

Overseas Student

Policy Wording



AIG Insurance (Thailand) Public Company Limited

Remark:

- The document is not a contract of insurance
- All benefits and coverages are subject to the policy terms, conditions, exclusions and to the limits indicate under the selected plan (if any)
- This English translation is for reference purposes only. In the event a difference arises regarding the meaning herein, the Thai version shall prevail

Overseas Student Insurance Policy

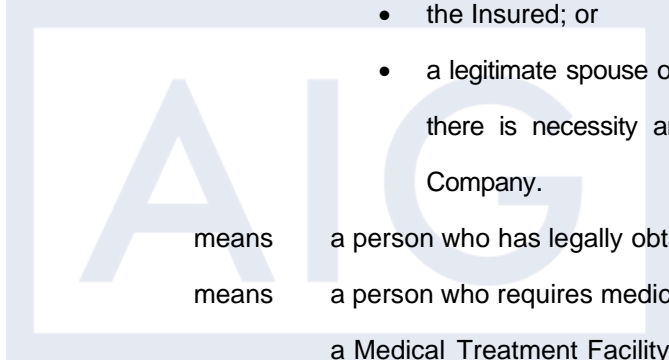
In reliance upon the statements that are contained in the insurance application, which is an integral part of this Policy, and in consideration of the premium paid by the Insured subject to the provisions, general terms and conditions, insuring agreements, exclusions and attachments, of this insurance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

Section 1: Definitions

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

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| 1.1 | "Policy" | means | Policy schedule; general terms and conditions; insuring agreements; general exclusions; attachments; insurance application; endorsements; and summary of conditions, coverage and exclusions under this Policy, are all regarded as being an integral part of the insurance contract. |
| 1.2 | "Company" | means | AIG Insurance (Thailand) Public Company Limited |
| 1.3 | "Insured" | means | the person named as the Insured in this schedule and its attachments, and under coverage of this Policy, who must be fifteen (15) to forty-five (45) years of age and be enrolled in or study at an educational institution outside of his or her Country of Domicile, that is registered and accredited by the educational government agency of that country, and duly pays the premium for this insurance. |
| 1.4 | "Accident" | means | an event that happens suddenly due to an external cause and gives rise to a result which is not intended or anticipated by the Insured. |
| 1.5 | "Injury" | means | bodily injury directly resulting from an Accident that happens solely and independently from other causes. |
| 1.6 | "Sickness" | means | a symptom, disorder, illness, or disease contracted by the Insured that suddenly, acutely and unexpectedly occurs after this Policy becomes effective; provided that it must |

			be evident that the Sickness occurred by itself and independently from other causes.
1.7	"Loss or Damage"	means	bodily Injury of the Insured caused by an Accident, and leading to death; dismemberment; loss of sight; disability; or Injury.
1.8	"Loss or Damage"	means	loss of or damage to the property of the Insured.
1.9	"Deductible"	means	the amount of Deductible for each and every loss for which the Insured must be responsible.
1.10	"Physician"	means	a person who graduated with a degree in Medical Sciences, legally registered with the Medical Council, and is allowed to practice medicine in the locality in which medical services or surgeries are provided. A Physician must not be: <ul style="list-style-type: none"> • the Insured; or • a legitimate spouse or child of the Insured, unless there is necessity and with the consent of the Company.
1.11	"Nurse"	means	a person who has legally obtained a nursing license.
1.12	"Inpatient"	means	a person who requires medical treatment in a Hospital or a Medical Treatment Facility for at least six consecutive hours and is registered as an Inpatient by diagnosis and advice of the Physician, based on the indication of Medical Standards and within the appropriate time period for treatment of the Injury or Sickness, including an Inpatient who dies before six hours after admission.
1.13	"Outpatient"	means	a person who receives medical services in an outpatient department or emergency room of a Hospital, Medical Treatment Facility, or Clinic, for a condition that by diagnosis and indication of the Medical Standards does not require inpatient admission.
1.14	"Hospital"	means	any medical facility that provides medical services, and is able to accommodate overnight-stay patients, with premises, particularly a major operating room, having an



- adequate number of medical staff and a complete range of services; and is permitted to be registered as a Hospital in accordance with the law on medical facilities in that territory.
- 1.15 "Medical Treatment Facility" means any medical facility that provides medical services; is able to accommodate overnight-stay patients; and is permitted to be registered as a Medical Treatment Facility under the law of that territory.
- 1.16 "Clinic" means a modern medical facility that is permitted to provide medical treatment and diagnoses by Physicians, but cannot accommodate overnight-stay patients, and is permitted to be registered as a Clinic under the law of that territory.
- 1.17 "Medical Standards" means International medical rules or practices for developing a treatment plan tailored for that patient based on Medical Necessity, taking into account the conclusions drawn from the Injury or Sickness record; medical findings; examination results; and any other pertinent information.
- 1.18 "Necessary and Reasonable Expenses" means any reasonable medical fees and/or expenses that correspond to the amounts charged to general patients for the medical services provided by the Hospital, Medical Treatment Facility or Clinic where the Insured has been treated.
- 1.19 "Medical Necessity" means medical services provided under the following conditions:
- (1) the services correspond with the diagnosis, and the treatment is consistent with the treated person's Injury or Sickness;
 - (2) there are clear medical indications based on current Medical Standards;
 - (3) the services must not be solely for the convenience of the treated person or his or her family or the treatment provider; and
 - (4) the services must be medical services provided in accordance with Medical Standards and suitable for

