This is merely translation only.
Please refer to Individual International GEN Travel Safe Max Insurance Policy in Thai wording language.

Individual International GEN Travel Safe Max Insurance Policy
(Sell through electronic channel (Online))

Subject to the reliance on the declaration given by the Insured in Insurance Application Form which is an integral part of this Policy, and in consideration of the premium paid by the Insured subject to the general terms and conditions, general exclusions, insurance agreements and attachments of this insurance Policy, the Company agrees with the Insured as follows:

Section 1 Definitions

Unless otherwise stipulated herein, all words and phrases whose meanings are specifically defined elsewhere in this Policy shall have the same meanings as appeared hereunder.

1.1	**The Policy**	*means*	The schedule, table of benefits, conditions, insurance agreements, exclusions, attachments, special conditions, warranties and endorsements which are considered as a part of the Policy.
1.2	**The Company**	*means*	Generali Insurance (Thailand) Public Company Limited
1.3	**The Insured**	*means*	The person who is named as the Insured in the schedule of this Policy and/or attachment who is covered by this Policy.
1.4	**Accident**	*means*	Any event happens suddenly from external factors giving rise to the Insured an unintended or unexpected result.
1.5	**Injury**	*means*	Bodily injury as directly resulted by accident solely and is independent from other causes.
1.6	**Sickness**	*means*	Symptoms, abnormalities, sickness, or infection suffered by the Insured that occurs suddenly, acutely, and are unforeseeable after this Insurance Policy has taken effect, and which clearly arises independently and solely from such cause and not from any other cause.
1.7	**Deductible**	*means*	The initial portion of loss or damage for which the Insured is responsible, as specified in the insurance agreements and/or endorsements (if any).
1.8	**Physician**	*means*	The person who holds the degree of Doctor of Medicine and is legally Registered with the Medical Council as Medical Practitioner to provide local medical service or surgery.
1.9	**Nurse**	*means*	The person who is legally licensed to perform the nursing profession.
1.10	**Inpatient**	*means*	The person who is required to receive medical treatment in a Hospital or Medical Facility for a continuous period of not less than 6 hours and who is registered as an inpatient based on diagnosis and medical advice from a Physician in accordance with Medical Standards and within an appropriate period for treatment of such Injury or Illness. This shall also include cases where the person is admitted as an inpatient and subsequently passes before completing 6 hours of admission.
1.11	**Outpatient**	*means*	The person who receives medical service under outpatient department or emergency room of a hospital or medical center or clinic and is not necessary to admit as an inpatient by diagnosis and indication of medical standard.
1.12	**Hospital**	*means*	Any hospital where provides medical service with the capacity to accept patient for overnight treatment and provide sufficient medical personals and full range of services especially rooms for major operation and is duly permitted to register as a hospital according to law of such territory.
1.13	**Medical Center**	*means*	Any medical center where provides medical service with the capacity to accept patient for overnight treatment and is duly permitted to legally register as a medical center according to law of such territory.
1.14	**Clinic**	*means*	The modern type of clinic where it is legally permitted to deliver medical treatment, diagnosis by the Physician but is not able to accept the patient for overnight treatment and is duly permitted to legally register as a clinic according to law of such territory.
1.15	**Medical Standard**	*means*	International rules and practices of medical service that bring to appropriate medical treatment plan for the patient according to the medical necessity and correspond with the conclusion based on injury and sickness background, findings, autopsy result or others (if any).
1.16	**Medical Necessity**		Any medical service under the following conditions: (1) Must correspond with the diagnosis and treatment according to injury, sickness of the patient. (2) Must have clear medical indication according to current medical standard.

			(3) Must not for convenience of the patient or the patient's family members or the treatment service provider solely, and (4) Must be suitable medical service according to the standard of patient care based on the necessity of injury or sickness of such patient.
1.17	**Necessary and Appropriate Expense**	*means*	Medical treatment expenses and/or any expenses for services charged by a hospital or medical center or clinic to the Covered Person.
1.18	**Pre-existing Conditions**	*means*	Any disease (including complications), symptom or abnormality of the Insured occurring within 12 months preceding the effective date of coverage of this Policy with sufficient indication for a general person to seek diagnosis, care or treatment, or for which a Physician shall provide diagnosis, care or treatment.
1.19	**AIDS**	*means*	Acquired Immune Deficiency Syndrome which is caused by AID virus infection and includes Opportunistic Infection, Malignant Neoplasm or Infection or any sickness by HIV (Human Immunodeficiency Virus). Opportunistic Infection shall include but not limit to Pneumocystis Carinii Pneumonia, Organism or Chronic Enteritis, Virus and/or Disseminated Fungi Infection. Malignant Neoplasm shall include but not limit to Kaposi's Sarcoma, Central Nervous System Lymphoma and/or other serious diseases known as Acquired Immune Deficiency Syndrome or causing sudden death, sickness or disability. AIDS shall include HIV (Human Immunodeficiency Virus), Encephalopathy Dementia and Virus outbreak.
1.20	**Policy Year**	*means*	a period of one year commencing from the effective date of the Insurance Policy or from each policy anniversary date for subsequent years.
1.21	**Terrorism**	*means*	Violent action and/or threat by any person or group of person regardless of such action is done alone or in representation or in connection with any organization or government for political, religious, ideology faith purposes or similar objectives including to lead the government and/or public or partial thereof to be in a panic situation.
1.22	**Emergency Assistance Provider**	*means*	The company, juristic person, or representative of an emergency assistance service provider authorized by the Company issuing this Insurance Policy to provide emergency travel assistance and related services to the Insured as specified under this insurance contract.

