



# New Normal Lifestyle Series

Summary of Health & Accident  
Insurance Policy "New Normal Lifestyle Series"

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## Health and Accident Insurance “New Normal Lifestyle Series”

In reliance upon the statement in the insurance application which is deemed part of this Insurance Policy and in return of the premium that the Insured pays and subject to the Definitions, General Terms and Conditions, General Exclusions, Insuring Agreement and Endorsements of this Insurance Policy, the Company promises to the Covered Person as follows:

### Section 1. Definitions

Any statement and description which has a specific meaning given in any part of this Insurance Policy shall be considered to have the same meaning regardless of which part they appear in unless otherwise specified in this Insurance Policy.

- |                                 |       |   |
|---------------------------------|-------|---|
| 1) <b>Company</b>               | means | Pacific Cross Health Insurance PCL.   |
| 2) <b>Insurance Fraud</b>       | means | Fraudulent claims of benefits under the Insurance Policy or presentation of false evidence in claims including the intention of causing injuries or illnesses with the aims of seeking compensation.  |
| 3) <b>Policy</b>                | means | Insurance Policy Schedule, Benefit Schedule, General Terms and Conditions, General Exclusions, Insuring Agreement, Attachment, Special Statement, Certification, Application, Endorsements, Renewal Insurance Certificate, Insurance Endorsement and Summary of Conditions of Coverage Agreement and Exclusions under this Insurance Policy which are deemed parts of the Insurance Contract. |
| 4) <b>Insured</b>               | means | The person(s) whose name is specified in this Policy Schedule and/or Renewal Insurance Certificate, and/or Attachment and/or Insurance Application, and/or Insurance Endorsement (if any) who is covered under this Insurance Policy.   |
| 5) <b>Dependent</b>             | means | The person (s) under the Insured’s patronage who is named as specified in the Policy Schedule and/or Renewal Insurance Certificate, and/or Endorsement as follows:  |
| 6) <b>Covered Person</b>        | means | The Insured and/or the Insured's Dependents as named in this Insurance Policy and/or Renewal Insurance Certificate, and/or Endorsement (if any).  |
| 7) <b>Accident</b>              | means | A sudden unexpected incident caused by external factors resulting in impact that the Insured does not intend or expect.   |
| 8) <b>Injury</b>                | means | Bodily injury which is caused directly and solely from an accident and is independent from other causes.  |
| 9) <b>Illness</b>               | means | Symptoms, physical abnormalities caused by disease  |
| 10) <b>Physician</b>            | means | A person obtaining a medical degree, legally registered with the Medical Council to render medical and surgical treatment within the territory he/she is licensed.  |
| 11) <b>Specialist Physician</b> | means | A physician who has obtained a diploma or certificate to become a specialist in that particular field from the Medical Council or equivalent institution in the local it services. The Specialist is not the Physician in charge of the patient. He/she gives opinion, examines or provides treatment to the patient together with the Physician in charge.                                   |
| 12) <b>Dentist</b>              | means | A person with a dental degree, legally registered with the Dental Council to render dental treatment within the territory he/she is licensed.   |
| 13) <b>Nurse</b>                | means | A person obtaining nursing professional license pursuant to the law in the territory he/she is licensed.  |
| 14) <b>Medical Facility</b>     | means | A place granted a medical license or a medical and public health professional practice pursuant to the law in its district.   |
| 15) <b>Hospital</b>             | means | A place that provides medical services, able to accommodate patients staying overnight or treat diseases or injuries for 24 hours and obtained a license or is legally registered to operate as a "hospital" in accordance with the local laws providing services.  |

16)	<b>Clinic</b>	means	A medical facility providing the medical service but unable to accommodate patients staying overnight and obtained a license or is legally registered to operate as a "clinic" in accordance with the local laws providing services.
17)	<b>Inpatient</b>	means	A patient who through medical necessity is hospitalized in a Hospital or Medical Facility to receive treatment for an Injury or Illness for at least 6 consecutive hours and must be registered as an In-patient, which shall include the case of admission as an Inpatient, but such person dies before completing the 6 hour period.
18)	<b>Outpatient</b>	means	A patient who receives the medical treatment for Injury or Illness in an Outpatient Department or Emergency Department of the Hospital or Medical Facility without medical necessity to be admitted as an Inpatient.
19)	<b>Medical Treatment</b>	means	Provision of medical and public health services for examination and diagnosis, treatment, relief, care and rehabilitation as necessary for maintaining health and life.
20)	<b>Medical Standard</b>	means	Rules or practices for treating the Injury or Illness in accordance with academic principles in compliance with the standards of the area in which the service is provided, which consist of: (1) Professional standards and related professional requirements. (2) Medical Facility standards (3) Medicine and Medical Tools Standards (4) Non-discriminatory Patient Care
21)	<b>Medical Necessity</b>	means	The necessity to use medical services or other services of the Hospital or Medical Facility for examination or treatment of Injury or Illness which shall be subject to the following conditions: (1) The services must be consistent with the diagnosis and treatment according to the symptoms of the Injury or Illness in a treated Covered Person. (2) Must comply with medical standard. (3) The services are not solely for the convenience of the Covered Person or the Covered Person's family or the medical service provider.
22)	<b>General Service Rate Charge</b>	means	The medical service fees and/or medical expenses of a hospital or a medical facility where the Covered Person receives the treatment, which are not higher than the medical charges that general patients pay for treatments in a Hospital or Medical Facility during the same period of time.
23)	<b>Alternative Medicine</b>	means	Any treatment of Injury or Illness performed by the practitioner holding the practitioner's license in the area in which the service is provided in the field of Thai Traditional Medicine or Chinese Traditional Medicine or Chiropractic Therapy or other fields which are not modern medicine including CBD oil.
24)	<b>Deductible</b>	means	The first part of the loss that the Covered Person must settle under the terms of the insurance contract.
25)	<b>Terrorism</b>	means	Actions that use force or violence and/or threat by any person or group(s) of persons, regardless of acting alone or on behalf of or in connection with any organization(s) or government(s) which acts for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any part of the public in fear.
26)	<b>Policy Year</b>	means	The period of one year from the effective date of the Insurance Policy or from the anniversary of the Insurance Policy in the following years.

## **Section 2 General Terms and Conditions**

### **1. Insurance Contract**

This insurance contract is established based upon the Company's reliance on the Covered Person's statement in the insurance application, and additional statements in relation to the insurance contract (if any) that the Covered Person has signed in evidence of acceptance of insurance contract, the Company therefore issues this Insurance Policy.

In the event that the Covered Person is aware of certain declarations but still provides false statements in accordance with paragraph one (1) or is aware of certain facts but withholds them not to disclose to the Company and if the Company obtains such information, the Company may decide to increase the premium rate or refuse to execute the insurance contract. In this regard, this insurance contract shall become void as per Section 865 of the Civil and Commercial Code. The Company then has the right to cancel the policy.

The Company will not refuse the liability by using any other statements than those declared by the Insured in the documents under paragraph one (1).

## **2. Non-dispute or Objection of the Incompletion of the Insurance Contract**

The Company shall not dispute or object to the incompleteness of this Insurance Policy when this Insurance Policy has been effective while the Insured is alive for two (2) policy years and more from the first effective date hereof or when the Insured has made this Insurance Policy with the Company for at least two (2) consecutive years or the date of the Company's approval of additional benefits under this Insurance Contract, or date of reinstatement whichever happens later. However, upon the approval of additional benefits, the Company may dispute or object to the incompleteness of this Insurance Policy regarding such additional benefits only.

If the Company knows of any reason to terminate the Insurance Policy under the first paragraph but does not exercise its rights to terminate it within a period of one (1) month from the date of such awareness, then the Company will no longer be able to terminate the Insurance Policy in such cases.

The Company shall not rely on facts other than those stated by the covered person in the insurance application form and any additional statements relating to the insurance contract (if any) as a reason to dispute or object to the invalidity of the insurance policy under paragraph one or two

The Company will not dispute or object to the incompleteness of this insurance policy in the event that the Covered Person is injured due to an accident. The Company shall pay the benefits under this insurance policy to the extent that the Company has been notified of the claim for reimbursement under this insurance policy. Upon the Company approves the payment for such accident, this Insurance Policy shall expire from the day following the date on which the claim arises. The Company shall return the premium to the Insured less the premium for the portion of the insuring agreement for which the benefit has been paid for the period in which the coverage has been provided. For other coverage that is not covered The Company will return the insurance premium in full.

## **3. Amendment of the Policy**

Any amendment to this Insurance Policy shall become effective only when the Company agrees to accept and endorse such amendment into the Insurance Policy. The Company may issue the attachment or the endorsement as the case may be, for the Covered Person.

## **4. Premium Payment and Commencement of Coverage**

The Insured can choose to pay the premium in annual payments or by installment payment of 3 consecutive months or installment payment by semi-annual (specify as follows monthly, quarterly or semi-annually) as specified in the Policy Schedule and / or Renewal Insurance Certificate under the following conditions:

### **4.1 Annual Premium Payment**

An annual premium payment is due immediately and coverage shall become effective on the date indicated in the Policy Schedule and/or renewal insurance certificate.

### **4.2 Installment Premium Payment of - Consecutive Months**

4.2.1 The first installment premium payment is due immediately and coverage shall become effective on the date indicated in the policy schedule and/or renewal insurance certificate.

4.2.2 The subsequent premium payment is due on the next due date in the event that the covered person chooses to pay by installment of - consecutive months. The subsequent installment premium payment will be charged one time per month until fully paid. The coverage shall be continually ongoing provided that the subsequent premium payments have been made within the payment deadlines outlined.

### **4.3 Installment Premium Payment by – Monthly**

4.3.1 The first installment premium payment is due immediately and coverage shall become effective on the date indicated in the policy schedule and/or renewal insurance certificate.

4.3.2 The subsequent premium payment is due on the next due date. The coverage shall be continually ongoing provided that the subsequent premium payments have been within the payment deadlines outlined.

4.4 In the event that the Company is unable to collect insurance premiums as agreed in any period, the Company shall grant a grace period within 31 days from the due date. If the premium is paid, the coverage on this policy is deemed to have been continuously in force from the previous insurance period and the Company will not re-apply the General Terms and Conditions Clause 2 Non-Dispute or Objection of the Incompletion of the Insurance Contract, Pre-existing Condition and Waiting Period.

4.5 If the insured fails to make payment within the agreed installment date, the policy can be terminated. The termination is effective from the last date a premium was paid.

4.6 In the event that there are any claims lodged during the grace period and the Company is still unable to collect premium, the Company shall deduct the outstanding premium from the payable claim amount under this Insurance Policy and reimburse the remaining balance to the Covered Person or the Beneficiary (in case of death).

#### **5. Misstatement of Gender and Age**

In case the age or gender of the Covered Person is misstated thereby causing the Company to receive an insurance premium less than the prescribed rate, the amounts of benefits payable under this Insurance Policy will be adjusted to the amount of the paid premium would be purchased at the Covered Person's actual age and gender. If the actual age or gender of the Covered Person is not covered under this Insurance Policy, the Company will not pay any benefits, but will return the received premium of this Insurance Policy.

If the Company receives insurance premium greater than the prescribed rate, the Company shall return the excess insurance premium to the Covered Person.

#### **6. Renewal of the Insurance Policy**

This Insurance Policy may be renewable until the policy year when the Covered Person is not over 99 years of age, no supportive evidence is required. In the event that the Company agrees to renew the Insurance Policy, the Company shall retain the right to:

- 6.1 Adjust the premium rate to reflect risk and/or age of the Covered Person and/or the experience of claims payment of each Covered Person. The adjusted premium must be at the premium rates as approved by the Registrar; and
- 6.2 Adjust the insurance conditions and coverage conditions of the Insurance Policy in the renewal year as necessary.

The Company must notify the Covered Person, in the case of any changes or extensions of coverage of the General Terms and Conditions, Exclusions, Insuring Agreement, Endorsement or other that is significant to the Insurance Policy.

Renewal of the Insurance Contract, the Company must notify the Covered Person in writing by the registered mail or other methods that the Covered Person has accepted for not less than 30 days prior to the date this Insurance Policy expires as indicated in the Policy Schedule and/or Renewal Insurance Certificate and/or Insurance Endorsement (if any).

However, the General Terms and Conditions on Renewal of Insurance Policy under Clause 6 shall not apply to the Insuring Agreement for Hospitalization (Inpatient).

#### **7. Insurance Premium Adjustment**

The Premiums Adjustment on the Renewal Policy Year must be at the premium rates as approved by the Registrar.