- caring for the patient based on the patient's needs
in light of the Injury or Sickness.
- 1.20 "Pre-existing Conditions" means any disease (including complications); symptom; or disorder occurring to the Insured within 12 months preceding the effective date of coverage of this insuring agreement, with sufficient indication for a general person to seek diagnosis, care or treatment, or for which medical diagnosis, care or treatment should be provided by a Physician.
- 1.21 "AIDS" means acquired immune deficiency syndrome which is caused by HIV virus infection, including opportunistic infection; malignant neoplasm; infections; or any Sickness that reveals an HIV (human immunodeficiency virus) positive blood test result. Opportunistic infection includes, but is not limited to, pneumocystis carinii pneumonia; organisms of chronic enteritis; viruses; and disseminated fungal infections. Malignant neoplasm includes but is not limited to Kaposi's sarcoma; central nervous system lymphoma; and other severe diseases that are presently known to be a symptom of acquired immune deficiency syndrome, or that causes sudden death, Sickness, or disability to infected persons. AIDS includes HIV (human immunodeficiency virus); encephalopathy dementia; and outbreaks of viruses.
- 1.22 "Policy Year" means the period of one year commencing on the effective date of the Policy or commencing on the anniversary of subsequent Policy years.
- 1.23 "Country of Domicile" means any country in which the Insured is entitled by its government to be a citizen, or a permanent country of residence of the Insured.
- 1.24 "Family Member" means the spouse; son; daughter; sibling; father; or mother of the Insured, and father or mother of the spouse.
- 1.25 "Educational Institution" means an educational institution that is registered and accredited by an educational authority of that country.

1.26	"Tuition"	means	the charge collected by the educational institution in which the Insured has enrolled that is legally required tuition, i.e. registration fees; expenses necessary for the course; and expenses for equipment used in the course, which does not include expenses related to accommodation; food; or textbooks (whether necessary or not).
1.27	"Terminal Illness"	means	any illness for which treatment is unknown or in the process of being discovered.
1.28	"Common Carrier"	means	a provider of land; water; or air carrier services who holds a valid license to transport passengers who pay the travel fare.
1.29	"Emergency Assistance Provider"	means	a company or legal entity, or an agent of an Emergency Assistance Provider appointed by the Company issuing this Policy to provide services to the Insured in terms of emergency assistance service while being overseas, and other services described in this insuring agreement.
1.30	"Full-Time Enrolment"	means	course registration, with a number of units per term that is not lower than that specified in the registration rules or manual of the university or educational institution in which the Insured is enrolled.
1.31	"Terrorism"	means	An act, including but not limited to, the use of force or violence, and/or a threat thereof, by any person or group of persons, whether acting alone or on behalf of or in connection with any organization or government, for a political, religious, ideological, or similar goal, including the intention to influence any government and/or to put the public, or any section of the public, in fear.

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 any additional declarations that the Insured has signed in evidence of his or her acceptance of the insurance contract. The Company has therefore issued the Policy and summary documents containing material contents of the insurance.

If the Insured knowingly provides false statements in the declarations mentioned in paragraph one, or knowingly conceals relevant facts which, if made known to the Company, might motivate the Company to demand a higher premium or refuse to execute the insurance contract, this insurance contract shall become 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 Policy, together with the insuring agreements and attachments, forms part of the insurance contract. Any change of wording in the insurance contract must be approved by the Company and recorded in the Policy or attachments before such change becomes valid.

2.3 Period of Insurance

The coverage under this Policy will commence:

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

whichever is the latest.

The coverage under this Policy will end:

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

whichever is the earliest.

2.4 Report and Claim

The Insured, the beneficiary, or the representative of the person, as applicable, 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.

In making a claim, the Insured, the beneficiary or the representative of the person, as applicable, must at their own expense provide for submit to the Company evidence or documents described in the insuring agreement and the attachments, and further documents required by the Company as necessary within the specified time.

Failure to submit such document or evidence within the specified time may not prejudice the claim if it can be proven that the submission thereof was not practicable within the specified time but was submitted as soon as possible.