Section 2 General Terms and Conditions

2.1 Insurance Contract

This insurance contract is executed based on the reliance on the declaration given by the Insured in Insurance Application Form and Health Declaration Form and additional declarations (if any) duly signed by the Insured as evidence of insurance contract, at the meantime, the Company issues this Policy as evidence.

In case that the Insured is aware of coverage but declares false statement in the first paragraph of the Insurance Application Form or aware of any fact but conceals thereof to the Company which leads to the higher premium charged or reject to execute the insurance contract. In this regard, the insurance contract shall become void pursuant according to section 865 of the Civil & Commercial Code and the Company has right to terminate this insurance contract.

The Company shall not reject any liability towards the Insured by referring to any declaration other than such declaration in the first paragraph of the Insurance Application Form.

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

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

2.3 Period of Insurance

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

2.3.1 Single Trip

The coverage starts two hours prior to the departure from Country of Residence and continues until the Insured travels back to his or her Country of Residence, or for two hours upon arrival to Country of Residence, or until the expiry date of the period of insurance, whichever is earlier (unless specified otherwise in this Policy).

2.3.2 Annual Trip

The coverage to cover multiple trips: the coverage for each trip starts and ends as mentioned in 2.3.1, subject to the maximum duration of journey for each trip not exceeding *subject to the limits as specified in the Policy Schedule* days.

The period of insurance may be extended or otherwise specified, subject to each Insurance Agreement and/or policy endorsement.

2.4 Notification and Claim Submission

The Insured, the beneficiary, or their representative, as applicable, must notify the Company of any loss or damage without delay. In the event of death, the Company must be notified immediately, unless it can be proven that there is a reasonable necessity that prevented immediate notification, in which case notification must be given as soon as reasonably practicable.

In submitting a claim, the Insured, the beneficiary, or their representative, as applicable, must submit evidence or documents as specified under each Insurance Agreement and/or endorsement, together with any additional documents as reasonably required by the Company, within the specified period and at their own expense.

Failure to submit such documents or evidence within the specified period shall not invalidate the right to claim if it can be demonstrated that there was a reasonable necessity preventing submission within the specified period and that the documents were submitted as soon as reasonably practicable.

2.5 Medical Examination

The Company has the right to examine the record of the Covered Person's medical treatment and diagnosis which is necessary for this insurance and to perform autopsy in case of necessity which does not conflict against the law by the Company's expenses.

In the event that the Insured does not consent to the Company checking the medical history and diagnosis of the Insured for consideration of the payment of compensation. The company can refuse to provide coverage to the insured.

2.6 Compensation Payment

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

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

If medical treatment has occurred in a hospital or medical center or clinic outside Thailand. The Company will pay the compensation using the currency exchange rate of the date stated on the receipt of medical treatment.

2.7 Payment of Premium and Premium Refund

2.7.1 Premium will be due immediately and the policy will be effective on the date stated on the policy schedule and/or certificate of insurance.

2.7.2 Single trip coverage: If the cancellation of the policy is made after assurance of the policy, premium will not be refunded, unless the insured is not granted the VISA. The insured shall provide the Company with evidence issued by the Embassy and inform the Company before the effective date of coverage.

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

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

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

Short Period Premium Schedule

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

Cancellation of this insurance policy under this condition, regardless of the cancellation is made by either parties, must be for the entire policy. Cancel some parts of the policy during policy year is not allowed.

2.8 Arbitrator

Arbitrator is applied in case of any dispute, argument or appeal under this Policy between any person who has right to claim from the Company and the Company if the person who has such right desires to settle the dispute, argument or appeal by the arbitration, the Company must comply and let the dispute, argument or appeal be considered and judged by the arbitrator under the arbitration system in force according to the resolution made by the Office of Insurance Commission.

2.9 Precedent Condition

The Company may not be responsible under this Policy to compensate according to this insurance agreement except the Covered Person, the beneficiary or their representative shall fully and correctly comply with the insurance contract and condition of this Policy.

2.10 Currency and Expenses incurred oversea

If the compensation covered under this Insurance Policy is in foreign currency, the Company will pay the compensation in Thai Baht by using the exchange rate on the date given on the receipt which use evidence to claim under insurance agreement and/or endorsement.