#### **8. Changes of Insurance Coverage/Benefits**

If the coverage or benefits of the Covered Person under the terms and conditions of this Insurance Policy has increased whilst this Insurance Policy is in force or at the time of renewal of the Insurance Policy, the effective date of the increasing benefits shall be the first date of the following month after the Company has been notified of the change in the coverage or benefits of the Covered Person provided that:

- 8.1 If the Covered Person suffers an Injury or Illness before the coverage or benefits have been increased, the maximum eligible benefit amount for medical treatment of such Injury or Illness shall not greater than the previous maximum benefit amount prior to the coverage or benefits being increased.
- 8.2 In the case that the Injury or Illness of the Covered Person has occurred and already been covered under the previous coverage or benefits including the pre-existing condition prior to the coverage or benefits have been increased, the maximum applicable benefit amounts shall not exceed the previous maximum benefit amount prior to the coverage or benefits being increased.

In addition, the Covered Person must notify the Company in writing for the change of the coverage or benefits, and the Company has agreed to accept the change in Insurance Policy of such coverage or benefits.

#### **9. Termination of the Insurance Policy**

The coverage of the Covered Person under this Insurance Policy will be terminated when any of the following circumstances occur, whichever occurs first:

- 9.1 When the Covered Person fails to pay the premium of this Insurance Policy within the period specified in accordance with the General Terms and Conditions Clause 4 Premium Payment and Commencement of Coverage. It shall be deemed that the coverage under this Insurance Policy expires on the last day that the paid premium can purchase the coverage.
- 9.2 At the end of the insurance period as specified in the Policy Schedule and/or Renewal Insurance Certificate in the policy year that the Covered Person is 99 years old and at a maximum of not more than the age specified in the premium rate for this Insurance Policy.
- 9.3 When the Covered Person dies of any cause which is not covered under this Insurance Policy.
- 9.4 When the Covered Person is confined in a prison or a penitentiary

The Termination of the Insurance Policy under Clauses 9.3 and 9.4, the Company shall return the premium to the Insured or the Beneficiary by deducting the premiums for the period during which this Insurance Policy has been in force in proportion, unless the Company has paid all benefits in full under the maximum benefit per policy year (if any) as specified in the Benefit Schedule and/or the Insurance Policy and /or Renewal Insurance Certificate.



- 9.5 When the Covered Person or the Company cancels the Insurance Policy according to the General Terms and Conditions Clause 15 Cancellation of the Insurance Policy.
- 9.6 When the Company refuses to renew this Insurance Policy according to the General Terms and Conditions Clause 6 Renewal of the Insurance Policy. The Company shall notify the Covered Person in writing by registered mail or other methods that the Covered Person has accepted for not less than 30 days prior to the date this Insurance Policy is due to renewal as indicated in the Policy Schedule and /or Renewal Insurance Certificate.
- 9.7 When the Company has paid all benefits in full under the maximum benefit per policy year (if any) as specified in the Benefit Schedule and/or Policy Schedule and/or Renewal Insurance Certificate.
- 9.8 Coverage under this Insurance Policy in each Insuring Agreement and/or Insurance Endorsement shall be terminated when the Company has paid benefits in full up to the maximum benefit amount as specified in the Benefit Schedule and/or Policy Schedule and/or the Renewal Insurance Certificate of that coverage. The Company will continue to provide coverage until the end of the insurance period only where the benefits remain.
- 9.9 This Insurance Policy and all insurances under this Insurance Policy shall expire at 24:00 Thailand time on the expiry date of insurance period.

The termination of this Insurance Policy will not prejudice any right to claim which has existed prior to the expiration of this Insurance Policy. The Company's receipt of premium payment after the Termination of this Policy shall not cause any liability to the Company, but the Company shall refund such insurance premium to the Covered Person.

#### **10. Reinstatement**

If this Insurance Policy is terminated due to the Covered Person fails to pay the premium for the renewal year within the period specified in accordance with the General Terms and Conditions Clause 4 Premium Payment and Commencement of Coverage, the Covered Person may make a request to reinstate this Insurance Policy within 90 days from the renewal by the Company's consent. When the Company accepts the reinstatement upon the Covered Person's request, this Insurance Policy shall provide the coverage for Injury or Illness occurring from the date of the Company's approval of the reinstatement provided that the Company will not apply the General Terms and Conditions Clause 2 Non-Dispute or Objection of the Incompletion of the Insurance Contract, Pre-existing Condition and Waiting Period.

In the event that the Company approves the reinstatement, the Covered Person shall pay the insurance premium of this Insurance Policy in proportion to the duration of coverage since the date of the Company's approval of this Insurance Policy renewal.

#### **11. Medical Examination**

The Company has the right to examine the medical history and medical examination or investigation of the Covered Person as necessary for this Insurance Policy. The Company has the right to perform an autopsy if it is necessary and not in conflict with the law at the Company's expense.

In the case that the Covered Person declines the Company to examine the medical history and medical examination or investigation of the Covered Person in support of claims consideration, the Company may refuse to provide coverage for the Covered Person.

#### **12. Notifications of Claims**

The Covered Person or the Beneficiary (in case of the Covered Person's death) or the representative as the case maybe, must notify the Company of any Injury or Illness that may be the cause of claim for benefits under this Insurance Policy without delay. In the event of a death, the Company must be notified immediately unless it can be proved that there is an acceptable reason for not notifying the Company of such incident mentioned above but has been notified as soon as possible.

#### **13. Submission the Proof of Claims**

The Covered Person or the Beneficiary (in case of the Covered Person's death) or the representative as the case maybe, shall submit the necessary documentary evidence as requested to the Company at their own expenses within 30 days from the specified date, which will be in accordance with the Additional Terms and Conditions of the Coverage Category or the Insuring Agreement or Endorsement of this Insurance Policy.

Failure to submit documentary evidence within the specified period shall not loss the right to claim if it can be proven that there is reasonable explanation why a claim could not be made in a timely manner and that the claim was filed as soon as it can be done.

#### **14. Payment of Benefits and / or Claims**

The Company shall pay the benefits or the general rate service charge, necessary and reasonable expenses within 15 days from the date the Company receives the complete and correct documented evidence to the Covered Person. In case of the Covered Person's death, the Company will pay the benefit to the Beneficiary.

In the event that there is a reasonable suspicion whilst the claim being adjudicated under this Insurance not in accordance with the Insuring Agreement and/or Insurance Endorsement, the Company may extend the payment period as necessary, but not more than 90 days from the date the Company receives the complete evidence.

If the Company is unable to complete the benefit payment within the timeframe mentioned above, the Company shall be liable to pay interest at the rate of 15% per annum of the payable amount as from the due date of payment thereof.

In the event that the coverage area is extended abroad, and the Covered Person receives medical treatments outside of Thailand in accordance with the Insuring Agreement and/or the Insurance Endorsement, the Company shall pay the benefit based on the foreign exchange rate on the date specified on the medical paid receipt.

In case there is clear evidence to the Company that the Covered Person has committed any dishonest acts to make himself or others to benefit from this Insurance, the Company shall not be liable for claims arising from the said acts.

## 15. Cancellation of the Insurance Policy

### 15.1 Annual Premium Payment

15.1.1 The Covered Person may cancel this Insurance Policy by notifying the Company in writing. The Covered Person is entitled to receive a premium refund after premium deduction for the Covering Period of the Insurance Policy on a short-term premium rate basis as per below table.

**Schedule of Short-Term Premium Rate**

Insurance Period / (Not more than/Month)	Percentage of full-year 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

15.1.2 The Company may cancel this Insurance Policy by sending the Covered Person a written notice at least 30 days in advance by registered mail or other methods that the Covered Person has accepted if there is clear evidence that the Covered Person has committed Insurance Fraud to make him/herself or other to obtain the benefit of this insurance. The Company shall not be liable for any indemnity claim arising out of the said action. In this case, the Company shall refund the insurance premium to the Covered Person after proportionate deduction of the insurance premium for the period in which the Insurance Policy has partially been in effect.

However, in the case that the Insured cancels the Insurance Policy under 15.1.1 and the Company has completely paid the Maximum Benefits per Policy Year (If any) as indicated in the Benefit Schedule, the Company shall not refund the insurance premium.

### 15.2 Installment Premium Payment of - Consecutive Months

15.2.1 The Covered Person has the right to cancel this insurance policy by sending a written notice to the Company. The Company shall refund the insurance premium to Covered Person after proportionate deduction of the insurance premium for the period in which the Insurance Policy has partially been in effect.

15.2.2 The Company may cancel this Insurance Policy by sending the Covered Person a written notice at least 30 days in advance by registered mail or other methods that the Covered Person has accepted if there is clear evidence that the Covered Person has committed Insurance Fraud to make him/herself or other to obtain the benefit of this insurance. The Company shall not be liable for any indemnity claim arising out of the above action. In this case, the Company shall refund the insurance premium to the Covered Person after proportionate deduction of the insurance premium for the period in which the Insurance Policy has partially been in effect.

However, in the case that the Insured cancel the Insurance Policy under 15.2.1 and the Company has completely paid the Maximum Benefits per Policy Year (If any) as indicated in the Benefit Schedule, the Company shall not refund the insurance premium.

### 15.3 Installment Premium Payment by - Monthly



- 15.3.1 The Covered Person has the right to cancel this insurance policy by sending a written notice to the Company. The Company shall refund the insurance premium to Covered Person after proportionate deduction of the insurance premium for the period in which the Insurance Policy has partially been in effect. However, the coverage under monthly installment premium will expire on the last day that the paid premium has purchased the coverage. The Company shall not refund the insurance premium to the Covered Person.
- 15.3.2 The Company may cancel this Insurance Policy by sending the Covered Person a written notice at least 30 days in advance by registered mail or other methods that the Covered Person has accepted if there is clear evidence that the Covered Person has committed Insurance Fraud to make him/herself or other to obtain the benefit of this insurance. The Company shall not be liable for any indemnity claim arising out of the above action. In this case, the Company shall refund the insurance premium to the Covered Person after proportionate deduction of the insurance premium for the period in which the Insurance Policy has partially been in effect. However, the coverage under monthly installment premium will expire on the last day that the paid premium has purchased the coverage. The Company shall not refund the insurance premium to the Covered Person.

However, in the case that the Insured cancel the Insurance Policy under 15.3.1 and the Company has completely paid the Maximum Benefits per Policy Year (If any) as indicated in the Benefit Schedule, the Company shall not refund the insurance premium.

#### **16. Arbitration**

In the case of any dispute, conflict or claim under this Insurance Policy between a person who is entitled to exercise a claim hereunder and the Company, and if that person wishes and deems it appropriate to settle the dispute by Arbitration, the Company agrees to have the dispute settled by Arbitration in accordance with the regulations of the Office of Insurance Commission (OIC) on Arbitration.

#### **17. Free Look Period**

If the Covered Person wishes to cancel this Insurance Policy for whatever reason, the Covered Person can return the Insurance Policy to the Company within 15 days from the date of receipt of the Insurance Policy. The Company shall refund the insurance premium after deduction of the actual cost of health check-up and the Company's expenses 500 Baht per policy (if any) within 15 days from the date of the Company being notified of the cancellation of the Insurance Policy.

In the event that the Covered Person has exercised the right to claim indemnity, the Covered Person shall not be entitled to cancel the Insurance Policy under this condition. However, the Covered Person still has the right to cancel the Insurance Policy according to the General Terms and Conditions Clause 15 Cancellation of the Insurance Policy.

#### **18. The Right to apply for Insurance of Dependents**

In the event that the Insured's spouse is disqualified for the Insurance due to divorce, or the Insured's child / children is/are disqualified due to age over 23 years old or is married, the Insured's spouse or child/children may submit an insurance application for the continual coverage of the Insurance Policy. The Company will not reapply the General Terms and Conditions Clause 2 Non-Dispute or Objection of the Incompletion of the Insurance Contract, Pre-existing Condition and Waiting Period, provided that:

- 18.1 The insurance application has been submitted to the Company within 90 days from the date of disqualification as a dependent; and
- 18.2 The benefit amounts are not greater than the previous benefits.

#### **19. Precedent Condition**

The Company shall not be liable to compensate under this Insurance Policy unless the Covered Person, the Beneficiary or the representative has complied with all the General Terms and Conditions of the Insurance Contract.

#### **20. Currency**

The Insurance premiums and the payable benefits amounts under this Insurance Policy will be paid in the currency of Thai Baht.

#### **21. The Applicable Law**

This Insurance Policy is under and construed in accordance with the laws of Thailand.