2.5 Claim and Submission of Evidence of Loss or Damage

2.5.1 Claim for benefits in the case of loss of Tuition

- 2.5.1.1 Completed claim form as required by the Company.
- 2.5.1.2 Copy of the Insured's passport (certified true copy, signed to verify).
- 2.5.1.3 Copy of pages of the Insured's passport bearing the Immigration Bureau's stamp indicating the departure date from and the return date to Thailand; or the flight itinerary or the e-ticket indicating the departure date and return date if the Insured uses an automated passport control system for immigration clearance.
- 2.5.1.4 Receipt of the Tuition paid by the Insured to the Educational Institution in which the Insured has enrolled in for that semester.
- 2.5.1.5 Report of the Physician who treated the Insured (if the Insured is injured, sick, sent home for treatment based on the diagnosis of the physician, or suffering Terminal Illness).
- 2.5.1.6 Evidence of temporary leave issued by the Educational Institution.
- 2.5.1.7 Copy of the report of autopsy, in the case of the death of a Family Member.
- 2.5.1.8 Copy of the death certificate of the deceased Family Member.
- 2.5.1.9 Copy of the national ID card and copy of the house registration of the deceased Family Member.
- 2.5.1.10 Copy of the daily police report issued by the local police station in the case of accident.
- 2.5.1.11 Other documents or evidence reasonably requested by the Company (if available).

2.5.2 Claim for benefits in visiting the Insured

- 2.5.2.1 Completed claim form as required by the Company.
- 2.5.2.2 Copy of the Insured's passport (certified as a true copy, signed to verify).
- 2.5.2.3 Copy of pages of the Insured's passport bearing the Immigration Bureau's stamp indicating the departure date from and the return date to Thailand; or the flight itinerary or the e-ticket indicating the departure date and return date if the Insured uses an automated passport control system for immigration clearance.
- 2.5.2.4 Copy of the Family Member's passport or the friend's passport indicating a trip to visit the Insured.

- 2.5.2.5 Copy of the ticket of a Family Member's trip or a friend's trip to visit the Insured.
- 2.5.2.6 Report of the Physician who provides medical treatment to the Insured describing the number of days that the Insured has received medical treatment in a Hospital as an Inpatient.
- 2.5.2.7 Original receipts for actual travel expenses, costs of accommodation and food incurred by a Family Member or friend who travels to visit the Insured.
- 2.5.2.8 Letter issued by the Hospital in which the Insured is admitted to receive treatment confirming that the Insured has no Family Member to take care of them during the time the Insured must receive treatment.
- 2.5.2.9 Other documents reasonably requested by the Company (if available).

2.5.3 Claim for total permanent disability or dismemberment from Accident benefits

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

- 2.5.3.1 Completed claim form as required by the Company.
- 2.5.3.2 Copies of the Insured's passport (certified as a true company, signed to verify).
- 2.5.3.3 Copies of pages of the Insured's passport bearing the Immigration Bureau's stamp indicating the departure date from and the return date to Thailand; or the flight itinerary or the e-ticket indicating the departure date and return date if the Insured uses an automated passport control system for immigration clearance.
- 2.5.3.4 Physician's report indicating the dismemberment; loss of vision; loss of hearing; loss of speech or total permanent disability.
- 2.5.3.5 Photograph showing the disability or dismemberment.
- 2.5.3.6 Other documents reasonably requested by the Company.

2.5.4 Claim for compensation in case of death by an Accident

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

- 2.5.4.1 Completed claim form as required by the Company.
- 2.5.4.2 Copy of the beneficiary's passport (certified as a true copy, signed to verify).
- 2.5.4.3 Copies of pages of the Insured's passport bearing the Immigration Bureau's stamp indicating the departure date from and the return date to Thailand; or the flight itinerary or the e-ticket indicating the departure date and return date if the Insured uses an automated passport control system for immigration clearance.

- 2.5.4.4 Copy of police daily report certified by an officer on duty in charge of the case.
- 2.5.4.5 Copy of the medical certificate.
- 2.5.4.6 Death certificate of the Insured.
- 2.5.4.7 Copy of the coroner's report and the autopsy report certified by an officer on duty in charge of the case or the issuing authority.
- 2.5.4.8 Letter confirming the Accident from the commercial airline (in case of death on board an aircraft).
- 2.5.4.9 Copy of the national ID card and house registration of the Insured with the word "Deceased" affixed thereon.
- 2.5.4.10 Copies of the national ID card and house registration of the beneficiary (certified as true copies, signed to verify).
- 2.5.4.11 Copy of the house registration of the beneficiary (certified as a true copy, signed to verify).
- 2.5.4.12 Letter of appointment of an executor of the estate (if it is indicated in the Policy that the death benefit is paid to the estate of the Insured).
- 2.5.4.13 Other documents reasonably requested by the Company.

2.5.5 Claim for medical expenses benefit

To claim medical expense benefits, the Insured shall, at his or her own expenses, submit the following evidence to the Company within 30 days from the date the Insured is discharged from the Hospital, Medical Treatment Facility or Clinic.