Section 3: General Exclusions

Coverage under this Insurance does not cover any loss or damage arising from or in connection with the following causes or occurring under the following circumstances (unless specifically stated as covered under any insurance agreement):

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

3.2 War, invasion, acts of foreign enemies, or warlike operations (whether war is declared or not), civil war, meaning war between groups of people residing in the same country, insurrection, rebellion, riot, strike, civil commotion, revolution, coup d'état, declaration of martial law, or any event that results in the declaration or maintenance of martial law.

3.3 Terrorism.

3.4 Intentional illegal acts committed by the Insured, confiscation, seizure, detention, or destruction by customs officials or other government authorities, or violation of government regulations.

3.5 Radiation or radioactive contamination from nuclear fuel or nuclear waste resulting from the combustion of nuclear fuel, including any self-sustaining nuclear fission process.

3.6 Radioactive explosion or any nuclear component or other hazardous materials capable of causing nuclear explosion.

3.7 While the Insured is performing duties as military personnel, police, or volunteers and participating in war or suppression operations.

3.8 While occurring in countries or territories excluded from coverage as specified in the Policy Schedule and endorsements (if any).

3.9 While occurring at offshore oil drilling platforms, offshore natural gas drilling platforms, or underground mines.

Section 4: Insurance Agreements

Subject to the General Terms and Conditions, General Exclusions, Insurance Agreements, and endorsements of this Insurance Policy, and in consideration of the premium payable by the Insured, the Company agrees to provide coverage under the following Insurance Agreements.

Insurance Agreement

Loss of life, Dismemberment, Loss of Sight or Total Permanent Disability from Accident

Definition

Dismemberment	*means*	The cutting of wrist or ankle from the body includes the total loss of usability of the mentioned organs with the clear medical indication that unable to function again in the future.
Loss of sight	*means*	Permanent blindness which is unable to cure in order to function in the future.
Total Permanent Disability	*means*	Disability in stage of being unable to permanently perform duties in career and other jobs in the future by considering from the follows: 1. The accident occurs, while Insured works in regular career and other jobs, and leads to total permanent disability condition which makes the insured could not permanently continue performing duties in regular career or other jobs or 2. Insured could not perform 3 daily activities or more by himself/herself without the assistance of other person, and it shall continuously occur no less than 12 months after the date of accident or there is clear medical indication that the Insured is under total permanent disability condition which is evaluated from the 6 daily activities performing. Daily activities performing refers to the ability to perform main daily activities consisting of follows: (1) Ability in moving e.g. moving from chair to bed by himself/herself without assistance of other person or equipment usage. (2) Ability in walking or changing location e.g. ability in walking or moving from current room to another room by himself/herself without assistance of other person or equipment usage. (3) Ability in dressing e.g. ability to wear or take off the clothes by himself/herself without assistance of other person or equipment usage. (4) Ability in bathing e.g. ability in washing his/her body including entering and leaving the bathroom by himself/herself without assistance of other person or equipment usage. (5) Ability to feed e.g. ability to eat by himself/herself without assistance of other person or equipment usage, ability in toileting e.g. (6) Ability in using toilet include entering and leaving toilet by himself/herself without assistance of other person or equipment usage.

Coverage

During policy validity, subject to the policy coverage, in case that the Insured gets injury from accident which suddenly and unexpectedly occurs during the travel causing the death, dismemberment, loss of sight or total permanent disability within 180 days after the date of accident or injury which makes the Insured requires continuing treatment in hospital or medical facility as an inpatient and deceases afterwards at any time as a consequence of that injury, the company shall indemnify as follows:

1.	100% of the sum insured	In case of death.
2.	100% of the sum insured	For total permanent disability which continuously occurs no less than 12 months from the date of being in total permanent disability condition or having clear medical indication that the Insured is in total permanent disability condition.
3.	100% of the sum insured	For the loss of both two hands at or above wrists or loss of both two feet at or above ankles or loss of sight of both two eyes.
4.	100% of the sum insured	For the loss of one hand at or above wrist and the loss of one foot at or above ankle.
5.	100% of the sum insured	For the loss of one hand at or above wrist and the loss of sight of one eye.
6.	100% of the sum insured	For the loss of one foot at or above ankle and the loss of sight of one eye.
7.	60% of the sum insured	For the loss of one hand at or above wrist.
8.	60% of the sum insured	For the loss of one foot at or above ankle.
9.	60% of the sum insured	For the loss of sight of one eye.

The Company shall indemnify only maximum one in the list.

During the period of insurance, the Company shall indemnify the Insured for the consequence arising according to insurance agreement in aggregate but not exceed the sum insured indicated in policy schedule and/or insurance certificate. If the Company has not

indemnified in the full amount of sum insured, the insurance shall still engaged in the remaining amount of sum insured until the end of insurance period.

Additional Terms and Conditions (Applicable Only to the Loss of life, Dismemberment, Loss of Sight or Total Permanent Disability from Accident)

Claims and Submission of Proof of Loss

The Insured, the beneficiary, or their representative, as applicable, must notify and submit documents or evidence to the Com pany within 30 days from the date of death, Dismemberment, Loss of Sight, or Total and Permanent Disability, at their own expense.