### **Section 3 General Exclusions**

**This insurance does not cover medical expenses or damage arising from Injury or Illness (including its complications), symptoms or irregularity caused by**

#### **1. Any Injury arising from the Covered Person's actions.**

- 1.1 while under the influence of addictive substances, or narcotics to the extent of being unable to maintain consciousness, or**

- 1.2 while under the influence of alcohol with the alcohol level in the body at the time of the examination equivalent to the blood alcohol level of 150 milligram percent or more; or
- 1.3 while under the influence of alcohol to extent of being unable to maintain consciousness in case there is no blood alcohol level measurement or blood alcohol level cannot be measured.
2. Any Injury occurring while the Covered Person is committing a felony or being arrested, under arrest or avoiding arrest.
3. Any Injury occurring while the Covered Person is participating in all kinds of motor racing, car racing, boat racing, horse racing, ski racing of all kinds, including jet skiing, skating, boxing, parachuting (except for life-saving purpose), playing or racing parameters, parachuting, and gliding, while taking off or landing or riding in a balloon, bungee jumping, diving that requires an air tank and underwater breathing apparatus.
4. War, invasion, malicious acts of foreign enemies or any acts like war (whether declared or not), civil war, uprising, rebellion, riot, strike disturbance sabotage, revolution, coup, martial law declaration or any event which will cause the announcement or maintaining of martial law.
5. Terrorism caused by acts of force or violence and/or threat thereof, by any person or group of persons, whether alone or on behalf of or in connection with any organization or government, that is done for political, religious, ideological or similar purposes, including the purpose of affecting any government and/or the public, or any section of the public is in a state of panic.
6. Radiation or radioactive emission from nuclear fuel or from any nuclear waste resulting from the combustion of nuclear fuel and from any method of nuclear fission that proceeds on its own
7. Driving a car or riding a motorcycle where the Covered Person does not have a valid driving license.

## **Section 4 Insuring Agreement**

While the Insurance Policy is in force, under the General Terms and Conditions, General Exclusions, Insuring Agreement and Endorsements of this Insurance Policy and in consideration of the premium paid by the Insured, the Company agrees to provide coverage by paying the benefits to the Covered Person for the following Insuring Agreements:

However, the maximum benefit amount per policy year, including deductible and/or copayment (if any) is as specified in the Benefit Schedule and/or Policy Schedule and/or Renewal Insurance Certificate of this Insurance Policy.

## **Personal Health Insurance Coverage**

### **Additional Definitions**

- |  |       |  |
|--|-------|--|
| 1) <b>Per Confinement</b>                  | means | Hospitalization as an inpatient or day surgery at the Hospital or Medical Facility each time and shall include Hospitalization as an inpatient or day surgery at the Hospital or Medical Facility no matter how many times for injury or illness caused by the same injury or illness that is not fully recovered including related or consequential complications within 90 days from the date of the latest discharge from the Hospital or Medical Facility shall be deemed as the same hospitalization. |
| 2) <b>Maximum Benefits per Policy Year</b> | means | the Maximum Benefits per Policy Year can be divided into 2 cases:<br>(1) In case of Inpatient, the medical expenses shall be calculated from the first date of hospitalization which occurs in that Policy Year regardless of whether the hospitalization completes in the same Policy Year or not;<br>(2) In case of Outpatient, the medical expenses shall calculate according to the treatment date which occurs in that Policy Year.   |
| 3) <b>Major Surgery</b>                    | means | An operation through the body wall or hole in which general anesthesia or regional anesthesia is required.   |
| 4) <b>Minor Surgery</b>                    | means | An operation at the level of the skin or subcutaneous or epithelial level using local or topical anesthesia.   |
| 5) <b>Day Surgery</b>                      | means | Major Surgery or procedure in lieu of Major Surgery or the use of special therapeutic tools which can replace Major Surgery without the need of hospitalization as an Inpatient at the Hospital or Medical Facility.   |

- 6) **Copayment** means Liabilities between the Insurance Company and the Covered Person who shall co-pay the medical expenses payable according to the sum insured after Deductible is applied (if any).
- 7) **Renewal Premium** means Renewal or reinstatement as approved by the Registrar. The co-payment and discount premiums in the renewal conditions will not apply to the Renewal Premium calculation.

### **Additional Terms and Conditions (apply to Personal Health Insurance Coverage)**

#### **1. Submission of evidence of claims**

The Covered Person or their representative as the case maybe must submit the following documented evidence to the Company at their own expense.

- 1) A claim form as prescribed by the Company
- 2) A medical report indicating the symptom, diagnosis and treatment.
- 3) A laboratory test result, if any
- 4) The original receipt presenting medical expenses or the closing statement with the receipt.
- 5) Other supporting documents as requested by the Company as deemed necessary. (in the case of requiring clarifications or additional documents for further consideration)

The aforementioned documents must be submitted to the Company within 30 days from the date of discharge from the hospital or medical facility or the date of receiving treatment at the hospital or medical facility. The receipt must be the original paid receipt. The Company will return the original paid receipt and certify the paid amount, so that the Covered Person can claim the remaining balance from other insurers. If the Covered Person has received reimbursement from the government, other welfare or other insurers, the Covered Person may submit a copy of the receipt specifying the amount paid by the government or other welfare and claiming for the remaining balance from the Company.

Non submission of documents within the specified time shall not loss the right to claim if it can be proved that there is reasonable explanation why a claim could not be made in a timely manner and that the claim was filed as soon as possible.

#### **2. Pre-Existing Conditions**

The Company will not pay benefits under this Insurance Policy for any Chronic Condition, Injury or Illness, including any complication which are not fully cured before the date this Policy first comes into effect, unless:

- 2.1 The Covered Person has declared that condition to the Company, and the Company agrees to accept that condition without applying any exclusion.
- 2.2 The Chronic Condition, Injury or Illness (including any complication) has not appeared, or has not been treated, or diagnosed by a Physician, or no consultation or advice has been sought from a Physician during five (5) years before the date this Policy first comes into effect and this Policy has been in effect for a continuous period of at least three (3) years.

#### **3. Waiting Period**

The Company will not pay benefits under this Insurance Policy for;

- 3.1 Any illnesses occurring during the 30 days from the first effective date of the Insurance Policy indicated in the Insurance Schedule or the date in which the Company approves additional benefits of this Insurance Policy, whichever happens later, or
- 3.2 The following illnesses occur during the 120 days from the first effective date of the Insurance Policy indicated in the Insurance Schedule or the date in which the Company approves additional benefits of this Insurance Policy, whichever happens later for
  - 3.2.1 Tumors, cysts or all types of cancer
  - 3.2.2 Hemorrhoids
  - 3.2.3 All types of Hernia
  - 3.2.4 Pterygium or Cataracts
  - 3.2.5 Tonsillectomy or adenoidectomy
  - 3.2.6 All types of Calculus
  - 3.2.7 Varicose Veins of the legs
  - 3.2.8 Endometriosis

However, in the case that the Company approves additional benefits under General Terms and Conditions, the Company shall not cover the above illnesses for the additional benefits only.

The Company shall not apply the General Terms and Conditions of Waiting Period and Changes of Benefits or Coverages in the event that the Covered Person gets injured or is in need of an emergency operation which is not a consequence of any disease existing prior to the insurance.

#### 4. Area of Cover

This Insurance Policy covers medical treatments within the territory of Thailand only. The Company shall cover medical treatments outside of Thailand only for Injury or Illness which are sudden and unforeseeable and causing the Covered Person to be treated in a hospital or medical facility. The Company shall pay benefits for the necessary and reasonable expenses incurred from medical treatment in accordance with Medical Necessity and Medical Standard(s) according to the actual expenses but not exceeding the benefit amount as indicated in the Benefit Schedule and/or Insurance Policy Schedule and/or Renewal Insurance Certificate. The Payable Benefit, the Deductible and/or Copayment (if any) shall be calculated by foreign exchange rate as of the date stated on the medical receipt.

The period of time the Covered Person is outside of Thailand for business or leisure purpose shall not be greater than 90 consecutive days only each time.

#### **Additional Exclusions (apply to Personal Health Insurance Coverage)**

This insurance under Personal Health Insurance Coverage does not cover any expenses arising from medical treatment, or damage arising from an Injury or Illness (including any complication), symptom, or irregularity, caused by:

1. **Pre-existing Conditions**
2. **Conditions resulting from a congenital abnormalities or incompleteness of organs formation system innately, or a genetic disease or abnormality in the development of the body, unless this policy has been in force for at least 1 year and such condition appears after the covered person has reached the age of 16 years old.**
3. **Any treatment or surgery for cosmetic purposes or to solve skin problems, acne, blemishes, freckles, dandruff, hair loss or weight control, a surgery that can be replaced with other method of treatments, except for treating the wound due to the covered accident.**
4. **Pregnancy, miscarriage, abortion, childbirth delivery, pregnancy complications, solving infertility problems (including investigation and treatment), sterilization or contraception, except Choriocarcinoma.**
5. **AIDS or Venereal Disease or Sexual Transmitted Disease. AIDS is included an immunodeficiency syndrome (Acquired Immune Deficiency Syndrome) caused by HIV infection, including opportunistic infection with microorganisms or infection or any illness where a blood test result showing positive for HIV (Human Immunodeficiency Virus). Opportunistic infection including but not limited to Pneumocystis Carinii Pneumonia, Organism Causes Chronic Enteritis, Disseminated Virus and/or Fungi Infection, Malignant Neoplasm including but not limited to Kaposi's Sarcoma, Central Nervous System Lymphoma and/or other serious diseases that it is known today as the symptoms of Acquired Immunodeficiency Syndrome which are the cause of sudden death, illness or disability. AIDS includes the human immunodeficiency virus (HIV) that causes dementia (Encephalopathy Dementia).**
6. **Treatment or prevention, the use of drugs or substances for slowing down the degeneration of ageing or hormone replacement therapy for premature menopause or menopause, sexual dysfunction in women or men, transgender surgery.**
7. **Health Check-up, request to be admitted at a Hospital or Medical Facility, request for a surgical treatment, recuperation or rest for recuperation or treatment by only resting methods. Staying in a Hospital or Medical Facility to have a general care assistant. Any investigations or treatment that are not relating directly to the cause for such admission to a Hospital or Medical Facility. Investigations for any injury or illness, treatments or laboratory tests which are considered as non-medical necessity or non-medical standard.**
8. **Eye examination, LASIK, cost of visual aid device or treatment for abnormalities of Vision.**
9. **Treatment or surgery on teeth or gums, dentures, crowns, root canal treatments, fillings, orthodontics, scaling, extraction, root implants, except as necessary due to accidental Injury (excluding dentures, crowning, root canal implants or root implants).**
10. **Treatment or therapy for addiction to drugs, narcotics, tobacco, alcohol, or the use of psychotropic substances.**
11. **Examination and treatment of symptoms or diseases related to mental disorders, psychiatric diseases, or behavioral or personality disorder, including attention deficit disorder, hyperactivity, autism, stress, eating disorders or anxiety.**
12. **Any experimental treatment. Examination or treatment for obstructive sleep apnea, sleeping disorders, sleep study test and snoring.**
13. **Any inoculations or vaccinations excluding rabies vaccination after an animal attack and tetanus after an injury.**
14. **Non modern medical treatments including alternative treatments.**
15. **Expenses arising from Medical Treatment that a Covered Person, who is a Physician, prescribes for himself or herself, or expenses arising from Medical Treatment by a Physician who is the parent, spouse and child of the Covered Person.**
16. **Suicide, suicide attempt, self-inflicted or self-inflicted attempt either by the Covered Person or any other person allowed to do so whether they are insane or not, this also include accidents arising from whatever the Covered Person eats, drinks, consumes, intakes or injects any drug or toxic substance into the body or drug overdoses taken.**

## **Hospitalization (Inpatient) Insuring Agreement (Attached to Personal Health Insurance Coverage)**

While this Policy is in effect, in the event that the Covered Person sustains an Injury or Illness after the waiting period resulting him or her to be admitted to a Hospital or a Medical Facility, the Company shall pay for medical expenses according to the Medical Necessity and Medical Standard at The General Service Rate Charge. The Company shall pay according to the actual expenses less deductible and/or copayment (if any), but not exceeding the benefit amount as stated in each benefit under this Insuring Agreement.

However, the combined of all benefit amounts under this Insuring Agreement must not exceed maximum Benefit Amount per Confinement and/or the Maximum Benefit Amount per Policy Year (if any) as specified in the Benefit Schedule and/or Policy Schedule and/or Renewal Insurance Certificate of this Policy for the following benefits:

### **1. Inpatient Benefit**

In the case the Covered Person is required to be hospitalized as an Inpatient, the Company shall pay the medical service fee as follows:

#### **Section 1 Room and Board, and Medical Service Fee (Inpatient) per Confinement.**

- The Company shall pay for room and board, including medical service fee as an Inpatient.
- In the case that the Covered Person is required to be treated as an Inpatient in the intensive care inpatient room, the Company shall pay for room and board for Inpatient, including the Medical Service Fee (Inpatient) at 2 times or paid as actual of room and board, hospital service fee benefit (inpatient) up to 15 days or paid as actual

#### **Section 2 Medical Expenses for Examination or Treatment, Blood and Blood Component Service, Nursing Services, Medicine, Parenteral Nutrition and Medical Supplies Fee.**

The Company shall pay medical expenses for examination or treatment, blood and blood component service, nursing services, medicine, parenteral nutrition and medical supplies while the Covered Person is hospitalized as an Inpatient as follows:

##### **Subsection 2.1 Medical Expenses for Medical Diagnostic tests**

The Company will pay benefits for laboratory diagnostics, Pathological diagnostics, radiological diagnostics and medical imaging, Interventional Radiology, Diagnostic nuclear medicine, electrocardiograms, physician fee for interpret the results of the above diagnostics tests (if any), and other medical charge for diagnostic tests directly relating to such outpatient medical treatment

##### **Subsection 2.2 Medical Expenses for Medical Treatment, Blood, and Blood Component Service, and Nursing Services fee**

The Company shall pay medical expenses in the case that the Covered Person is treated by interventional radiotherapy, radiotherapy, nuclear medicine (including brachytherapy), physical therapy and occupational therapy, blood service, medical equipment, Orthosis, and the use of Prosthesis (excluding equipment charge), package charge for medical treatment and nursing services, excluding special nursing service fee.