- 2.5.5.1 Completed claim form as required by the Company.
- 2.5.5.2 Copy of the Insured's passport (certified as a true copy, signed to verify).
- 2.5.5.3 Copies of pages of the Insured's passport bearing the Immigration Bureau's stamp, indicating the departure date from and the return date to Thailand; or the flight itinerary or the e-ticket indicating the departure date and return date if the Insured uses an automated passport control system for immigration clearance.
- 2.5.5.4 Physician's report specifying the main symptoms, diagnosis, and treatment.
- 2.5.5.5 Original copy of the receipts listing the expenses, or a summary of the bill and receipt.
- 2.5.5.6 Other documents reasonably requested by the Company.

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

certifying the amount paid by the government welfare or other agency to further claim the remaining amount from the Company.

2.5.6 Claim for emergency medical evacuation and repatriation to the Country of Domicile benefit

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

- 2.5.6.1 Notify the Company or an Emergency Assistance Provider without delay
- 2.5.6.2 If the Insured is injured in a remote area, the Insured is recommended to contact a local Physician for first aid, and the Emergency Assistance Provider shall consider transportation means and cooperate with the Physician for further treatment.
- 2.5.6.3 Submit other documents reasonably requested by the Company (if available).

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

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

- 2.5.7.1 Notify the Emergency Assistance Provider without delay. The Emergency Assistance Provider shall then consider the best method for body repatriation.
- 2.5.7.2 Collect all required documents specified in 2.5.4 and submit them to the Company within 30 days from the date of death.
- 2.5.7.3 Submit other documents reasonably requested by the Company (if available).

2.5.8 Claim for compensation for lost or damaged baggage or personal effects during use of a Common Carrier service

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

- 2.5.8.1 Completed claim form as required by the Company.
- 2.5.8.2 Copy of the Insured's passport (certified as a true copy, signed to verify).
- 2.5.8.3 Copies of pages of the Insured's passport bearing the Immigration Bureau's stamp indicating the departure date from and the return date to Thailand; or the flight itinerary or the e-ticket indicating the departure date and return date if the Insured uses an automated passport control system for immigration clearance.
- 2.5.8.4 Letter certifying the Loss or Damage from the Common Carrier if such Loss or Damage occurs under the supervision of the Common Carrier.
- 2.5.8.5 Other documents reasonably requested by the Company (if available).

2.5.9 Claim for third-party liability benefit

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

- 2.5.9.1 Completed claim form as required by the Company.
- 2.5.9.2 Copy of the Insured's passport (certified as a true copy, signed to verify).
- 2.5.9.3 Copies of pages of the Insured's passport bearing the Immigration Bureau's stamp indicating the departure date from and the return date to Thailand; or the flight itinerary or the e-ticket indicating the departure date and return date if the Insured uses an automated passport control system for immigration clearance.
- 2.5.9.4 Copy of national ID card or copies of the passports of the injured party and the eyewitness.
- 2.5.9.5 Confirmation letter from the injured party stating the details describing how the incident happened, and listing the damaged property confirmed by the injured party and the eyewitness who saw the incident.
- 2.5.9.6 Copy of the medical certificate and original receipt, if the Insured causes any person to suffer an Accident.
- 2.5.9.7 If the property can be restored to its original condition, or it is necessary to buy that property because of the damage to the property, the original receipt and confirmation letter from the shop is required.
- 2.5.9.8 Other documents reasonably requested by the Company (if available).

Failure to submit the required document or evidence within the specified time shall not rescind the right to claim damages if it is proven that there is a reasonable cause preventing the submission of that document or evidence within the specified time but it was sent as soon as practicable. The Company may request other documents be submitted to support the consideration of compensation in addition to those specified above if the documents provided are not sufficient.

2.6 Medical Examination

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

If the Insured refuses the Company's request to examine the Insured's medical records and diagnosis records for consideration to pay compensation, the Company is entitled to deny the Insured's coverage.

2.7 Compensation Payment

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

If there is reasonable doubt that the aforementioned claim was not made in accordance with the insuring agreement in this Policy, the specified time may be extended if necessary, but in no event shall this period exceed 90 days from the date on which all documents have been by the Company.

If the Company fails to settle the claim within the specified time limit, the Company is liable to pay interest at 15 percent per annum accruing on the amount due and payable 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 insurance premium promptly or prior to the coverage commencement.

2.8.2 The Company may cancel this Policy by giving at least 15 days written notice 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 subject to a pro-rata deduction based on the effective period of this Policy.

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

Short Period Premium Schedule

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

Termination of the Policy under the condition set out in this clause 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

If any dispute, controversy, or claim arises out of this Policy between a person who is entitled to a claim under the Policy and the Company, and if that person wishes to settle the dispute by way of arbitration, the Company shall comply, and allow the matter to be finally settled by the arbitration in accordance with the Arbitration Regulations of the Office of the Insurance Commission.

2.10 Conditions Precedent

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

2.11 Currency and expenses incurred overseas

If compensation payable under this Policy is in a foreign currency, the Company will pay that compensation in Thai Baht, based on a foreign exchange rate prevailing on the date of the receipt, evidence submitted for making a claim under the insuring agreement and/or attachment.

