and fur fabric.
"Souvenirs"	means	articles that are a symbol or reminder of an event, place or things, and that are sold or given as souvenirs.

Coverage

The Company shall compensate the Insured for the actual Loss or Damage at the maximum amount of no more than the sum insured as specified in the Policy schedule with respect to Loss or Damage of the Insured's baggage, including clothes therein, Personal Effects, and Laptop carried with the Insured or purchased during an Overseas Trip which are damaged due to a natural disaster (such as typhoon and earthquake) for reasons outside the Insured's control at the specified destination overseas.

If any of the Insured's Personal Effects are not worth repairing, the Company will consider the claim for compensation as if such item was lost.

The Company shall compensate no more than the maximum sum insured as specified in the Policy schedule per item, pair, or set. The maximum amount of liability for the Laptop is also included in the Policy schedule. The Company may compensate by replacement or repair based on wear and tear and depreciation. Depreciation may not be applied to a Laptop purchased for less than 1

(Translation)

year from the date of incident, provided that the Insured is able to provide documents in support of the claim, such as the original receipt or the original warranty document.

Conditions for coverage

1. The Insured must report Loss or Damage incurred to a police officer or relevant authorities, i.e. hotel management and airlines, having authority at the place of the Loss or Damage, within twenty-four (24) hours of the incident, and a written record from such authority must be attached with the claim.

2. The Insured must take all possible acts, with respect to baggage, Personal Effects, and Laptop, by:

a) not leaving the same in a Public Place without being taken care of by someone; and

b) taking all reasonable means of prevention to safeguard the baggage, Personal Effects, and Laptop.

Items that are in a pair or set shall be deemed one item, i.e. one pair of shoes, and a camera, lenses, and standard accessories.

For the insurance under the coverage in this insuring agreement, an Insured may claim indemnity under only one of the following: the benefit under the insuring agreement on Loss or Damage of baggage or Personal Effects; the benefit under the insuring agreement on Loss or Damage of baggage, Personal Effects and Laptop due to natural disaster; the benefit under the insuring agreement on Accessories coverage; and the benefit under the insuring agreement on golf equipment and hole-in-one coverage (if any).

Exclusions (only applicable to the Loss or Damage of Baggage, Personal Effects and Laptop due to Natural Disaster Benefit Agreement GTA21)

The insurance under this insuring agreement shall not cover Loss or Damage of baggage, Personal Effects, or a Laptop, as follows:

1. the following effects shall not be covered: animals, automobiles (including accessories), motorcycles, boats, engines, any other vehicles, snow skis, fruit, putrescible matters, consumables, Household Contents, Household Effects, antiques, inventions, drawings, artifacts, contracts, Accessories, Valuables, 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, or damage incurred from any operation to repair, clean, modify or fix any property;

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

4. 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;

5. Loss or Damage caused by seizure, destruction or quarantine of property under the rules and regulations of a quarantine station or customs house; 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;

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

7. Loss or Damage to the Insured's baggage that is sent in advance, sent by parcel post, or shipped, or sent separately and not with the Insured;

8. Loss or Damage to baggage, Personal Effects, or Laptop 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, floppy disks, diskettes, note cards, or the likes; or

12. Loss of unknown cause.

Insuring Agreement

Baggage Delay Benefit

Coverage

This insurance provides coverage in the event that the Insured's baggage is delayed during the trip, misdirected by the airline to another location, or temporarily lost after the Insured's arrival at the baggage claim at the destination as scheduled overseas and in Thailand. The Company shall compensate the Insured for emergency purchase of garments, clothing or personal supplies, for which the Insured has paid in advance, as follows.

1. For a delay over eight hours after the Insured's arrival at the destination overseas or in Thailand, the Company will compensate the actual expenses paid by the Insured at the maximum amount of no more than 20 percent of the sum insured as specified in the Policy schedule.
2. For a delay over 16 hours after the Insured's arrival at the destination overseas or in Thailand, if the baggage has not been in the Insured's physical possession, the Company will make compensation to the Insured, in addition to the amount as per clause 1 above, of no more than 30 percent of the sum insured as specified in the Policy schedule.
3. For a delay over 24 hours after the Insured's arrival at the destination overseas or in Thailand, if the baggage has not been in the Insured's physical possession, the Company will make compensation to the Insured, in addition to the amount as per clause 2 above, of no more than 50 percent of the sum insured as specified in the Policy schedule.

For insurance under the coverage in this insuring agreement, the Company shall compensate the Insured in the amount not exceeding the maximum sum insured as specified in the Policy schedule. An Insured may not claim indemnity under the benefit under the insuring agreement on baggage delay and the benefit under the insuring agreement on Loss or Damage of baggage or Personal Effects (if any) simultaneously for the same incident.

Conditions for Coverage

The Company shall be subrogated to the Insured's rights to exercise claims against any person or organization for the part for which the Company had paid indemnity. 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 is injurious to the Company. The Insured shall not file a lawsuit against the person causing Loss or Damage after the occurrence of such Loss or Damage.