##### **Subsection 2.3 Expenses for Medicine Fee, Parenteral Nutrition, and Medical Supplies**

The Company shall pay expenses for medicine, parenteral nutrition and medical supplies, excluding the following medical supplies and equipment:

- (a) Automated External Defibrillator (AED), Defibrillator or Pacemaker outside the body (External Pacemaker)
- (b) Prosthesis outside the body, Orthosis and Prosthesis equipment, Prosthetic device
- (c) Durable medical supplies and equipment using outside the body (Medical Supplies 2) e.g. hearing aids, glasses, contact lenses, glass lenses, ventilator, oxygen device, vital sign measuring devices (pulse, blood pressure, temperature), Various bracing aid support, wheelchair
- (d) Prosthesis e.g. prosthetic arm, prosthetic leg, prosthetic eye

##### **Subsection 2.4 The expenses for taking home medicines and medical supplies**

The Company shall pay expenses for the medicine and disposable medical supplies (Medical Supplies 1) for taking away and used after being discharge from the hospital.

#### **Section 3 Medical Practitioner fees (Physician)**

The Company shall pay the physician fee for medical examination and treatment of the Covered Person during hospitalization as a Inpatient of a Hospital or Medical Facility.

#### **Section 4 Expenses for Surgical Treatment (Surgery) and Medical Procedure**

The Company shall pay medical expenses for surgical treatment (surgery) and procedures during hospitalizing as an Inpatient of a Hospital or a Medical Facility.



#### **Subsection 4.1 Expenses for Operating Theater and Procedure Room**

The Company shall pay the fee for operating theater, procedure room, including Medical Equipment in the operating theater and procedure room.

#### **Subsection 4.2 Expenses for Medicine Fee, Parenteral Nutrition Fee, Medical Supplies and Equipment for Surgery and Medical Procedure**

The Company shall pay medical expenses for medicine fee, parenteral nutrition, medical supplies and equipment used for surgery and medical procedure.

#### **Subsection 4.3 Medical Practitioner's Fee for Physicians performing Surgery and Medical Procedure (including Assistants) (Doctor Fee)**

The Company shall pay actual amount charges by physician and assistant (if any) for performing surgery and medical procedure, the maximum payable not exceeding the benefit specified in the Benefits Schedule and/or Policy Schedule and /or renewal insurance certificate.

#### **Subsection 4.4 Medical Practitioner's Fee for Anesthetist (Doctor's fee)**

The Company shall pay actual amount charges by Anesthesiologist who administers anesthetics or anesthesia during a surgery or medical procedure, the maximum payable not exceeding the benefit specified in the Benefits Schedule and/or Policy Schedule and /or renewal insurance certificate

#### **Subsection 4.5 Medical Expenses for Organ Transplantation**

The Company shall pay the actual cost for medical expenses arising from the performance of organ transplantation for liver, pancreas, kidney, heart, lung, due to such organ has come to the end stage of its function, including bone marrow transplant using Haematopoietic Stem Cells after performing Bone Marrow Ablation. The maximum payable not exceeding the benefit specified on the Benefit Schedule and/or the Policy Schedule and/or renewal insurance certificate.

### **Section 5 Day Surgery**

In the case the Covered Person is required to undertake Day Surgery, the Company shall pay the benefit equivalent of the hospitalization as an Inpatient to a Hospital or a Medical Facility.

## **2. Non-Inpatient Benefit**

### **Section 6 Medical expenses for diagnostic tests directly related before and after a hospitalization or ongoing outpatient medical treatment directly related after such hospitalization as inpatient.**

The Company shall pay the medical expenses for related direct examination before and after hospitalization as an Inpatient or Outpatient treatment fee which is in consequence of or in connection with hospitalization as an Inpatient as follows:

#### **Subsection 6.1 Medical expenses for diagnostic tests are directly related and occur within 30 days before and after hospitalization as an inpatient**

The Company shall pay the expenses for laboratory test, pathological examination, radiology tests and medical image, interventional radiology, diagnostic nuclear medicine, electrocardiogram, interpretation for the above (if any) and expenses for other related examination occurring within 30 days before or after such hospitalization as an Inpatient

#### **Subsection 6.2 Outpatient medical expenses for ongoing medical treatment occurs within 30 days after discharged Incase purchase Standard, Standard Plus, Standard Extra, Premier and 90 days Incase purchase Premier Plus, Maxima, Maxima Plus, Ultima and Ultima Plus from such hospitalization.**

The Company shall pay the benefit for ongoing outpatient medical treatment occurs at outpatient department of a Hospital or Medical Facility within 30 days Incase purchase Standard, Standard Plus, Standard Extra, Premier and 90 days Incase purchase Premier Plus, Maxima, Maxima Plus, Ultima and Ultima Plus after being discharge from the hospitalization, excluding the expenses for diagnostic tests.

### **Section 7 Medical Expenses for Treatment of Injury in case of Outpatient within 24 hours per Accident, including follow-up treatment occurring within 15 days after the date of first treatment. for each injury.**

The Company shall pay benefits for accidental injuries in cases the Covered Person is required to receive medical treatment in the outpatient department of a hospital or medical facility for injuries resulting directly from an accident within 24 hours from the time of the accident occurs including continuing treatment within 15 days (at least 31 days) after the date of first treatment for each injury

### **Section 8 Expenses for rehabilitation medicine after hospitalization**

The Company shall pay benefits for rehabilitation medicine, physical therapy, occupational therapy, rehabilitation practitioner or physical therapist, medical supplies and equipment, for continuing treatment at outpatient department of a hospital or medical facility



occurring within 30 days after discharged Incase purchase Standard, Standard Plus, Standard Extra, Premier and 90 days Incase purchase Premier Plus, Maxima, Maxima Plus, Ultima and Ultima Plus such hospitalization excluding nursing service and clinical psychology

**Section 9 Medical expenses for Hemodialysis for the treatment of Chronic Kidney Disease**

The Company shall pay the medical expenses for the treatment of chronic kidney failure by hemodialysis through vascular access.

**Section 10 Medical Expenses for Treatment of Tumors or Cancers by Radiotherapy, Interventional Radiology, and Nuclear Medicine**

The Company shall pay the medical expenses for treatment of tumors or cancer by radiotherapy, interventional radiotherapy therapy, nuclear medicine (including brachytherapy), including medical practitioner's fee for the radiologists performing the treatment.

**Section 11 Medical Expenses for Treatment of Cancer by Chemotherapy**

The Company shall pay the medical expenses for treatment of cancer by chemotherapy and targeted therapy, including medical practitioner's fee for the physician performing the treatment.

**Section 12 Ambulance Fee**

The Company shall pay the ambulance fee for transferring the Covered Person to the Hospital or Medical Facility according to medical necessity in using the ambulance, including the costs of medicine, medical supplies and medical practitioners arising while being on the ambulance which shall be directly related to and conforming to the Injury or Illness which is the cause of hospitalization as an Inpatient of the Hospital or Medical Facility.

**Section 13 Medical Expenses for Minor Surgery**

The Company shall pay benefits for performing minor surgery for the treatment of an injury or illness.

**Additional Terms and Conditions (applicable to Insuring Agreement of Hospitalization (Inpatient) only)**

**1. Renewal of the Policy**

This Insuring Agreement shall be renewed upon the completion of the Insurance Policy year until the policy year when the insured is 99 years (not less than 70 years and up to a maximum of not more than the age specified in premium rate for this Insurance Policy) without the need of evidence. However, the Company remains entitled to adjust the insurance premium in accordance with the additional terms and conditions in Premium Adjustments as approved by the Registrar except for any of the following cases the Company reserves the right not to renew the Insurance Policy.

- 1.1 If there is evidence that the Covered Person has not declared the factual statement in the insurance application or renewal application, health declaration and any other additional statements relating to the insurance contract (if any), which is the subject matter entitling the Company to demand higher insurance premium or reject the application or accept the application for insurance with conditions.
- 1.2 If there is evidence that the Covered Person claims the medical benefits of Injury or Illness without medical necessity.
- 1.3 If there is evidence that the Covered Person claims the compensation for a daily hospitalization income benefit from hospitalization as an Inpatient in a Hospital or Medical Facility combined of all insurance companies over the actual income of the Covered Person.

Non-renewal of the Insurance Policy due to the above reasons shall be notified to the Covered Person in writing by registered mail or other methods that the Covered Person has accepted at least 30 days prior to the date of expiration of this Insurance Policy as specified in the Policy Schedule and/or renewal insurance certificate.

However, in renewing this insurance policy. The Company reserves the right to change the terms and conditions of coverage, adding that the Covered Person has a copayment in accordance with the following rates and criteria:

- (1) No greater than 30 percent of the covered medical expenses and reducing the insurance premium no greater than 30% of the renewal premium, or
- (2) No greater than 30 percent of the covered medical expenses and reducing the renewal insurance premium according to the Company's guideline where the loss ratio of each Covered Person is more than 400 percent.

If the Company adds the copayment condition due to (1) or (2) for two or more cases, the Company will specify the Copayment condition for not exceeding 50 percent of the covered medical expenses and reducing the renewal premium no greater than 50 percent of the renewal insurance.

In the case that the Company has added copayment condition to the Covered Person, and thereafter the loss ratio has decreased from the criteria above, the Company may consider reducing the copayment.

In the case that the Company has added copayment condition to the Covered Person, the Company will issue an insurance endorsement to specify the rate and co-payment conditions according to the above rates and criteria to the Covered Person in writing by registered

mail or other methods that the Covered Person has accepted at least 15 days prior to the date of expiration of this Insurance Policy as specified in the Policy Schedule and/or Renewal Insurance Certificate.

However, the addition of copayment condition to Covered Person according to the rates and criteria above shall be applicable only when there is an insurance endorsement clearly stating the condition and criteria since the first day that the Insurance Contract is agreed upon.

## **2. Adjustment of Insurance Premium**

The Company may adjust the insurance premium upon completion of the Policy Year as a result of the following factors:

2.1 Age, occupation class of the Covered Person

2.2 The increasing medical expenses or experience in total claims payment of the portfolio of this Insurance Policy or experience for payments of claims payment of each Covered Person provided that the Covered Person shall be notified in writing at least 30 days in advance by registered mail or other methods that the Covered Person as accepted.

However, the adjusted insurance premium shall remain at the rates which have been approved by the Registrar.

## **Outpatient Benefit Insuring Agreement (Attached to Section of Personal Health Insurance)**

While this Policy is in effect, in the event that the Covered Person sustains an injury or illness after the waiting period and is required to be treated as Outpatient basis at a hospital or a medical facility, the Company shall pay compensation for medical expenses according to the medical necessity and medical standard at the general service rate charge. the Company shall pay actual amount less the deductible and/or copayment (if any) but not exceeding the benefit amount per visit and /or maximum amount per policy year as specified in the Benefit Schedule and/or Policy Schedule and/or the Renewal Insurance Certificate for the following benefits.

### **1. Outpatient Medical Treatment**

The Company shall pay the Covered Person for medical expenses for Outpatient Treatment and/or medical practitioner's (physician) for performing the treatment and/or Outpatient medical expenses resulting from each Injury or Illness.

The Outpatient medical treatment is limited to one visit per day, no greater than 30 visits per Policy Year or within the maximum benefit amount under Outpatient medical treatment under the Insurance Policy. The benefit coverage for Outpatient treatment is the maximum benefit coverage under the Insurance Policy.

### **2. Taking home Medicines and Medical Supplies (Medicine 1)**

The Outpatient medicines must be prescribed by a physician. The amount of medicines dispensed must not exceed 14 days from the treatment date (including prescribed medicines purchase from the licensed or legally registered pharmacy).