1. **In the Case of Dismemberment, Loss of Sight, or Total and Permanent Disability Due to Accident**
   - **1.1** Claim form specified by Company.
   - **1.2** Physician's report confirming Dismemberment, Loss of Sight, or Total and Permanent Disability (if any).
   - **1.3** Copy of Insured's passport and/or evidence of traveling
   - **1.4** Copy of Insured's national identification card.
   - **1.5** Any other documents or evidence as reasonably required by the Company (if any).

2 **In the Case of Death Due to Accident**
   - **2.1** Claim form specified by Company.
   - **2.2** Death certificate.
   - **2.3** Copy of the autopsy report.
   - **2.4** Copy of the police daily report.
   - **2.5** Copy of the Insured's national identification card and copy of the house registration marked "Deceased."
   - **2.6** Copy of passport and/or travel evidence of the Insured.
   - **2.7** Copy of the beneficiary's national identification card and copy of the beneficiary's house registration.
   - **2.8** Any other documents or evidence as reasonably required by the Company (if any).

In the event that the Company requests any documents other than those specified above, the Company must issue a written notice to the claimant, clearly identifying all additional documents required together with the reasons and necessity for such additional documents.

Failure to submit such evidence within the specified period shall not entitle the Company to deny liability.

Additional Exclusions: (only apply to the Loss of life, Dismemberment, Loss of Sight or Total Permanent Disability from Accident)

The insurance will not cover the injury, loss or damage arising from or being a consequence of or occurring in the time of followings:

1. The action of Insured while being under the influence of alcohol, addictive substances or narcotic until unable to be conscious.

The definition of "under the influence of alcohol" is alcohol level of 150 milligram percent and over in case of having alcohol determination by blood test.

2. Being infectious or getting parasite infection but excluding the infection, tetanus or rabies contracting through wound which arises from accident.

3. Miscarriage (except miscarriage due to accident)

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

5. Injury while the Insured is boarding or alighting from or traveling by the plane which is not registered for carrying passengers and not used for commercial airline.

6. **Injury while the Insured is working as a pilot or employee in the plane.**
7. **Injury while the Insured is taking part in brawl or takes part in incitement leading to brawl.**
8. **Injury while the Insured is a rider or passenger of motorcycle.**
9. **Injury arises while the Insured is committing felony or arrested or escaping arrest.**

Insurance Agreement
Medical Expense due to Accident and Sickness

Additional Definition

Alternative Treatment *means* diagnosis, medical treatment, or disease prevention by means of Thai traditional medicine, Thai folk medicine, Chinese traditional medicine, or other methods that are not conventional medicine.

Coverage

While the Insured is covered under this Insurance Policy, if the Insured sustains an Injury or suffers an Illness that occurs suddenly, acutely, and is unforeseeable during the Period of Insurance, resulting in the need for medical treatment at a Hospital, Medical Facility, or Clinic abroad, whether as an Inpatient or Outpatient, the Company shall pay indemnity for Necessary and Reasonable Expenses incurred for such medical treatment in accordance with Medical Necessity and Medical Standards, based on the actual expenses incurred, but not exceeding the Sum Insured as specified in the Policy Schedule, to the Insured.

The medical expenses covered are as follows:

1. Physician fees, including fees for general medical practitioners for examinations and treatment, fees for surgeons and medical practitioners performing procedures, anesthesiologist fees, dentist fees, and fees for other licensed medical practitioners.

2. Medication and medical service charges, including the cost of medications, intravenous nutrition, blood and blood component services, including expenses related to separation, preparation, and analysis for blood or blood components, laboratory and pathology testing fees, diagnostic radiology fees, other special diagnostic procedures including Physician interpretation fees, expenses for the use of or services involving medical equipment, supplies, and instruments outside the operating room, medical consumables (medical supplies 1), operating room charges, and operating room equipment, excluding special private-duty nursing fees during hospitalization, treatment at a Medical Facility, or Clinic.

3. Emergency ambulance service fees for transporting the Insured to or from a hospital or Medical Facility due to Medical Necessity.

4. Take-home medication costs, as medically necessary, but not exceeding 14 days.

5. Intensive Care Unit (ICU) or standard private room charges, including meals provided by the Hospital or Medical Facility for the patient, and routine nursing service charges.

6. Other medical treatment-related expenses, such as nursing service fees, medical service fees, and medical procedure fees.