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 that occurs at the times as follows.

3.1 Suicide, attempted suicide, or self-inflicted Injury.

3.2 War; invasion; acts 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, nuclear, or any other weapons.

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

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

3.6 Any incident occurring in a country or territory excluded from the coverage as specified in the Policy schedule and attachment.

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

3.8 While the Insured has a mental disorder; mental incompetency; or nervous system disease.

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

3.10 The Insured's action is related to any Terrorism; membership of a terrorist organization; smuggling of narcotics or narcotics-related trade; or smuggling of nuclear, chemical or biological weapons.

Section 4: Insuring Agreement

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



Insuring Agreement**Tuition Loss Benefit****Coverage**

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

1. hospitalization of consecutively **more than one month**, resulting from an Accident or Sickness not excluded under this Policy;
2. Terminal Illness;
3. movement or repatriation to the Country of Domicile for medical treatment based on the diagnosis of the Physician treating the Insured; or
4. death of the Insured's Family Member;

that prevents the Insured from attending the course in the semester for which Tuition has been paid.

The Company will only compensate the Insured to the extent not refunded.

Upon making a claim, the benefit will be calculated based on the official invoice of the Educational Institution to which the Tuition was paid. The Company will pay the Insured no more than the limit specified in the schedule hereof.

Exclusions (only apply to the Tuition Loss Benefit)

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

1. Pregnancy; child delivery; abortion; or miscarriage, except for miscarriage as a direct result of an Accident.
2. Being an aviator; flight crew; or traveling employee on board, except for a passenger of an airline that transports passengers in accordance with flight schedules on predetermined routes.
3. Injury arising from participating in professional sports; any competition using land, water, or air vehicles; glider; mountain climbing; hiking; cliff jumping; bungee jumping; professional or amateur auto racing; and operating an aircraft.
4. Traveling to receive medical treatment.
5. Cosmetic surgery or plastic surgery, unless the Injury was caused by an Accident.
6. Elective surgery for non-life-threatening symptoms.
7. Alcoholism, substance addiction, or use of any type of drug or tranquilizer.
8. Treatment of illness by a Family Member.
9. Involvement in engagement or assignment to commit a crime or an attempt to commit a crime.

10. Pre-existing Conditions.

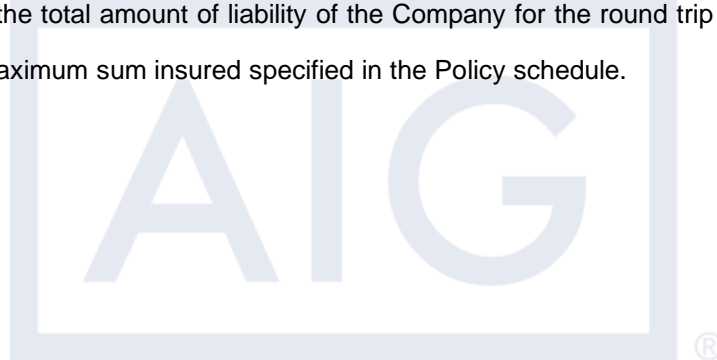
11. While the Insured is driving a motorcycle or is a motorcycle passenger.



Insuring Agreement
Hospital Visitation Benefit

Coverage

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



Insuring Agreement

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

Definition

"Dismemberment"	means	the cutting of a wrist or ankle from the body, which shall include total loss of usability of the aforesaid organ, and there is a clear medical indication that it will never be able to function again.
"Loss of Vision"	means	total blindness that is permanently incurable.
"Total Permanent Disability"	means	<p>disability to the extent of permanent inability to perform any function in a full-time job or any other occupation or to perform at least three activities of daily living independently.</p> <p>Ability to perform activities of daily living mean the ability to perform six basic activities of daily living to assess, based on medical criteria, a patient who is unable to perform that activities. Abilities to perform activities of daily living include:</p> <ol style="list-style-type: none"> (1) functional mobility, e.g. the ability to get in and out of bed, and get into and out of a chair independently without aid from any person or equipment; (2) ambulation, e.g. the ability to walk or move from one room to another independently without aid from any person or equipment; (3) dressing, e.g. the ability to put the clothes on or undress themselves independently without aid from any person or equipment; (4) bathing and showering, e.g. the ability to take a bath and to get in and out of a bathroom independently without aid from any person or equipment; (5) feeding, e.g. the ability to feed oneself without aid from any person or equipment; and (6) toileting, e.g. the ability to use toilet properly, to get to and from the toilet independently without aid from any person or equipment.