### **3. Expenses for diagnostic tests directly relating to Outpatient medical treatment.**

The Company will pay benefits for laboratory diagnostics, Pathological diagnostics, radiological diagnostics and medical imaging, Interventional Radiology, Diagnostic nuclear medicine, electrocardiograms, physician fee for interpret the results of the above diagnostics test (if any), and other medical charge for diagnostic tests directly relating to such outpatient medical treatment

### **Additional Exclusions (applicable to the Outpatient Benefit Insuring Agreement only)**

This insurance does not cover the following expenses:

1. Medicines, treatments or investigation that are not related to the diagnosis, symptoms or condition indicated in the medical certificate.
2. Automatic External Defibrillator (AED), Defibrillator or Pacemaker outside the body.
3. Prosthesis outside the body, Orthosis and Prosthesis equipment, Prosthetic device
4. Durable medical supplies and equipment using outside the body (Medical Supplies 2) e.g. hearing aids, glasses, contact lenses, glass lenses, ventilator, oxygen device, vital sign measuring devices (pulse, blood pressure, temperature), Various bracing aid support, wheelchair
5. Prosthesis such as prosthetic arm, prosthetic leg, prosthetic eye
6. Expenses for physical therapy, occupational therapy, rehabilitation medicine, rehabilitation practitioner or physical therapist, medical supplies and equipment relating to physical therapy and all kinds of occupational therapy.
7. Other expenses that is not related to Outpatient medical treatment.

## Personal Accident Insurance Coverage

### Additional Definitions

- |  |       |  |
|--|-------|--|
| 1) <b>Any Loss or Damage</b>             | means | Bodily injury to the Covered Person as a result of an accident causes the death of the covered person, dismemberment, loss of sight, disability or injury.   |
| 2) <b>Dismemberment</b>                  | means | Loss of a body part from the wrist joint or the ankle joint, and also the loss of use of that part, which according to a clear medical indication, will never be able to function forever.   |
| 3) <b>Loss of Sight</b>                  | means | Complete blindness which is permanently incurable.   |
| 4) <b>Total and Permanent Disability</b> | means | Disability to the extent of being unable to perform the normal duty in the Insured's regular occupation or any other occupation totally and permanently and such permanent disability prevents the Covered Person to perform 3 or more activities of daily living by himself/ herself. Activities of Daily Living (ADL) means the ability to perform 6 types of daily self-care activities which are medical criteria for evaluating patients who are unable to perform such activities. The Activities of Daily Living consist of <ol style="list-style-type: none"><li>(1) Mobility capabilities, such as the ability to move from chair to bed on your own without the assistance of others or assistive devices.</li><li>(2) The ability to walk or move, such as the ability to walk or move from room to room on your own without the assistance of others or assistive devices.</li><li>(3) Dressing abilities, such as the ability to put on or take off your clothes on your own without the assistance of others or the use of assistive devices.</li><li>(4) The ability to take a bath, such as the ability to bath includes entering and exiting the bath room on your own without the assistance of others or assistive devices.</li><li>(5) The ability to eat, such as the ability to eat on your own without the assistance of other or assistive devices.</li><li>(6) Defecation abilities, such as the ability to use the toilet for defecation, as well as being able to enter and exit the toilet on their own without the assistance of others or assistive devices.</li></ol> |
| 5) <b>Partial Permanent Disability</b>   | means | A disability that renders a permanent inability to perform any regular duties of one's own occupation but does not prevent the engagement in other work for remuneration.  |

### Additional Terms and Conditions (applicable to Personal Accident Insurance Coverage only)

#### 1. Notification of Accident

The Covered Person or the representative, as the case maybe, must notify the Company of the injury without delay. In the event of a death, the Company must be notified immediately, unless it can be proved that there is reasonable explanation why a notification could not be made in a timely manner and that it was made as soon as possible.

#### 2. Beneficiaries under the Insurance Policy

The Covered Person can identify their beneficiary for the Company to pay the benefits under Personal Accident Insuring Agreement in case of the Covered Person's death to the indicated beneficiary. If there is no beneficiary indicated, the Company shall pay the benefits to the estate or legal heirs of the Covered Person.

In case that there is only one beneficiary indicated and the beneficiary dies before or at the same time with the Covered Person, the Covered Person must notify the Company in writing of the changes of the beneficiary. If the Covered Person is unable to notify the Company of this required change, the Company shall pay the benefits to the estate or legal heirs of the Covered Person.

If there are more than one beneficiary and any of the beneficiaries dies before or at the same time with the Covered Person, the Covered Person must notify the Company in writing of the replacement of the remaining beneficiary. If the Covered Person fails to notify the Company of the replacement of the beneficiary, the Company shall pay the benefit to the remaining beneficiaries equally when the Covered Person dies.

#### 3. Change of Occupation

If the Covered Person suffers an injury while under a remunerated occupation which is considered more hazardous than which had been previously declared to the Company, the Company shall pay the compensation equal to the coverage amount of which the previously paid premium can purchase.

If the Covered Person's new occupation has a lower risk than what the Company has classified, the Company shall reduce and refund the insurance premium in proportion since the date that the Company receives the evidence of change of occupation.

#### **4. Submission of Evidence of Claims**

##### **4.1 Loss of Life Benefit**

The Covered Person or their representative, as the case maybe, shall submit the following documentary evidence at their own expense to the Company within 30 days after the Covered Person's death:

- 1) A Claim Form as prescribed by the Company
- 2) A Death Certificate
- 3) A Copy of an autopsy report certified by the Case Officer or the Reporting Agency
- 4) A Copy of Police Diary Report certified by the Case Officer
- 5) A copy of the ID or House Registration stamped "death" of the Covered Person.
- 6) A copy of the ID or House Registration of the Beneficiary.
- 7) Other necessary supporting documents that the Company may require. (If there is any doubt and the additional document is required for further consideration)

Failure to submit documentary evidence within the specified period shall not loss the right to claim if it can be proved that there is reasonable explanation why a claim could not be made in a timely manner and that the claim was filed as soon as it can be done.

##### **4.2 Permanent Disability or Dismemberment Benefit**

The Covered Person or their representative, as the case maybe, shall submit the following documentary evidence, at their own expense, to the Company within 30 days after the physician concludes that Covered Person sustained a permanent disability or dismemberment:

- 1) A Claim Form as specified by the Company
- 2) A medical report confirming the permanent disability or dismemberment of the Covered Person, and photographs (if any)
- 3) A copy of the Police Daily Report of the accident (in case of traffic accident) certified by the owner of the case (if any)
- 4) Other necessary supporting documents that the Company may require. (If there is any doubt and the additional document is required for further consideration)

Failure to submit documentary evidence within the specified period shall not loss the right to claim if it can be proved that there is reasonable explanation why a claim could not be made in a timely manner and that the claim was filed as soon as it can be done.

#### **5. Murder by the Beneficiary**

If the Covered Person is intentionally murdered by their Beneficiary in case that there is only one beneficiary, the Company will not pay any benefit under the coverage specified under this Insurance Policy. The Company shall return the premium paid by deducting the premium for the period the insurance policy has been in force in proportion to the to the estate or legal heirs of the Covered Person.

In case there is more than one beneficiary, any beneficiary does not participate in the intentional killing of the Covered Person, the Company shall pay the benefit to the beneficiary who does not participate in the killing of the Covered Person in the stated proportion. In this regard, the Company will not return the premium.

#### **6. Area of Cover**

24-7 worldwide

#### **Additional Exclusions (Applicable only to Personal Accident Insurance Coverage only)**

**The Insurance under this Personal Accident Insurance Coverage does not cover any loss or damage due to or arise from, or as a result of the following circumstances:**

1. **Any loss or damage due to or arise from, or as a result of the following circumstances.**
  - 1.1 **Suicide, suicide attempt or self-injured.**
  - 1.2 **Being exposed to pathogens, parasitic except the infection or tetanus or Rabies caused by the wound from an accident.**
  - 1.3 **Medical or surgical treatment unless it is necessary due to the injury that is covered under this personal accident insurance coverage and is done within the period specified in the insurance policy.**
  - 1.4 **Miscarriage.**
  - 1.5 **Dental treatment or root canal treatment except the treatment occurs within 7 days from the accident date.**
  - 1.6 **Replacement or insertion of dentures, crowns, orthodontics**
  - 1.7 **Food poisoning**

- 1.8 Back pain caused by Disc Herniation, Spondylolisthesis, Degenerative Disc Disease, Spondylosis, Defect or Pars interarticularis (Spondylolysis) unless the Fracture or Dislocation of the spine caused by an accident.**
- 1.9 Radioactive explosions or nuclear components or any other dangerous substance that could explode in a nuclear processes**
- 2. Any losses or damages that occurs under circumstances (unless the coverage has been extended and there is an endorsement to cover such coverage)**
- 2.1 Whilst the Covered Person is riding or traveling as a passenger on a motorcycle.**
- 2.2 Whilst the Covered Person is boarding or traveling in an aircraft which has no license for carrying passengers or does not operate as a commercial aircraft.**
- 2.3 Whilst the Covered Person pilots or works as a crew in any aircraft.**
- 2.4 Whilst the Covered Person is taking part in a brawl or taking part in inciting a brawl.**
- 2.5 While the Covered Person is performing duties as a soldier, a police or a volunteer and engaged in war or crime suppression. If the Insured has to be in charge of such duties longer than 30 days, the Company shall refund the premium since the date that the performing duties commenced and will remain until such performance has ended. After such time, the Policy shall become effective again until the expiry date as specified on the Policy Schedule.**

**Insuring Agreement**  
**Loss of Life, Dismemberment, Loss of Sight or Total Permanent Disability due to an Accident**  
**(Or Bor 1)**

(Attached to Personal Accident Insurance Coverage)

While this Policy is in effect, this Insurance covers any losses or damages to the Insured arising from bodily injury, which is caused by an accident, resulting in loss of life, dismemberment, loss of sight or permanent disability within one hundred eighty (180) days from the date of the Accident, or if the Injury sustained by the Covered Person necessitates his or her continuous Treatment as an Inpatient in a Hospital and the Covered Person dies as a result of that Injury at any time, the Company shall pay compensation as follows:

- |   |                         |  |
|---|-------------------------|--|
| 1 | 100% of the Sum Insured | for Loss of Life   |
| 2 | 100% of the Sum Insured | for Total Permanent Disability that continues for no less than 12 months after the Accident or if there is any medical indication that the Insured suffers a Total Permanent Disability. |
| 3 | 100% of the Sum Insured | for loss of both hands from the wrists or loss of both feet from the ankles or loss of sight in both eyes.   |
| 4 | 100% of the Sum Insured | for loss of one hand from the wrist and loss of one foot from the ankle.   |
| 5 | 100% of the Sum Insured | for loss of one hand from the wrist and loss of sight (one eye).   |
| 6 | 100% of the Sum Insured | for loss of one foot from the ankle and loss of sight (one eye).   |
| 7 | 60% of the Sum Insured  | for loss of one hand from the wrist.   |
| 8 | 60% of the Sum Insured  | for loss of one foot from the ankle.   |
| 9 | 60% of the Sum Insured  | for loss of sight (one eye).   |

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

Throughout the insurance period, the aggregate amount of compensation paid by the Company for the consequences covered hereunder will not exceed the sum insured specified in the Benefit Schedule. If the amount of compensation paid by the Company under this coverage agreement has not yet reached the full amount of the sum insured, the Company will provide coverage hereunder until the expiration of the insurance period, in accordance with the balance of the sum insured.

Note: The Company will not apply the Insuring Agreement of Loss of Life, Dismemberment, Loss of Sight or Total Permanent Disability due to an Accident (Or Bor 1) to create a medical plan together with the Insuring Agreement of Loss of Life, Dismemberment, Loss of Sight, Loss of Hearing, Loss of Speech or Total Permanent Disability due to an Accident (Or Bor 2)

## Endorsement of Extended Coverage for Pregnancy and Child Delivery

(Attached to Personal Health Insurance Coverage  
Health and Accident Insurance Policy “New Normal Lifestyle Series”)

Company code

Endorsement No.	Part of Policy No.	Date
The Insured:		
The Covered Person:		Relationship to the Insured:
The Beneficiary:		Relationship to the Covered Person:
Period of the Cover: from	at	hrs. to at 24:00 hrs
Net Premium	Baht	Stamp Duty Baht Tax Baht Total Premium Baht

If the statement in this endorsement is in conflict or inconsistent with any statement in the Insurance Policy, it is to be agreed that during the effective period as specified in this insurance endorsement, this policy extends to cover pregnancy and child delivery.

The Company agrees to pay the medical expenses incurred in a Hospital or a Medical Facility, and physician’s fee for each pregnancy and child delivery subject to the Insurance Policy continuing in force not less than 280 days from the commencement date of the policy for child delivery and not less than 90 days from the commencement date of the policy for miscarriage. The coverage is as follows:

1. Room and board including service fees in a Hospital or a Medical Facility and nursing service fee according to the actual expenses but not exceeding the daily limit and/or the maximum benefit amount per pregnancy and child delivery as indicated in the Benefit Schedule and/or Policy Schedule and/or Renewal Insurance Certificate whichever is less.
2. Medical Service Fees, including
  - 2.1 Operating theater and procedure room fees, costs of laboratory test, prescribed medicines, or blood transfusion
  - 2.2 Medical practitioner fees, anesthesiologists and/or caesarean practitioner fees
  - 2.3 Antenatal and postpartum care
3. Ambulance fee for each pregnancy and child delivery according to the actual amount paid but not exceeding the maximum benefit amount per pregnancy and child delivery as indicated in the Policy Schedule and/or this endorsement.
4. Medical Expenses for surgical treatment due to child delivery, miscarriage by a physician or a surgeon.