Additional Terms and Conditions (Applicable Only to the Medical Expense due to Accident and Sickness)

Claims and Submission of Proof of Loss

The Insured, the beneficiary, or their representative, as applicable, must notify and submit documents or evidence to the Company within 30 days from the date of discharge from the Hospital, Medical Facility, or Clinic, at their own expense, as follows:

1. Claim form specified by Company.

2. Physician's report specifying the principal symptoms, diagnosis, and treatment.

3. Original receipts listing items of expenses or medical statement with receipts.

4. Copy of the Insured's passport and/or travel evidence.

5. Copy of the Insured's national identification card.

6. Any other documents or evidence as reasonably required by the Company (if any).

Receipts detailing expenses must be original copies. The Company will return the original receipts certified for the amount paid, enabling the Insured to claim the remaining balance from other insurers. However, if the Insured has already received reimbursement from government welfare benefits, other welfare programs, or other insurance, the Insured must submit copies of receipts certified for the amount paid by government welfare or other entities in order to claim the remaining balance from the Company.

In the event that the Company requires any additional documents other than those specified above, the Company shall notify the claimant in writing, clearly specifying all additional documents required, together with the reasons and necessity for requesting such additional documents.

Failure to submit such evidence within the specified period shall not entitle the Company to deny liability.

Additional Exclusions (Applicable Only to the Medical Expense due to Accident and Sickness)

Insurance under this Insurance Agreement does not cover the following expenses:

1. Pre-existing Condition.

2. Treatment or correction of congenital abnormalities.

3. Treatment for rest or convalescence, health check-ups, or any examination or treatment not related to Injury or Illness.

4. Treatment of psychiatric or mental disorders, stress-related conditions, insanity, substance addiction, or genetic disorders.

5. AIDS, venereal diseases, or sexually transmitted diseases.

6. Any treatment related to pregnancy, including childbirth, miscarriage, complications of pregnancy, infertility treatment (including investigation and treatment), sterilization, or contraception.

7. Any treatment that is not conventional medical treatment, including Alternative Treatment.

8. Prosthetic devices of any kind, including canes, eyeglasses, hearing aids, speech devices, and all types of cardiac pacemakers.

9. Services or surgery relating to Injury or Illness that are not medically necessary and are performed for financial gain or insurance fraud.

10. Cosmetic treatment, including treatment of acne, melasma, freckles, dandruff, weight reduction, hair transplantation, or treatment for correction of physical abnormalities, including Cosmetic Surgery, unless reconstructive surgery is medically necessary as a result of an Accident to restore normal bodily function.

11. Expenses related to dental or gum treatment, except for treatment to relieve Injury caused by an Accident, excluding dental restoration, orthodontics, crowns, root canal treatment, scaling, fillings, dental implants, dentures, or medical expenses necessary for restoring natural speech resulting from dental treatment due to an Accident.

12. Inoculations or vaccinations, except rabies vaccination following animal bites and tetanus vaccination following Injury.

13. Medical expenses incurred where the treating Physician is the Insured or is the Insured's parent, spouse, or child.

14. Acts of the Insured while under any of the following conditions:

14.1 While under the influence of narcotics or harmful drugs to the extent of being incapable of controlling one's senses; or

14.2 While under the influence of alcohol, with an alcohol level in the body equivalent to a blood alcohol concentration of 150 milligrams percent or higher at the time of testing; or

14.3 While under the influence of alcohol to the extent of being incapable of controlling one's senses, in cases where no test is conducted or where the alcohol level cannot be determined.

15. Infection by germs or parasites, except for infection, tetanus, or rabies resulting directly from a wound sustained from an Accident.

16. While the Insured is participating in, training for, or competing in professional sports of any kind.

17. While the Insured is participating in motor racing or boat racing of any kind, horse racing, skiing of any kind (including jet skiing), skating competitions, boxing, skydiving (except skydiving performed to preserve life), boarding, alighting from, or traveling in a balloon, bungee jumping, scuba diving requiring air tanks and underwater breathing apparatus (except scuba diving performed to preserve life), participation in or competition involving paramotoring, paragliding, hang gliding, or similar activities, or extreme sports involving hazardous or high-risk maneuvers.

18. Injuries occurring while the Insured is boarding, alighting from, or traveling in an aircraft not licensed for passenger transport and not operated by a commercial airline.

19. Injuries occurring while the Insured is operating or performing duties as a crew member of any aircraft.

20. Injuries occurring while the Insured is participating in a fight or provoking a fight.

21. Injuries occurring while the Insured is committing a serious criminal offense, being arrested, or evading arrest.

Insurance Agreement

Follow-up Medical Treatment Benefits incurred within Thailand.

Additional Definition

Alternative Treatment *means* diagnosis, medical treatment, or disease prevention by means of Thai traditional medicine, Thai folk medicine, Chinese traditional medicine, or other methods that are not conventional medicine.

Coverage

While the Insured is covered under this insurance policy, if the Insured sustains an Injury or Illness that occurs suddenly, acutely, and is unforeseeable during the Period of Insurance while travelling abroad, resulting in the need for continued treatment or follow-up treatment in Thailand, the period for claiming such medical treatment shall be limited as follows:

1. In the event the Insured has not previously received medical treatment for such Injury or Illness abroad, the Insured must obtain medical treatment in Thailand within 24 hours from the date of arrival in Thailand. Such continued treatment must not exceed ***…14…*** from the date the first medical treatment is received in Thailand.