Coverage

This insurance covers Loss or Damage arising from physical Injury of the Insured due to an Accident happening during the period of insurance 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 Treatment 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 with a clear medical indication that the Insured has become totally and permanently disabled; or if there is no medical indication the Insured's total permanent disability must continue for not less than 12 months from the date of Accident
3.	100% of the sum insured	For both hands from wrists, both feet from ankles, or vision of both eyes.
4.	100% of the sum insured	For one hand from the wrist and one foot from the ankle.
5.	100% of the sum insured	For one hand from the wrist and vision of one eye.
6.	100% of the sum insured	For one foot from the ankle and vision of one eye.
7.	60% of the sum insured	For one hand from the wrist.
8.	60% of the sum insured	For one foot from the ankle.
9.	60% of the sum insured	For vision of one eye.

The Company shall pay compensation in accordance with this clause for only one applicable item with the highest compensation.

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

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

The insurance under this insuring agreement shall not cover any Injury, Loss, or Damage arising from, as a result of, or that occurs at the times as follows.

1. Injury arising from the action of the Insured while the Insured is:

(1) under the influence of alcohol, addictive substances, or narcotics to the extent of being unable to control one's mind;

(2) under the influence of alcohol with an alcohol level of 150 mg/dL and over in case of having a blood test; or

(3) under the influence of alcohol to the extent of being unable to control one's mind in case of not having an alcohol test or being unable to conduct an alcohol test.

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

3. Any treatment related to pregnancy, childbirth, or miscarriage except for miscarriage as a direct result of an Accident.

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

5. While the Insured is boarding, disembarking from or traveling in an aircraft not registered for carrying passengers or that is not operated by a commercial airline.

6. While the Insured is piloting an aircraft or working on board as flight crew.

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 riding a motorcycle or a motorcycle passenger.



Insuring Agreement
Medical Expenses Benefit

Coverage

While the Policy is valid, and subject to the coverage benefit conditions of the Policy, if the Insured is injured by 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 for the Necessary and Reasonable Expenses incurred from medical treatment based on Medical Necessity and Medical Standards in the actual amount paid, but no more than the sum insured as specified in the insurance schedule.

In the case of Injury due to an Accident overseas that requires treatment by an herbal medicine vendor, traditional doctor, or acupuncturist, exclusive of bone fractures or broken bones, the Company shall reimburse the Insured the actual expenses paid by the Insured up to Baht 1,000 per person per accident.

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

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 diagnoses, other special diagnostic methods, including the Physician's result reading fee, expenses related to the use or provision of services, medical tools, and equipment outside the operating room, medical consumables (medical supplies 1), operating room fees and equipment fees, excluding the cost of hiring a special Nurse while in a Hospital or a Medical Treatment Facility as an Inpatient or in a Clinic.
3. Ambulance fees in case of an emergency to transport the Insured to or from a Hospital or a Medical Treatment Facility for medical reasons and Medical Necessities.
4. Cost of take-home drugs for Medical Necessities, 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 Treatment Facility, and a daily nursing service fee.

6. Other costs and expenses relating to medical treatments, such as nursing service fees, medical service fees, and medical procedure fees.

7. Medical expenses in the Country of Domicile, in case the Insured temporarily returns to his or her Country of Domicile and must travel back to continue his or her education. If the Insured suffers an Injury or Sickness during the trip, the coverage under this Policy will continue for ninety (90) days following the return to the Country of Domicile for a Policy with a term of at least twelve (12) months. The covered expenses are those described in items 1- 6 above. However, the maximum sum insured, to be paid as compensation for the medical expenses in the Country of Domicile, is Baht 200,000 (two hundred thousand baht).

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

Exclusions (only apply to the Medical Expenses Benefit)

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

1. Pre-existing Conditions.
2. Chronic diseases, an Injury or Sickness not cured by the date of execution of the insurance contract, or the examination of congenital abnormalities, developmental problems, or genetic disorders.
3. Treatment for relaxation or health, rehabilitation, checkups, and other treatment costs unrelated to the Injury or Sickness.
4. AIDS, venereal disease, or sexually transmitted diseases.
5. Any treatment related to pregnancy, childbirth, or miscarriage, except for miscarriage as a direct result of the impact of an Accident.
6. Treatment using non-modern medicine, including alternative treatment, such as acupuncture, naturopathic medicine, or chiropractic.
7. Prosthesis and artificial aids of all kinds i.e. canes, eyeglasses, hearing aids, speech devices, pacemakers, etc.
8. Expenses related to dental treatment, except for reducing dental pain caused by an Accident. This does not include expenses for dental reconstructive treatment, orthodontics, crowns, scaling, filling, dentures, or expenses for treatment necessary for natural phonation due to dental treatment after an Accident.
9. Unnecessary services or surgery for Injury or Sickness caused by an intention to gain profit from the insurance policy, or insurance fraud.