### **Additional Terms and Conditions (applicable to the Endorsement of Extended Coverage for Pregnancy and Child Delivery only)**

The payment of benefits for each pregnancy and child delivery does not exceed

1. The actual payable amount less the deductible amount and/or copayment (if any) but not exceeding the maximum benefit amount for each pregnancy and child delivery as indicated in the benefit schedule and/or the Policy Schedule and/or the Renewal Insurance Certificate in cases of natural child delivery, planned cesarean section without indication or Medical Necessity.
2. The actual payable amount less the deductible amount and/or copayment (if any) but not exceeding the maximum benefit amount for each pregnancy and child delivery as indicated in in the Benefit Schedule and/or the Policy Schedule and/or the Renewal Insurance Certificate in cases of natural child delivery, cesarean section.
3. The actual payable amount less the deductible amount and/or copayment (if any), but not exceeding the maximum benefit amount for each pregnancy and child delivery as indicated in the benefit schedule and/or the Policy Schedule and/or the Renewal Insurance Certificate in cases of dilation & curettage and miscarriage and operation of ectopic pregnancy.

### **Additional Limitations (applicable to the Endorsement of Extended Coverage for Pregnancy and Child Delivery only)**

1. The Company shall not pay the benefits for the Medical Expense whilst the Covered Person’s admission to a hospital or medical facility within 280 prior to this endorsement first come into the effect.
2. The Company shall not pay the benefits for non-child-delivery related medical treatment unless such treatment is necessary to save the life of the mother or newborn.

### **Additional Exclusions (applicable to the Endorsement of Extended Coverage for Pregnancy and Child Delivery only)**

**This insurance does not cover special nursing service fee.**

The liability of the Company shall not exceed the amount of benefit specified in the Benefit Schedule and/or the Policy Schedule and/or the Renewal Insurance Certificate.

If any statement in this Insurance Endorsement is in conflict with any statement in the Insurance Policy, it is to be agreed that this Insurance Policy extends to cover the above Insurance Endorsement. Other conditions in this Insurance Policy and its other exclusions remain unchanged.



## Endorsement of Extended Coverage for Dental Treatment

(Attached to Personal Health Insurance Coverage  
Health and Accident Insurance Policy “New Normal Lifestyle Series”)

Company code

Endorsement No.	Part of Policy No.	Date					
The Insured:							
The Covered Person:	Relationship to the Insured:						
The Beneficiary:	Relationship to the Covered Person:						
Period of the Cover: from	at	hrs. to	at	24:00 hrs			
Net Premium	Baht	Stamp Duty	Baht	Tax	Baht	Total Premium	Baht

### Additional Definitions

- 1) **Dentistry** means Examination, diagnosis, curing, or treatment of diseases, disorders and conditions of the teeth, organs related to teeth, dental organs, intraoral organs, jaw and maxillofacial bone, including surgical or any other procedures for the purpose of curing, restoring, and rehabilitating intraoral organs, jaw and maxillofacial bones, as well as intraoral dental services.
- 2) **Prosthodontics** means A branch of dentistry in relation with taking care of, restoration of natural teeth, and/or a replacement of organs into an oral cavity and maxillofacial bones that are connected to the jaw with intraoral organs or prosthesis in order for them in normal condition, functioning effectively and beautifully.

If the statement in this Endorsement is in conflict or inconsistent with any statement in the Insurance Policy, it is to be agreed that during the effective period as specified as set forth in this Endorsement, the Insurance Policy has extended to cover Dental Treatment.

The Company agrees to pay the Covered Person for costs of dental treatment performed by a Dentist at the actual amount paid less the Deductible Amount (if any) and/or the 20% Copayment but not exceeding the maximum amount payable per policy year as specified in the Benefit Schedule and/or the Policy Schedule and/or the Renewal Insurance Certificate.

### **The coverage for dental treatments is as follows:**

1. Tooth and oral examination maximum 2 visits/year
2. Scaling maximum 2 visits/year
3. Topical fluoride (for the Covered Person's who are not over 12 years old).
4. X-rays maximum 2 visits/year
5. Fillings maximum 2 visits/year
6. Extraction
7. Root Canal Treatment
8. Impacted Tooth Removal
9. Plastic Removable Dentures
10. Porcelain or Metal Crowning and orthodontics including dental treatment with a modern innovation is limited to 30,000 Baht per Policy Year, under the Endorsement of Extended Coverage for the Dental Benefit as specified in the Benefit Schedule and/or the Policy Schedule and/or the Renewal Insurance Certificate.

The dental treatment coverage under this insurance policy will not be effective until the Company receives a completion of oral and dental examination performs by the dentist in accordance with the Oral and Dental Examination Form specified by the Company for consideration of insurance.

### **Additional Terms and Conditions (applicable to the Endorsement of Extended Coverage for the Dental Benefit only)**

#### **1. Pre-Existing Conditions**

All conditions of a complete oral and dental examination include having a full set of X-ray teeth recording damaged or at fault teeth by the Dentist in the Oral and Dental Examination Form as specified by the Company at the first time that the Covered Person is examined, is considered to be a Pre-Existing Condition and not subject to cover. However, the cost of the first time examination shall be covered under this Endorsement, provided that the Covered Person or the representative as the case maybe, must submit the oral examination report, complete dental examination recorded by the Dentist including completion of a dental x-ray according to the form specified by the Company to the Company for consideration along with the claims documents according to this Endorsement.

## **2. Submission of Evidence of Claims**

The Covered Person or the representative, as the case may be shall submit the following documentary evidence to the Company within 30 days after receiving the dental treatment at their own expense:

- 1) A Claim Form as prescribed specified by the Company
- 2) A Dental Certificate according to the form as prescribed by the Company
- 3) An original receipt presenting expenses or the closing statement with the receipt
- 4) An oral examination report, a complete dental examination, including a complete set of dental x-ray documents recorded by the dentist according to the form prescribed by the Company
- 5) Other necessary supporting documents that the Company may require. (If there is any doubt and the additional document is required for further consideration).

The receipt must be the original receipt. The Company will return the original receipt and certify the paid amount, so that the Covered Person is able to claim the remaining balance from other insurers. If the Covered Person has received reimbursement from the government, other welfare or other insurers, the Covered Person may submit a copy of the receipt specifying the amount paid by the government or other welfare and claiming for the remaining balance from the Company.

Failure to submit documentary evidence within the specified period shall not jeopardize loss the right to claim if it can be proven that there is reasonable explanation why a claim could not be made in a timely manner and that the claim was filed as soon as it can be done.

### **Additional Exclusions (Applicable to the Endorsement of Extended Coverage for the Dental Benefit only)**

**This Insurance Endorsement does not cover Medical Expenses or damages caused by Injury or Illness (including complications), symptoms or irregularity caused by:**

- 1. Request for treatment or surgical dental treatment without dentist's recommendation including dental services unnecessary to be treated.**
- 2. All types of Orthotics and Prosthetics.**
- 3. Any elective treatment for physical appearance e.g. Tooth Whitening, and treatments for gaps or a discolored tooth.**
- 4. Treatment for teeth-grinding including the treatment for sleeping disorders.**
- 5. All types of Braces (Orthodontics) and/or Occlusal Adjustment.**
- 6. Non-pathological dental treatment**

**The Company's liability shall not exceed the maximum benefit amount as specified in the Benefit Schedule and/or the Insurance Policy Schedule and/or the Renewal Insurance Certificate.**

**If any statement in this Insurance Endorsement is in conflict with any statement in this Insurance Policy, it is to be agreed to enforce this Insurance Endorsement instead. Other conditions in this Insurance Policy and its other exclusions remain unchanged.**

## Endorsement of Extended Coverage for Eye Examination, Eye Measurement and Visual Acuity

(Attached to Personal Health Insurance Coverage  
Health and Accident Insurance Policy “New Normal Lifestyle Series”)

Company code

Endorsement No.	Part of Policy No.	Date					
The Insured:							
The Covered Person:	Relationship to the Insured:						
The Beneficiary:	Relationship to the Covered Person:						
Period of the Cover: from	at	hrs. to	at	24:00 hrs			
Net Premium	Baht	Stamp Duty	Baht	Tax	Baht	Total Premium	Baht

If the statement in this Endorsement is in conflict or inconsistent with any statement in the Insurance Policy, it is to be agreed that during the effective period as specified as set forth in this Endorsement, the Insurance Policy has extended to cover Eye Examination, Eye Measurement and Vision Acuity.

The Company agrees to pay the Covered Person for the cost of Eye Examination, Eye Measurement and Vision Acuity at the actual amount paid less the Deductible Amount (if any) and/or the 20% Copayment but not exceeding the maximum amount payable per policy year as specified in the Benefit Schedule and/or the Policy Schedule and/or the Renewal Insurance Certificate when the eyesight or the eye measurement results has changed from the previous result covered by the Company.

### The coverage for Eye Examination, Eye Measurement and Visual Acuity is as follows:

1. Expenses for Eye Examination and Eye Measurement
2. Expenses for eyeglasses, sunglasses (these must be based upon medical indication recommended by the Ophthalmologist's) and Contact Lenses. The eyeglasses and sunglasses are limited to 1 item or 1 set per policy year.

The coverage for Eye Examination, Eye Measurement and Visual Acuity under this Insurance Policy is not available until the Company receives a complete eye examination and eye measurement reports recorded by the Ophthalmologist on the Vision Examination Form as prescribed specified by the Company.

### **Additional Terms and Conditions (applicable to the Endorsement of Extended Coverage for Eye Examination, Eye Measurement and Visual Acuity only)**

#### 1. Pre-Existing Conditions

The results of the first eyes examination and eyes measurements recorded by an Ophthalmologist on the Vision Examination Form as specified by the Company, which the Covered Person has undertaken shall be and are considered to be pre-existing conditions and not covered under this Endorsement of Extended Coverage Eye Examination, Eye Measurement and Visual Acuity. However, the cost of the first vision examination and eye measurement shall be covered under this Endorsement. The Covered Person or the representative as the case maybe shall submit the completed Vision Examination Form recorded by the Ophthalmologist to the Company for consideration along with the claims documentation according to this Endorsement.

#### 2. Submission of Evidence of Claims

The Covered Person or the representative, as the case maybe shall submit the following documentary evidence to the Company within 30 days after receiving the results of eye examination, eye measurement and vision acuity at their own expense:

- 1) A Claim Form as prescribed specified by the Company
- 2) An original receipt presenting expenses or the closing statement with the receipt
- 3) A completed Vision Examination Report recorded by an Ophthalmologist according to the form prescribed specified by the Company.
- 4) Other necessary supporting documents that the Company may require. (If there is any doubt, additional documentation may be required for further consideration)

The receipt must be the original receipt. The Company will return the original receipt and certify the paid amount, so that the Covered Person is able to claim the remaining balance from other insurers. If the Covered Person has received reimbursement from the government, other welfare or other insurers, the Covered Person may submit a copy of the receipt specifying the amount paid by the government or other welfare and claiming for the remaining balance from the Company.

Failure to submit documentary evidence within the specified period shall not jeopardize loss the right to claim if it can be proved that there is reasonable explanation why a claim could not be made in a timely manner and that the claim was filed as soon as it can be done.

**Additional Exclusions (applicable to the Endorsement of Extended Coverage for Eye Examination, Eye Measurement and Visual Acuity only)**

**This Insurance Endorsement does not cover expenses for surgery to correct eyesight or visual acuity including medical expenses caused by the complications that follow or the consequences of such treatment.**

**The Company's liability shall not exceed the maximum benefit amount as specified in the Benefit Schedule and/or the insurance Policy Schedule and/or the Renewal Insurance Certificate.**

**If any statement in this Insurance Endorsement is in conflict with any statement in this Insurance Policy, it is to be agreed to enforce this Insurance Endorsement instead. Other conditions in this Insurance Policy and its other exclusions remain unchanged.**

**Endorsement of Extended Coverage for  
Costs of Medical Device and Permanent Artificial Organ**

(Attached to Hospitalization (Inpatient) Insuring Agreement,  
Personal Health Insurance Coverage,  
Health and Accident Insurance Policy “New Normal Lifestyle Series”)

Company code

Endorsement No.	Part of Policy No.	Date
The Insured:		
The Covered Person:	Relationship to the Insured:	
The Beneficiary:	Relationship to the Covered Person:	
Period of the Cover: from	at	hrs. to at 24:00 hrs
Net Premium	Baht Stamp Duty	Baht Tax Baht Total Premium Baht

**Additional Definitions**

- 1) **Organ** means A biologic structure composed of two or more types of tissues working to perform functions that are beyond the scope of an individual tissue type. An organ is therefore a collection of tissues joined in a bodily structural unit to perform a common function.
- 2) **Artificial Organ** means The biological structure that consists of two or more tissue types whether the tissue is of human or animal to perform together in each function that is the specific function of that structure which has been invented or created to be used or inserted or embedded into the body of the Covered Person for replacement, repair, or restoration or to maintain the function of such organ.
- 3) **Medical Device** means Tools, facilities, mechanical equipment, or similar components inserted or embedded in the body of the insured to diagnose, prevent or treat the body's abnormalities.
- 4) **Permanent Medical Device** means Tools, facilities, mechanical equipment or similar components inserted or integrated into the body of the Covered Person to diagnose, prevent or treat the body's abnormalities and has an expected useful life expectancy of 5 years or longer.