Insuring Agreement
Missed Connecting Flight Benefit

Coverage

If, during an Overseas Trip, the Insured misses his or her confirmed onward connecting scheduled trip by plane, train, or ship at the transfer point due to a delay of the plane, train, or ship, and no alternative onward transportation is made available to the Insured within an eight-hour period from his or her arrival time at the transfer point, the Company shall compensate the Insured for necessary expenses for accommodation or a hotel for an overnight stay, food, and beverages actually paid for, but no more than the sum insured as specified in the Policy schedule, and shall make compensation for only one of the incidents with respect to each trip out of Thailand.

Exclusions (only applicable to the Missed Connecting Flight Benefit Agreement GTA25)

The insurance under this insuring agreement shall not cover expenses or missed connecting flights arising from or as a result of the following causes.

1. As a result of the Insured missing his or her trip at the first departure point, regardless of the cause.
2. Damage incurred in cases where the Insured fails to obtain written notice from the airline, train company, shipping company, or agency for sale of the Travel Card or travel program, specifying the cause of delay and the delay period of the airline, train, or ship.
3. Delay due to a strike or protest which commences or is declared before the date of issuance of the Policy, the date specified in the travel ticket, or the date on which the trip is confirmed, whichever is earlier.
4. Failure of transportation system due to a strike or protest which commences or is declared before the Insured leaves his or her house or the place where the Insured should have been able to change the trip.
5. The payment made is recoverable from the airline, international train, or ship.

Insuring Agreement
Third-party Liability Benefit

Definition

"Third Party" means any person other than a relative who stays with the Insured or with the Insured's employee or partner.

Coverage

This insurance covers the Insured's Third-Party liability incurred due to an unexpected incident of the Insured. 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 Policy schedule in case of:

1. death or Injury by an Accident of any person;
2. Loss or Damage of property by an Accident of any person.

Conditions for Coverage

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

Exclusions (only applicable to the Third-Party Liability Benefit Agreement GTA27)

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, legally in possession of, 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.

Insuring Agreement

Emergency Phone Call Benefit

Coverage

The Company shall compensate the actual charges from personal mobile phone use during medical emergencies on an Overseas Trip and in the period of insurance for the purpose of requesting the Travel Assist's services only. The maximum compensation shall not exceed the sum insured as specified in the Policy schedule.

Insuring Agreement Rental Car Deductible Benefit

Coverage

This insurance covers any excess of the motor insurance policy for cars rented by the Insured, in the case that the Insured is liable under the law to compensate Loss or Damage incurred during his or her Overseas Trip.

Conditions for coverage

- a) The car must be rented from a car rental company with a license to operate a car rental business.
- b) The car rental agreement must require the Insured to take out first-class motor insurance covering Loss or Damage of the rented car during the rental period.
- c) The Insured must comply with every and all conditions of the car rental company under the rental agreement, and the Insurer's conditions thereunder, including laws, rules, and regulations of that country.

Exclusions (only applicable to the Rental Car Deductible Benefit Agreement GTA30)

The insurance under this insuring agreement shall not cover rental car Deductible arising from or as a result of the following causes.

1. Loss or Damage arising from driving of a rental car in violation of the conditions under the rental agreement, or incurred outside a public road or due to violation of the laws, rules and regulations of the country.
2. Loss or Damage arising from wear and tear, deterioration, eating away by insects or rodents, defects, or hidden Damage.

Insuring Agreement

Trip Delay Benefit

Coverage

This insurance provides coverage in the case that the Public Conveyance that runs as per the Insured's travel schedule prepared for his or her Overseas Trip delays for a minimum of six (6) consecutive hours counting from the time specified in the travel plan provided to the Insured, due to unfavorable weather, defective tools and equipment, or strike, or other performance by Public Conveyance employees that prevents it from traveling. The Company shall pay compensation in the amount of the sum insured as specified in the Policy schedule for Public Conveyance delay with respect to every six (6) full consecutive hours of delay.

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.

Summary of material contents under the insurance plan**Group Travel Guard Global Travel Insurance – Special**

This Policy provides coverage for the Insured traveling on an Overseas Trip outside the Insured's country of residence which has the following material contents.

Period of insurance

The period of insurance is the period of each trip of the Insured which begins and ends within the period of insurance.

1. For single trip coverage to cover a single trip, the coverage starts two hours prior to the departure from Thailand, and continues until the Insured travels back to his or her place of residence in Thailand, or for two hours upon arrival in Thailand, or until the expiry date of the period of insurance, whichever is earlier.

2. For annual trip coverage to cover multiple trips in a Policy Year (one year), the coverage for each trip starts and ends as that of the single trip coverage, subject to a maximum duration of journey for each trip not exceeding 120 days.

3. For open policy coverage to cover multiple trips during the period of insurance (one year) as specified in the Policy schedule that are managed and facilitated by the Policyholder, the coverage for each trip starts and ends as that of the single trip coverage, subject to a maximum duration of journey for each trip not exceeding 30 days.

Report of the Insured's names

The Policyholder shall report the list of the Insured and the duration of the trip to the Company before the trip starts. In the case of an Accident, and if the list of the Insured reported does not correspond with the actual list, the Policy holder or the Insured shall have the burden of proof.