2. In the event the Insured has received medical treatment while abroad, the Insured shall have ***…14…*** days from the date of arrival in Thailand to receive continued medical treatment in Thailand.

The Company shall pay indemnity for Necessary and Reasonable Expenses arising from medical treatment in accordance with Medical Necessity and Medical Standards for expenses incurred in Thailand, based on the actual amount payable, but not exceeding the Sum Insured as specified in the Policy Schedule.

Additional Terms and Conditions (Applicable only to the Follow-up Medical Treatment Benefits incurred within Thailand)

Claims and Submission of Proof of Loss

The Insured, the beneficiary, or their representative, as applicable, must notify and submit documents or evidence to the Company within 30 days from the date of discharge from the Hospital, Medical Facility, or Clinic, at their own expense, as follows:

1. Claim form specified by Company.

2. Physician's report specifying the principal symptoms, diagnosis, and treatment.

3. Original receipt detailing expenses or a final billing statement together with the receipt.
4. Copy of the Insured's passport and/or travel evidence.
5. Copy of the Insured's national identification card.
6. Any other documents or evidence as reasonably required by the Company (if any).

Receipts detailing expenses must be original copies. The Company will return the original receipts certified for the amount p aid, enabling the Insured to claim the remaining balance from other insurers. However, if the Insured has already received reimbur sement from government welfare benefits, other welfare programs, or other insurance, the Insured must submit copies of receipts certified for the amount paid by government welfare or other entities in order to claim the remaining balance from the Company.

In the event that the Company requires any additional documents other than those specified above, the Company shall notify th e claimant in writing, clearly specifying all additional documents required, together with the reasons and necessity for reques ting such additional documents.

Failure to submit such evidence within the specified period shall not entitle the Company to deny liability.

Additional Exclusions (Applicable only to the Follow-up Medical Treatment Benefits incurred within Thailand)

Insurance under this Insurance Agreement does not cover the following expenses:

1. **Pre-existing** Condition**.**
2. **Treatment or correction of congenital abnormalities.**
3. **Treatment for rest or convalescence, health check-ups, or any examination or treatment not related to Injury or Illness.**
4. **Treatment of psychiatric or mental disorders, stress-related conditions, insanity, substance addiction, or genetic disorders.**
5. **AIDS, venereal diseases, or sexually transmitted diseases.**
6. **Any treatment related to pregnancy, including childbirth, miscarriage, complications of pregnancy, infertility treatment (including investigation and treatment), sterilization, or contraception.**
7. **Any treatment that is not conventional medical treatment, including Alternative Treatment.**
8. **Prosthetic devices of any kind, including canes, eyeglasses, hearing aids, speech devices, and all types of cardiac pacemakers.**
9. **Services or surgery relating to Injury or Illness that are not medically necessary and are performed for financial gain or insurance fraud.**
10. **Cosmetic treatment, including treatment of acne, melasma, freckles, dandruff, weight reduction, hair transplantation, or treatment for correction of physical abnormalities, including Cosmetic Surgery, unless reconstructive surgery is medically necessary as a result of an Accident to restore normal bodily function.**
11. **Expenses related to dental or gum treatment, except for treatment to relieve Injury caused by an Accident, excluding dental restoration, orthodontics, crowns, root canal treatment, scaling, fillings, dental implants, dentures, or medical expenses necessary for restoring natural speech resulting from dental treatment due to an Accident.**
12. **Inoculations or vaccinations, except rabies vaccination following animal bites and tetanus vaccination following Injury.**
13. **Medical expenses incurred where the treating Physician is the Insured or is the Insured's parent, spouse, or child.**
14. **Acts of the Insured while under any of the following conditions:**
    - **14.1 While under the influence of narcotics or harmful drugs to the extent of being incapable of controlling one's senses; or**
    - **14.2 While under the influence of alcohol, with an alcohol level in the body equivalent to a blood alcohol concentration of 150 milligrams percent or higher at the time of testing; or**
    - **14.3 While under the influence of alcohol to the extent of being incapable of controlling one's senses, in cases where no test is conducted or where the alcohol level cannot be determined.**
15. **Infection by germs or parasites, except for infection, tetanus, or rabies resulting directly from a wound sustained from an Accident.**
16. **While the Insured is participating in, training for, or competing in professional sports of any kind.**
17. **While the Insured is participating in motor racing or boat racing of any kind, horse racing, skiing of any kind (including jet skiing), skating competitions, boxing, skydiving (except skydiving performed to preserve life), boarding, alighting from, or traveling in a balloon, bungee jumping, scuba diving requiring air tanks and underwater breathing apparatus (except scuba diving performed to preserve life), participation in or competition involving paramotoring, paragliding, hang gliding, or similar activities, or extreme sports involving hazardous or high-risk maneuvers.**
18. **Injuries occurring while the Insured is boarding, alighting from, or traveling in an aircraft not licensed for passenger transport and not operated by a commercial airline.**
19. **Injuries occurring while the Insured is operating or performing duties as a crew member of any aircraft.**
20. **Injuries occurring while the Insured is participating in a fight or provoking a fight.**
21. **Injuries occurring while the Insured is committing a serious criminal offense, being arrested, or evading arrest.**