If the statement in this Endorsement is in conflict or inconsistent with any statement in the Insurance Policy, it is to be agreed that during the effective period as specified as set forth in the Hospitalization (Inpatient) Insuring Agreement under Personal Health Insurance Coverage, this Insurance Policy has extended to cover Medical Device and Permanent Artificial Organ.

After 5 years from the commencement of the policy, the Company shall cover the costs of Medical Device and/or Permanent Artificial Organ that are implanted or inserted in the body of the Covered Person in accordance with the Insurance Policy, the Company shall pay the actual expenses incurred only for Hospitalization (Inpatient) according to medical necessity and medical standards subject to General Services Rate Charge and does not exceed the maximum benefit amount per policy year as specified in the Benefit Schedule and/or the Policy Schedule Policy Schedule and/or the Renewal Insurance Certificate. Except Ultima Plus plan cover at the first year policy.

For the costs of the artificial cornea lens, the Company shall pay for Mono focal Lens Implantation only.

The Company will pay for medical equipment and supplies and permanent prosthesis following the Subsection 2.3 Medicine Fee, Parenteral Nutrition Fee, and Medical Supplies Fee under Hospitalization (Inpatient) section of the Insuring Agreement. The benefit amount payable under this Endorsement including medicines, parenteral nutrition and medical supplies must not exceed the actual amount payable or the benefit limit as specified in the Benefit Schedule and/or Policy Schedule and/or Renewal Insurance Certificate, whichever is less. // The benefit amount payable under this Endorsement once combined with the expenses of medicines, parenteral nutrition and medical supplies must not exceed the actual amount payable or the benefit limit as specified in the Benefit Schedule and/or Policy Schedule Policy Schedule and/or Renewal Insurance Certificate, whichever is less.

**Additional Exclusions (applicable to Endorsement of Extended Coverage for Costs of Medical Device and Permanent Artificial Organ only)**

**This Insurance Policy does not cover the following expenses:**

1. Any expenses for **Medical Device and Permanent Artificial Organ implanted or inserted in the Covered Person’s body occurring within 5 years (up to 5 years) from the first commencement date of this endorsement attached to the policy**
2. Any expenses related to dental implants, dental implant procedures and their complications.

**The Company's liability shall not exceed the maximum benefit amount as specified in the Benefit Schedule and/or the Insurance Policy Schedule and/or the Renewal Insurance Certificate.**

**If any statement in this Insurance Endorsement is in conflict with any statement in this Insurance Policy, it is to be agreed to enforce this Insurance Endorsement instead. Other conditions in this Insurance Policy and its other exclusions remain unchanged.**



**Endorsement of Extended Coverage  
Outpatient Physiotherapy, Acupuncture, and Chiropractic Fees**

(Attached to Outpatient Benefit Insuring Agreement  
Personal Health Insurance Coverage

Health and Accident Insurance Policy “New Normal Lifestyle Series”)

Company code

Endorsement No.	Part of Policy No.				Date			
The Insured:								
The Covered Person:				Relationship to the Insured:				
The Beneficiary:				Relationship to the Covered Person:				
Period of the Cover: from	at	hrs.	to	at	24:00 hrs			
Net Premium	Baht	Stamp Duty	Baht	Tax	Baht	Total Premium	Baht	

**Additional Definitions**

**Healing Arts Practitioner** means a person who is registered and licensed as a healing arts practitioner from the Profession Committee

If the statement in this Endorsement is in conflict or inconsistent with any statement in the Insurance Policy, it is to be agreed that the Outpatient Benefit Insuring Agreement under Personal Health Insurance Coverage, this Insurance Policy has extended to cover Outpatient Physiotherapy, Acupuncture, and Chiropractic Treatments.

Within the period that this Endorsement is in force, the Company will pay benefits for the following expenses:

1. Physiotherapy fees, occupational therapy fee, rehabilitation medicine fee, acupuncture, therapy service fee, occupational therapy service fee, medical practitioner’s fee for performing rehabilitation medicine or the physical therapist’s fee, costs of equipment and medical supplies related to physiotherapy and all kinds of therapeutic activities.
2. Outpatient acupuncture for physical therapy by a licensed healing art practitioner of the Art of Healing, Chinese Traditional Medicine branches.
3. Chiropractics being performed by a licensed healing art practitioner of Chiropractic Medicine Branch.

The Company shall pay the benefits for Outpatient Physiotherapy, Acupuncture, and Chiropractic deemed as medical treatment in according with Medical Necessity and Medical Standards on a General Services Rate Charges basis. The benefit will be paid according to actual expenses less deductible and/or copayment (if any), but not exceeding the benefit amount per time and/or the maximum benefit per policy year as specified in the Benefit Schedule and/or Policy Schedule and/or Renewal Insurance Certificate.

However, in the case of the benefit under Outpatient Limit by Visit, the Covered Person is able to receive such treatment under this Endorsement by 1 visit per day maximum at 3 visits for Standard Plus, Standard Extra, Premier. maximum at 5 visits for Premier Plus, Maxima. maximum at 7 visits for Maxima Plus, Ultima. maximum at 10 visits for Ultima Plus and in combining with outpatient medical treatment due to injury and illness up to 30 visits per policy year or paid as actual within the maximum limit of benefit as specified in the Policy Schedule.

**The Company’s liability shall not exceed the maximum benefit amount as specified in the Benefit Schedule and/or the Insurance Policy Schedule and/or the Renewal Insurance Certificate.**

**If any statement in this Insurance Endorsement is in conflict with any statement in this Insurance Policy, it is to be agreed to enforce this Insurance Endorsement instead. Other conditions in this Insurance Policy and its other exclusions remain unchanged.**

## Endorsement of Extended Coverage for Elective Treatment outside of Thailand

(Attached to Personal Health Insurance Coverage,  
Health and Accident Insurance Policy “New Normal Lifestyle Series”)

Company code

Endorsement No.	Part of Policy No.	Date					
The Insured:							
The Covered Person:	Relationship to the Insured:						
The Beneficiary:	Relationship to the Covered Person:						
Period of the Cover: from	at	hrs. to	at	24:00 hrs			
Net Premium	Baht	Stamp Duty	Baht	Tax	Baht	Total Premium	Baht

If the statement in this Endorsement is in conflict or inconsistent with any statement in the Insurance Policy, it is to be agreed that during the effective period as specified as set forth in this Endorsement, this Insurance Policy has extended to cover an Elective Medical Treatment outside of Thailand.

The Company agrees to pay the benefits for Elective Treatment outside of Thailand for necessary and reasonable expenses incurred for medical treatment in accordance with Medical Necessity and Medical Standards under the General Services Rate Charges for the actual expenses less deductible and/or copayment (if any) as specified in the Benefit Schedule and/or Policy Schedule and/or Renewal Insurance Certificate. The Company shall pay the benefit based on the foreign exchange rate on the date specified on the medical receipt.

However, any Elective Treatment outside of Thailand MUST always be approved by the Company in order to be covered under this Endorsement

### **Additional Terms and Conditions (applicable to the Endorsement of Extended Coverage for Elective Treatment outside of Thailand only)**

#### **Submission of Claims Evidence**

The Covered Person or the representative, as the case maybe shall submit the documented evidence in English to the Company at their own expense.

- 1) A Claim Form as specified by the Company
- 2) Copy of passport and/or proof of the travel of the Covered Person
- 3) A Medical Certificate indicating the symptom, diagnosis and treatment result.
- 4) A laboratory test result (if any)
- 5) Copy of a Police Report (in case of accident)
- 6) An original receipt presenting expenses or the closing statement with the receipt
- 7) Other necessary supporting documents that the Company may require. (If there is any doubt and the additional document is required for further consideration)

The Covered Person shall submit the above documentary evidence within 30 days after the trip. The receipt must be the original receipt. The Company will return the original receipt and certify the paid amount, so that the Covered Person is able to claim the remaining balance from other insurers. If the Covered Person has received reimbursement from the government, other welfare or other insurers, the Covered Person may submit a copy of the receipt specifying the amount paid by the government or other welfare and claiming for the remaining balance from the Company.

Failure to submit the documentary evidence within the specify period is deemed that the Covered Person surrender the right to claim the benefits under this Endorsement.

**The Company’s liability shall not exceed the maximum benefit amount as specified in the Benefit Schedule and/or the Insurance Policy Schedule and/or the Renewal Insurance Certificate.**

**If any statement in this Insurance Endorsement is in conflict with any statement in this Insurance Policy, it is to be agreed to enforce this Insurance Endorsement instead. Other conditions in this Insurance Policy and its other exclusions remain unchanged.**

**Endorsement of Extended Coverage  
Specific Exclusion of the Coverage**

(Attached to Personal Health Insurance Coverage or Daily Hospitalization Income Benefit  
Health and Accident Insurance Policy “New Normal Lifestyle Series”)

Company code

Endorsement No.	Part of Policy No.	Date
The Insured:		
The Covered Person:		Relationship to the Insured:
The Beneficiary:		Relationship to the Covered Person:
Period of the Cover: from	at	hrs. to at 24:00 hrs
Net Premium	Baht Stamp Duty	Baht Tax Baht Total Premium Baht

If the statement in this Endorsement is in conflict or inconsistent with any statement in the Insurance Policy, it is to be agreed that during the effective period as specified in this Endorsement, the Coverage under the above Insurance Policy, only those specified in this Endorsement shall not be covered for injury or illness directly related or in consequent of or their complications of the injury of illness indicated hereunder in the following table. This is due to the additional declaration to the Covered Person’s Insurance Application as follow:

Coverage	Exclusion
Personal Health Insurance Coverage	
Daily Hospitalization Income Benefit (if any)	

However, the exclusion of the above Coverage for shall be applicable to all Insuring Agreements and Endorsements attached such Coverage and Section (if any)

If any statement in this Insurance Endorsement is in conflict with any statement in this Insurance Policy, it is to be agreed to enforce this Insurance Endorsement instead. Other conditions in this Insurance Policy and its other exclusions remain unchanged.

Note: This is for issuing to the Insured since the first year of insurance only.

**Endorsement of Extended Coverage for Newborn Child Type 1**  
 (Attached to Hospitalization (Inpatient) and Outpatient Benefit Insuring Agreement  
 Personal Health Insurance Coverage  
 Health and Accident Insurance Policy “New Normal Lifestyle Series”)

Company code

Endorsement No.	Part of Policy No.	Date
The Insured:		
The Covered Person:		Relationship to the Insured:
The Beneficiary:		Relationship to the Covered Person:
Period of the Cover: from	at	hrs. to at 24:00 hrs
Net Premium	Baht Stamp Duty	Baht Tax Baht Total Premium Baht

**Additional Definitions**

**Newborn Child** means An infant who is aged 15 days and more

If the statement in this Endorsement is in conflict or inconsistent with any statement in the Insurance Policy, it is to be agreed that during the effective period as specified in this Endorsement, this Insurance Policy has extended to cover a Newborn Child under Hospitalization (Inpatient) and the Outpatient Benefit Insuring Agreement.

If the Insured and the Insured’s spouse are insured under this Insurance Policy, the Newborn Child of the Insured’s and the Insured’s spouse born whilst this Endorsement is effective for not less than 280 days from the policy commencement date of this Endorsement comes into the effect for the first time, will be covered under the Hospitalization (Inpatient) and the Outpatient Benefit Insuring Agreement. This is in addition to the Coverage of the Insured and the Insured’s spouse, the benefit amount is equal to the Insured’s and of the Insured’s spouse without the additional insurance premiums required. However, the Insured must complete the insurance application attached with a copy of the Newborn’s birth certificate and submit them to the Company. The coverage of Newborns under this Endorsement shall begin when the Newborn is 15 days old and not being treated in a Hospital or a Medical Facility. The coverage under this Endorsement shall begin in the Policy Year which the baby is born and expire on the expiry date of such policy year as specified in the Policy Schedule and/or Renewal Insurance Certificate and/or this Endorsement. The Newborn will be covered under this Endorsement for not more than one (1) policy year.