10. Treatment for aesthetic purposes, e.g. treatment for acne, blemishes, freckles, dandruff, weight loss treatment, hair transplantation, or treatment to remedy bodily imperfections, or cosmetic surgery, except in case of necessity as the 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 the 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 any kind, including car, boat, horse, ski, jet-skiing, skating, boxing, parachute jumping (except for the purpose of life saving), board sports, disembarking from 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 any act of the Insured while the Insured:

(1) is under the influence of alcohol, addictive substances, or narcotics to the extent of being unable to control one's mind;

(2) is under the influence of alcohol with an alcohol level of 150 mg/dL or more in a blood test; or

(3) is under the influence of alcohol to the extent of being unable to control one's mind if they have not taken a blood test or are unable to conduct a blood test.

17. Injury while the Insured is boarding, disembarking from, or traveling in an aircraft not registered for carrying passengers or not part of a commercial airline..

18. Injury while the Insured is piloting an aircraft or working on board as a flight crew member.

Insuring Agreement

Emergency Medical Evacuation or Repatriation to the Country of Domicile Benefit

Coverage

This insurance provides benefits coverage when the Insured suffers sudden, acute, and unexpected Injury or Sickness during his or her Overseas Trip and it is necessary to evacuate the Insured by a method necessary for the circumstances, based on the opinion or advice of Emergency Assistance Provider in order to receive appropriate medical treatment, or to transport the Insured to Thailand or the Country of Domicile. The Company shall pay the costs and expenses for medical evacuation or repatriation to Thailand or the Country of Domicile directly to the Emergency Assistance Provider in the amount paid, but not exceeding the limit for the sum insured as specified in the Policy schedule. With respect to the transportation method for emergency medical treatment, Emergency Assistance Provider will decide and determine the method and type and the destination, which may include the cost of patient transport vehicle by air, sea, land, train or other suitable transport mode, and based on Medical Necessity and Medical Standards.

The coverage specified herein is for expenses for services as determined or prepared by an Emergency Assistance Provider with respect to transport or medical treatment, and cost of medical tools incurred out of necessity as a result of the repatriation for emergency medical treatment of the Insured as specified herein.

With respect to the method of transport for emergency medical treatment, Emergency Assistance Provider will decide and determine the method and type of transport and the destination, which may include the cost of patient transport vehicle by air, sea, land, or other suitable transport modes, as based on the necessary medical treatment.

The Emergency Assistance Provider is AIG Travel Asia Pacific Pte. Ltd.

Any expenses relating to any service that is not approved or handled by Emergency Assistance Provider or paid up front by the beneficiary who is unable to notify Emergency Assistance Provider, but has a reasonable cause for uncontrollable expenses incurred during emergency medical treatment at any place, shall be reimbursed by the Company to the extent paid but not exceeding the amount incurred from obtaining those services under the situation specified by the Emergency Assistance Provider, and up to the sum insured specified in the Policy schedule.

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

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

1. Expenses for all services which the Insured is not liable to pay, or any expenses already included in the expenses specified in the traveling schedule.
2. AIDS, venereal disease, or any sexually transmitted diseases.



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

During the coverage of this Policy, if the Insured suffers sudden or acute and unexpected Injury or Sickness during his or her overseas trip that causes death to the Insured within 30 days from the date of such Injury or Sickness, the Company will pay compensation for the funeral and other necessary expenses related to the body, including costs for the casket, embalming, cremation at the location of death, and expenses incurred from repatriation of the body or ashes to Thailand, arranged by the Emergency Assistance Provider authorized by the Company, and directly charged to the Company, provided that it does not exceed the maximum sum insured specified in the Policy schedule.

The Emergency Assistance Provider is AIG Travel Asia Pacific Pte. Ltd.

Any expenses relating to any service that is not approved or handled by the Emergency Assistance Provider or paid up front by the Insured or a beneficiary who is unable to notify Emergency Assistance Provider but has a reasonable cause for the uncontrollable expenses incurred during the emergency medical treatment at any place shall be reimbursed by the Company to the extent paid but not exceeding an amount incurred from those services under the situation specified by Emergency Assistance Provider, and up to the sum insured as specified in the Policy schedule.

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

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

1. Expenses for all services for which another person must be legally responsible for the Insured or any expense already included in traveling expenses for which the person arranging the trip or the Common Carrier must be responsible.
2. Any expense for the repatriation of the body of the Insured that is not approved or arranged by Travel Assist.
3. AIDS, venereal disease, or any sexually transmitted diseases.

Insuring Agreement

Loss or Damage of Baggage or Personal Effects Benefit During the Use of the Services of Common Carriers

Definition

"Personal Effects"	means	the Insured's effects which are carried with the Insured while traveling, which are not stipulated in the exclusions.
"Souvenirs"	means	articles that are a token or reminder of an event, place, or things, and that are sold or given as souvenirs.

Coverage

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

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

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

Deductible: The Company will not pay compensation for the first five hundred (500) baht for each and every instance of Loss or Damage.