Calculation of premiums and adjustment of premiums

1. For single trip insurance, the Company will calculate the premiums based on the actual number of the Insured, as notified by the Policyholder to the Company upon the commencement of the insurance contract.

2. For annual trip insurance, the Company will calculate the premiums based on the actual number of the Insured, as notified by the Policyholder to the Company upon the commencement of the insurance contract.

3. For open policy insurance, the Company will calculate preliminary premiums by making an estimate based on the sum insured and the number of the Insured in one year. Throughout the period of insurance the Company will adjust the premiums on a monthly basis, three-month basis, or six-month basis, as it may deem appropriate, based on the sum insured and the actual number of the Insured at that particular time. If the actual premiums at the time of adjustment of premiums are higher than the preliminary premiums estimated at the beginning of the insurance contract year, the Company will collect additional premiums based on the difference between the estimated preliminary premiums and the actual premiums. If the actual premiums are lower than the preliminary premiums estimated at the beginning of the insurance contract year, the Company will refund the excess premiums to the Policyholder.



Payment of premiums and cancellation of the Policy

1. The Policyholder must pay the premium immediately upon the due date, or prior to the commencement of the coverage.

1.1 For single trip insurance, the Policy may not be cancelled after it has become effective.

1.2 For annual trip insurance:

1.2.1 The Company may cancel the Policy by giving no fewer than 15 days written notice by registered mail to the Policyholder. The Company will refund the premium to the Policyholder after deducting a partial premium for the effective period of this Policy on a pro-rata basis.

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

Short rate schedule

Period of insurance (not exceeding/month)	Percentage of annual premiums
1	15
2	25
3	35
4	45
5	55
6	65
7	75
8	80
9	85
10	90
11	95
12	100

1.3 For open policy insurance:

1.3.1 The Company may cancel this Policy by giving no fewer than 15 days written notice by registered mail to the Policyholder. The Company will refund the premium to the Policyholder after deducting a partial premium for the number of the Insured, for the effective period of this Policy, on a pro-rata basis.

1.3.2 The Policyholder may cancel this Policy by giving written notice to the Company, and may be entitled to a premium refund, after a partial premium for the number of the Insured, for the effective period of this Policy, has been deducted on a pro-rata basis.



General exclusions

This insurance does not cover any Injury, Sickness, Loss, or Damage arising from, or due to, the following causes, or which occurs at the following times.

1. Suicide, attempted suicide, or self-inflicted Injury.
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. Terrorism using chemical, biological and/or nuclear, or any weapon.
4. Radiation or radioactivity from any nuclear fuel or nuclear waste produced by the combustion of nuclear fuel, or any process of self-sustaining nuclear fission.
5. Radioactive explosion, or any nuclear component or any other harmful substance that could cause explosion in a nuclear process.
6. While in a country or territory excluded from coverage as specified in the attachment (if any).
7. Any intentionally illegal act by the Insured, or confiscation, detention, or destruction by customs or other authorities, or any violation of regulations of a government, or the Insured's negligence after receiving a warning through or by general media with respect to an intention to cause strike, riot, or civil war.
8. While the Insured is not fit to travel, or travels against the advice of the Physician permitted to provide treatment.
9. While the Insured is suffering from any mental disorder, insanity, or nervous system disease.
10. While the Insured travels with an intention to receive any kind of medical treatment.

Insuring agreements

Insuring agreement	Plan C
GTA1 Medical treatment benefit	◦
GTA2 Medical expenses in Thailand benefit	◦
GTA6 Death, dismemberment, loss of vision, or total permanent disability from Accident benefit	◦
GTA7 Emergency medical evacuation or transportation to Country of Domicile benefit	◦
GTA8 Repatriation of body or ashes to Country of Domicile benefit	◦
GTA11 Hospital visitation benefit	◦
GTA12 Daily benefit in case of receipt of medical treatment in Hospital as Inpatient	◦
GTA16 Trip postponement or cancellation benefit	◦
GTA17 Trip curtailment expenses and aircraft hijacking benefit	◦
GTA19 Loss of Personal Money benefit	
GTA20 Loss or Damage of baggage or Personal Effects benefit	◦
GTA21 Loss or Damage of baggage, Personal effects and Laptop due to natural disasters benefit	◦
GTA23 Travel documents benefit	



(Translation)

GTA24 Baggage delay benefit	◦
GTA25 Missed connecting flight benefit	◦
GTA27 Third-party liability benefit	◦
GTA28 Emergency phone call benefit	◦
GTA29 Golf Equipment and hole-in-one coverage benefit	
GTA30 Rental Car Deductible benefit	◦
GTA32 Trip delay benefit	◦

Remark: The coverage agreements under Insurance Plan A and Plan B contain the same insuring agreements, but for different sums insured.

Attachment

TG - Exclusion 1 Extension of general exclusions

Remark:

1. Complete and detailed coverage and conditions shall be in accordance with the accident insurance policy for a specific group of the Insured, approved by the Office of Insurance Commission (OIC).
2. The Company may select insuring agreements or attachments for the preparation of an insurance plan.