Insurance Agreement
Medical Evacuation

Coverage

While the Insured is covered under this Policy, if the Insured sustains an Injury or suffers a sudden, acute, and unforeseeable Illness occurring during the Period of Insurance while travelling abroad, and it is medically necessary to evacuate the Insured by appropriate means as determined or recommended by the Emergency Assistance Provider in order to obtain proper medical treatment or to repatriate the Insured to Thailand or the Country of Domicile, the Company shall directly pay the Emergency Assistance Provider for the expenses of Emergency Medical Evacuation or Repatriation to Thailand or the Country of Domicile for the actual expenses incurred, not exceeding the Sum Insured specified in the Policy Schedule. The method of Emergency Medical Evacuation, including the mode of transportation and destination, shall be determined by the Emergency Assistance Provider and may include the cost of air ambulance, sea transport, ground ambulance , or any other means of transportation deemed appropriate based on Medical Necessity and Medical Standards.

The covered expenses shall include service costs arranged and/or provided by the Emergency Assistance Provider for transportation or medical treatment services, as well as necessary medical supplies and equipment required as a result of the Emergency Medical Evacuation of the Insured as specified herein.

The Emergency Assistance Provider shall determine the method of Emergency Medical Evacuation, including the mode of transportation and destination, which may include air, sea, or land ambulance transportation, or any other appropriate means based on Medical Necessity.

For the purpose of this Coverage, the Emergency Assistance Provider shall be *EUROP ASSISTANCE THAILAND COMPANY LIMITED*

Additional Terms and Conditions (Applicable only to the Medical Evacuation)

Claims and Submission of Proof of Loss

The Insured, the beneficiary, or their representative, as applicable, must notify and submit documents or evidence to the Company within 30 days from the date of the incident, at their own expense, as follows:

1. Claim form specified by Company.
2. Copy of the Insured's passport and/or proof of travel.
3. Any other documents or evidence as reasonably required by the Company (if any).

In the event that the Company requires any additional documents other than those specified above, the Company shall notify the claimant in writing, clearly specifying all additional documents required, together with the reasons and necessity for requesting such additional documents.

Failure to submit such evidence within the specified period shall not entitle the Company to deny liability.

In the event that any service-related expenses not approved or arranged by the Emergency Assistance Provider are advanced by the Insured or the beneficiary, and the Emergency Assistance Provider could not be notified, but such expenses were reasonably incurred and beyond control during emergency medical treatment at any location, the Company shall reimburse the actual expenses incurred, provided that such expenses do not exceed the costs that would have been determined by the Emergency Assistance Provider under similar circumstances, subject to the maximum Sum Insured as specified in the Policy Schedule.

Insurance Agreement
Repatriation of Mortal Remains

Coverage

While the Insured is covered under this Insurance Policy, if the Insured passes away within 30 days from the date of an Injury or an Illness that occurs suddenly, acutely, and is unforeseeable during the Policy Period while travelling abroad, the Company shall pay for funeral expenses and other necessary expenses related to the handling of the remains, including coffin expenses, embalming, and cremation at the place of death overseas, as well as expenses for repatriation of the Insured's mortal remains or ashes to Thailand or the country of domicile. Such arrangements shall be carried out by the Emergency Assistance Provider authorized by the Company, with expenses billed directly to the Company, provided that the total amount shall not exceed the Sum Insured as specified in the Policy Schedule.

For the purpose of this Coverage, the Emergency Assistance Provider shall be *EUROP ASSISTANCE THAILAND COMPANY LIMITED*

Additional Terms and Conditions (Applicable only to the Repatriation of Mortal)

Claims and Submission of Proof of Loss

The Insured, the beneficiary, or their representative, as applicable, must notify and submit documents or evidence to the Company within 30 days from the date of the incident, at their own expense, as follows:

1. Claim form specified by Company.
2. Copy of the Insured's passport and/or proof of travel.
3. Any other documents or evidence as reasonably required by the Company (if any).

In the event that the Company requires any additional documents other than those specified above, the Company shall notify the claimant in writing, clearly specifying all additional documents required, together with the reasons and necessity for requesting such additional documents.

Failure to submit such evidence within the specified period shall not entitle the Company to deny liability.

In the event that any service-related expenses not approved or arranged by the Emergency Assistance Provider are advanced by the Insured or the beneficiary, and the Emergency Assistance Provider could not be notified, but such expenses were reasonably incurred and beyond control during emergency medical treatment at any location, the Company shall reimburse the actual expenses incurred, provided that such expenses do not exceed the costs that would have been determined by the Emergency Assistance Provider under similar circumstances, subject to the maximum Sum Insured as specified in the Policy Schedule.