In case the Insured and the Insured’s spouse are insured under different medical plans, the Newborn child will be covered under the lower medical plan. However, the coverage of the Newborn child is subject to the Company’s consideration.

If the Insured wishes the Newborn be continually covered under this Endorsement, the Insured must pay the premium of the Newborn at the Company’s normal premium rate.

The Company’s liability shall not exceed the maximum benefit amount as specified in the Benefit Schedule and/or the Insurance Policy Schedule and/or the Renewal Insurance Certificate.

If any statement in this Insurance Endorsement is in conflict with any statement in this Insurance Policy, it is to be agreed to enforce this Insurance Endorsement instead. Other conditions in this Insurance Policy and its other exclusions remain unchanged.

Note: The Company will not apply the Endorsement of Extended Coverage for Newborn type 1 create a medical plan together with the Endorsement of Extended Coverage for Newborn type 2.

**Endorsement of Extended Coverage for Newborn Child Type 2**  
 (Attached to Hospitalization (Inpatient) Insuring Agreement  
 Personal Health Insurance Coverage  
 Health and Accident Insurance Policy “New Normal Lifestyle Series”)

Company code

Endorsement No.	Part of Policy No.				Date			
The Insured:								
The Covered Person:				Relationship to the Insured:				
The Beneficiary:				Relationship to the Covered Person:				
Period of the Cover: from	at	hrs.	to	at	24:00 hrs			
Net Premium	Baht	Stamp Duty	Baht	Tax	Baht	Total Premium	Baht	

**Additional Definitions**

**Newborn Child** means An infant who is aged 15 days and more

If the statement in this Endorsement is in conflict or inconsistent with any statement in the Insurance Policy, it is to be agreed that during the effective period as specified in this Endorsement, this Insurance Policy has extended to cover a Newborn Child under Hospitalization (Inpatient) Insuring Agreement.

If the Insured and the Insured’s spouse are insured under this Insurance Policy, the Newborn Child of the Insured’s and the Insured’s spouse born whilst this Endorsement is effective for not less than 280 days from the policy commencement date of this Endorsement comes into the effect for the first time, will be covered under the Hospitalization (Inpatient) Insuring Agreement. This is in addition to the Coverage of the Insured and the Insured’s spouse, the benefit amount is equal to the Insured’s and of the Insured’s spouse without the additional insurance premiums required. However, the Insured must complete the insurance application attached with a copy of the Newborn’s birth certificate and submit them to the Company. The coverage of Newborns under this Endorsement shall begin when the Newborn is 15 days old and not being treated in a hospital or a medical facility. The coverage under this Endorsement shall begin in the Policy Year which the baby is born and expire on the expiry date of such policy year as specified in the Policy Schedule and/or Renewal Insurance Certificate and/or this Endorsement. The Newborn will be covered under this Endorsement for not more than one (1) policy year.

In case the Insured and the Insured’s spouse are insured under different medical plans, the Newborn child will be covered under the lower medical plan. However, the coverage of the Newborn child is subject to the Company’s consideration.

If the Insured wishes the Newborn be continually covered under this Endorsement, the Insured must pay the premium of the Newborn at the Company’s normal premium rate.

The Company’s liability shall not exceed the maximum benefit amount as specified in the Benefit Schedule and/or the Insurance Policy Schedule and/or the Renewal Insurance Certificate.

If any statement in this Insurance Endorsement is in conflict with any statement in this Insurance Policy, it is to be agreed to enforce this Insurance Endorsement instead. Other conditions in this Insurance Policy and its other exclusions remain unchanged.

Note: The Company will not apply the Endorsement of Extended Coverage for Newborn type 1 create a medical plan together with the Endorsement of Extended Coverage for Newborn type 2.

**Endorsement of Extended Coverage**  
**Riding or Traveling as a Passenger on a Motorcycle**  
 (Attached to Personal Accident Insurance Coverage  
 Health and Accident Insurance Policy “New Normal Lifestyle Series”)

Company code

Endorsement No.	Part of Policy No.	Date
The Insured:		
The Covered Person:		Relationship to the Insured:
The Beneficiary:		Relationship to the Covered Person:
Period of the Cover: from	at	hrs. to at 24:00 hrs
Net Premium	Baht Stamp Duty	Baht Tax Baht Total Premium Baht

If the statement in this Endorsement is in conflict or inconsistent with any statement in the Insurance Policy, it is to be agreed that during the effective period as specified in this Endorsement, the Personal Accident Insuring Agreement under this Insurance Policy, the coverage as its benefit amount specified in the table below has extended to cover any losses or damages arising or resulting from an accident while the Covered Person is riding or traveling as a passenger on a motorcycle. The benefit amount is as specified in the Benefit Schedule and/or Policy Schedule and/or Renewal Insurance Certificate.

Insuring Agreement	Endorsement of Extended Coverage Riding or Traveling as a Passenger on a Motorcycle	
	Benefit Amount (Baht)	Insurance Premium (Baht)

The liability of the Company shall not exceed the amount of benefit specified in the benefit schedule and/or the policy schedule and/or the renewal Insurance certificate.

If any statement in this Insurance Endorsement is in conflict with any statement in the Insurance Policy, it is to be agreed that this Insurance Policy extends to cover the above Insurance Endorsement. Other conditions in this Insurance Policy and its other exclusion remain unchanged.

**Endorsement of Extended Coverage  
Murder and Assault**

(Attached to Loss of Life, Dismemberment, Loss of Sight or Total Permanent Disability due to an Accident (Or Bor 1) Insuring Agreement or Loss of Life, Dismemberment, Loss of Sight, Loss of Hearing, Loss of Speech or Total Permanent Disability due to an Accident (Or Bor 2) Insuring Agreement, Personal Accident Insurance Coverage Health and Accident Insurance Policy “New Normal Lifestyle Series”)

Company code

Endorsement No.	Part of Policy No.	Date
The Insured:		
The Covered Person:		Relationship to the Insured:
The Beneficiary:		Relationship to the Covered Person:
Period of the Cover: from	at	24:00 hrs
	hrs. to	at
Net Premium	Baht	Stamp Duty
	Baht	Tax
	Baht	Total Premium
		Baht

If the statement in this Endorsement is in conflict or inconsistent with any statement in the Insurance Policy, it is to be agreed that during the effective period as specified in this Endorsement, if the injury sustained by the Covered Person is the result of murder or assault, the benefit amount under Loss of Life, Dismemberment, Loss of Sight or Total Permanent Disability due to an Accident (Or Bor 1) Insuring Agreement or Loss of Life, Dismemberment, Loss of Sight, Loss of Hearing, Loss of Speech or Total Permanent Disability due to an Accident (Or Bor 2)

The liability of the Company shall not exceed the amount of benefit specified in the Benefit Schedule and/or the Policy Schedule and/or the Renewal Insurance Certificate.

If any statement in this Insurance Endorsement is in conflict with any statement in the Insurance Policy, it is to be agreed that this Insurance Policy extends to cover the above Insurance Endorsement. Other conditions in this Insurance Policy and its other exclusions remain unchanged.



**Endorsement of Extended Coverage  
Premium Discount due to No Claim History**

(Attached to Health and Accident Insurance Policy “New Normal Lifestyle Series”)

Company code

Endorsement No.	Part of Policy No.				Date		
The Insured:							
The Covered Person:				Relationship to the Insured:			
The Beneficiary:				Relationship to the Covered Person:			
Period of the Cover: from	at	hrs.	to	at	24:00 hrs		
Net Premium	Baht	Stamp Duty	Baht	Tax	Baht	Total Premium	Baht

If the statement in this Endorsement is in conflict or inconsistent with any statement in the Insurance Policy, it is to be agreed that during the effective period as specified in this Endorsement, if the Covered Person does not exercise any claim benefits under this Insurance Policy, the Company shall reduce the insurance premium in the renewal year to 10 % No claim for 1 year, 15% No claim for 2 consecutive years, 20% No claim for 3 consecutive years and over of the annual net premium (Annual net premium means the net insurance premium after any discount and does not include stamp duty or tax) The Company shall give the premium discount in every Policy Year. If the Covered Person renews the insurance policy consecutively and does not claim any benefits during the insured period.

After the Company has given the insurance premiums discount due to no claim history, and thereafter the Company receives the claim during such insured period, the Company will pay benefits for such loss or damage when the Covered Person has returned the premium discount to the Company. Or the Company may pay benefits by deducting the premium discount amount which has been given from the benefit amount that the Company has to pay.

If there is any claim lodging during the renewal insurance policy, the Company shall not give consider the no claim history as an insurance premium discount for such renewal policy year. The net annual insurance premium shall be equal to the normal annual net premium.

The reduction of insurance premiums for the Covered Person under this condition shall be done by deducting from the premium that the Covered Person must pay for the renewal of this Insurance Policy only.

If any statement in this Insurance Endorsement is in conflict with any statement in the Insurance Policy, it is to be agreed that this Insurance Policy extends to cover the above Insurance Endorsement. Other conditions in this Insurance Policy and its other exclusion remain unchanged.

**Endorsement of Extended Coverage  
Consultation Fee for Psychiatrist and Treatment of Psychiatric Diseases  
In the case of being treated as an Inpatient in a Hospital or a Medical Facility**

(Attach to Hospitalization Insuring Agreement (Inpatient),  
Personal Health Insurance Coverage  
Health and Accident Insurance Policy “New Normal Lifestyle Series”)

Company code

Endorsement No.	Part of Policy No.				Date			
The Insured:								
The Covered Person:				Relationship to the Insured:				
The Beneficiary:				Relationship to the Covered Person:				
Period of the Cover: from	at	hrs.	to	at	24:00 hrs			
Net Premium	Baht	Stamp Duty	Baht	Tax	Baht	Total Premium	Baht	

**Additional Definitions**

- 1 Psychiatrist** means A person who has graduated with a Doctor of Medicine degree and has been registered by the Medical Council and is licensed to practice in the field of psychiatry.
- 2 Lifetime** means The total covering period that the insured person is covered under this insurance policy and subsequent policy years from the Company from the first policy effective until the expiry date of the insurance policy as specified in the policy schedule and/or renewal insurance certificate.

If the statement in this Endorsement is in conflict or inconsistent with any statement in the Insurance Policy, it is to be agreed that this Hospitalization Insuring Agreement (Inpatient), Personal Health Insurance Coverage extends to covers a Consultation Fee for Psychiatrist and Treatment of Psychiatric Diseases in the case of being treated as an Inpatient in a Hospital or a Medical Facility.

Whilst this Endorsement is in effect, in the case that the Covered Person receives a medical treatment for psychiatric diseases by a psychiatrist in a hospital or a medical facility, the Company shall pay compensation for medical expenses according to the medical necessity and medical standard at The General Service Rate Charge. The Company shall pay the benefit according to the actual expenses less deductible and/or copayment (if any), but not exceeding the benefit amount as stated in each benefit per confinement and/or under the maximum benefit limit per policy year (if any), as specified in the Benefit Schedule, the Policy Schedule, and/or Renewal Insurance Certificate.

The liability of the Company shall not exceed the amount of benefit specified in the benefit schedule and/or the policy schedule and/or the renewal Insurance certificate.

If any statement in this Insurance Endorsement is in conflict with any statement in the Insurance Policy, it is to be agreed that this Insurance Policy extends to cover the above Insurance Endorsement. Other conditions in this Insurance Policy and its other exclusion remain unchanged.

**Endorsement of Extended Coverage  
Special Nursing Care at Home Fee**

(Attach to Hospitalization Insuring Agreement (Inpatient),  
Personal Health Insurance Coverage  
Health and Accident Insurance Policy “New Normal Lifestyle Series”)

Company code

Endorsement No.	Part of Policy No.	Date
The Insured:		
The Covered Person:		Relationship to the Insured:
The Beneficiary:		Relationship to the Covered Person:
Period of the Cover: from	at	hrs. to at 24:00 hrs
Net Premium	Baht Stamp Duty	Baht Tax Baht Total Premium Baht

If the statement in this Endorsement is in conflict or inconsistent with any statement in the Insurance Policy, it is to be agreed that this Hospitalization Insuring Agreement (Inpatient), Personal health Insurance Coverage extends to covers a Special Nursing Care at Home Fee

Whilst this Endorsement is in effect, the Company shall pay the Special Nursing Care at Home Fee when the attending physician advises and confirms that the Covered Person is required to receive a special nursing care at home under the Company’s approval. The Company shall pay the benefit according to the actual expenses but not exceeding the maximum benefit amount per day up to 30 days per confinement as specified in the Benefit Schedule or the Policy Schedule.

The liability of the Company shall not exceed the amount of benefit specified in the benefit schedule and/or the policy schedule and/or the renewal Insurance certificate.

If any statement in this Insurance Endorsement is in conflict with any statement in the Insurance Policy, it is to be agreed that this Insurance Policy extends to cover the above Insurance Endorsement. Other conditions in this Insurance Policy and its other exclusion remain unchanged.