Additional Conditions and Terms (these only apply to the Loss or Damage of Baggage or Personal Effects During the Use of the Services of Common Carriers Benefit)

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

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

2. **Other insurance and share of liability** - If damage occurs and it has been proven that the Insured has also taken out insurance with respect to the same risk and subject matter from another insurer, by or on behalf of the Insured, the Company shall pay a share of compensation not exceeding the amount insured by the Company for the total sum insured, up to the sum insured that the Company has insured.

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

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

Exclusions (these only apply to the Loss or Damage of Baggage or Personal Effects During the Use of the Services of Common Carriers Benefit)

The insurance under this insuring agreement shall not cover the following.

1. Damage to or loss of: animals, conveyance propelled by mechanisms (including accessories and component parts thereof), motorcycles, boats, engines, cars (including accessories), any other vehicles, snow skis, fruits, perishable matters, consumables, antiques, inventions, paintings, artifacts, contracts, valuable accessories, such as diamonds, gold, silver, gold work, and silverware, musical instruments, lenses or contact lenses, wheelchairs, dentures, artificial limbs, share certificates, securities, bill of exchange documents, bonds, title deeds, cash, banknotes, coins, coupons, stamps, Souvenirs, identification cards, driving licenses, or travel documents.

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

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

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

5. Loss or Damage caused by disobedience, rebellion, revolution, civil war, usurpation, or actions taken by government agencies to obstruct, fight, or prevent any such situation.
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 carried 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, samples of goods, or any type of equipment.
11. Loss or Damage of information recorded on tapes, programs, diskettes, note cards, or the like.
12. Losses of unknown cause.



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 caused to 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 of any person due to an Accident; and
2. Loss or Damage of property of any person due to an Accident.

Conditions for Coverage (only applies to the Third-Party Liability Benefit)**1. The Insured's responsibility to claim for loss**

If any incident that may give rise to a claim for loss under this insuring agreement has occurred, the Insured must:

- (1) notify the Company of the incident without delay;
- (2) immediately send to the Company, upon the Insured's receipt, a court subpoena, order or decree relating to a lawsuit filed against the Insured claiming that the Insured is liable to a Third Party in accordance with this insuring agreement;
- (3) not take any action that constitutes an agreement to indemnify or be liable to the Third Party or any other injured person, or which constitutes the filing of a lawsuit or defense of the case, without written consent from the Company unless the Company has failed to handle the claim at a reasonable time from receipt of the notice from the Insured; and
- (4) send reasonable details and assistance to ensure that the Company may agree to pay out, defend any claim, or file a lawsuit.

2. The Insured's responsibility to prevent

The Insured must take reasonable action to prevent or cause any Accident to be prevented and comply with provisions of laws and requirements set out by authorities.

3. The Insured' responsibility to preserve the rights of the Company for subrogation

The Insured must, at the Company's own cost, take all steps as necessary or as reasonably requested by the Company, before or after receipt of compensation by the Company, to preserve the Company's right to subrogation to claim damages from a Third Party.

4. The Company's rights

The Company is entitled to institute or defend a lawsuit, as well as to enter into a compromise on behalf of the Insured for any claim.

5. Share of liability

If at the time an incident that results in a claim for loss occurs the Insured is covered by any other insurance covering the same liability, the Company shall be liable for the damages, fees for legal proceedings, and other expenses not exceeding the Company's share in the amount payable for that liability.

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

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

1. Loss or Damage of the property owned by, or legally in possession or under control of the Insured, regardless of whether it is on a temporary or permanent basis, such as, renting accommodation or hotel to stay during an Overseas Trip.
2. Loss or Damage relating to any liability assumed under contract.
3. Loss or Damage relating to a willful or malicious act, act of gross negligence, or illegal act of the Insured.
4. Ownership, possession, or use of any wheeled vehicles, watercraft, aircraft, firearms or pets.
5. Trade or professional liability.
6. Action of an animal under care and control of the Insured, or property under care and control of the Insured.
7. Expenses for criminal proceedings.
8. The Insured's participation in a car rally race.
9. Exemplary or multiple damages.

Section 5: Attachments

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



Additional Extension of General Exclusions
(as attachment to Overseas Student Insurance Policy)

ST Exclusion 1

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

Exclusion: It is agreed and understood that to the extent of any inconsistency or conflict between any provision of this attachment or that of the Policy, the provision of this attachment shall prevail.

1. This Policy shall not cover any loss, injury, damage or legal liability, direct or indirect, arising from or caused by a planned trip or any trip from, within, to, or through the Republic of Cuba, Iran, Syria, Democratic People's Republic of Korea, or Crimea Region.

2. This Policy shall not cover the Insured who is a citizen of or resides in the Republic of Cuba, Syrian Arab Republic, Islamic Republic of Iran, Democratic People's Republic of Korea, or Crimea Region, excluding an Insured who is domiciled in Thailand.

The agreement under this attachment is and remains subject to the exclusions, general terms and other provisions set forth in this Policy that are not amended, altered or modified by this attachment.

Limitation of Liability

(as attachment to Overseas Student Insurance)

ST Student 1

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

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

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