Insurance Agreement
Return of Children

Additional Definitions

1. Family Member	*means*	the father, mother, son, daughter, spouse, and siblings having the same parents as the Insured, and the father and mother of the Insured's spouse.
2. Minor	*means*	the legitimate child of the Insured who is under 16 years of age.

Coverage

While the Insured is covered under this Insurance Policy, if the Insured sustains an Injury from an Accident or suffers an Illness that occurs suddenly and is unforeseeable during the Period of Insurance, resulting in the Insured being required to receive medical treatment as an Inpatient in a Hospital, Medical Facility, or Clinic in a foreign country, including cases where the Insured is required to be medically evacuated for emergency medical treatment in Thailand or the country of domicile, or the Insured is repatriated to Thailand or the country of domicile due to death, and a Minor is travelling with the Insured at that time,

the Emergency Assistance Provider shall arrange round-trip transportation by air, land, sea, or any other appropriate means of transportation for 1 Family Member of the Insured to travel to accompany the Minor back to Thailand or the country of domicile. The Company shall pay the expenses incurred directly to the Emergency Assistance Provider for the actual amount payable, up to the Sum Insured as specified in the Policy Schedule.

In this regard, the Insured, Beneficiary, relatives, or any related persons must notify the Emergency Assistance Provider without delay, and the Emergency Assistance Provider shall determine the most appropriate method for repatriating the Minor to Thailand or the country of domicile.

If the Family Member of the Insured who travels to accompany the Minor does not depart from Thailand, the travel expenses incurred must not exceed the travel expenses from Thailand.

Claims and Submission of Proof of Loss

The Insured, the beneficiary, or the representative of the Insured must submit the following documents to the Company within 30 days from the date of the incident at their own expense:

1. Claim form specified by Company.
2. Physician's report specifying significant symptoms, diagnosis, and treatment, in the case where the Insured sustains an Injury or suffers an Illness.
3. Copy of the death certificate and a copy of the autopsy report, certified by the issuing authority, in the case of the Insured's death.
4. Copy of the passport and travel tickets of the Family Member traveling to accompany the Minor.
5. Copy of the Minor's national identification card (if the Minor does not have a national identification card, a copy of the birth certificate may be used instead).
6. Copy of the Insured's passport and/or travel evidence.
7. Copy of the Insured's national identification card.
8. Any other documents or evidence as reasonably required by the Company (if any).

In the event that the Company requires any additional documents other than those specified above, the Company shall notify the claimant in writing, clearly specifying all additional documents required, together with the reasons and necessity for requesting such additional documents.

Failure to submit such proof within the specified period shall not entitle the Company to deny liability.

Additional Exclusions (Applicable only to the Return of Children)

Insurance under this Insurance Agreement does not cover the following expenses:

1. Any services for which another person is legally liable to the Insured and for which the Insured is not required to make payment, or any expenses already included in the itinerary costs for which the tour organizer or carrier is responsible.

2. Strikes, riots, malicious acts committed for political, religious, ideological purposes, or political unrest.

GENERALI

Insurance Agreement
Hospital Visitation

Additional Definitions

1.	**Family Member**	*means*	the father, mother, son, daughter, spouse, and siblings having the same parents as the Insured, and the father and mother of the Insured's spouse.
2.	**Legal Majority**	*means*	attaining the age of twenty (20) years.
3.	**Travel Companion**	*means*	a person travelling together with the Insured.

Coverage

While the Insured is covered under this Insurance Policy, if the Insured sustains an Injury from an Accident or suffers an Illness that occurs suddenly and is unforeseeable during the Period of Insurance, resulting in the Insured being admitted as an Inpatient in a Hospital or Medical Facility in a foreign country for a continuous period exceeding **.....5.....** days, and the condition of the Insured prevents repatriation, and no Family Member who has attained Legal Majority is with the Insured in the foreign country,

the Emergency Assistance Provider shall arrange round-trip transportation by air, land, sea, or any other appropriate means of transportation, and the Company shall pay the actual expenses incurred for necessary accommodation and meals for **.....2.....** Family Members and/or Travel Companions to travel to visit and stay with the Insured until the Insured is certified by a Physician as being able to travel back to Thailand. Such indemnity shall not exceed the Sum Insured as specified in the Policy Schedule.

If the Family Member of the Insured travelling to visit the Insured does not depart from Thailand, the travel expenses incurred must not exceed the travel expenses from Thailand.

The Emergency Assistance Provider shall determine, based on the opinion of a Physician, whether such visit is medically necessary and beneficial to the medical treatment of the Insured.

Claims and Submission of Proof of Loss

The Insured, the beneficiary, or the representative of the Insured must submit the following documents to the Company within 30 days from the date of discharge from the Hospital or Medical Facility at their own expense:

1. Claim form specified by Company.
2. Physician's report specifying significant symptoms, diagnosis, and treatment.
3. Confirmation letter from the Hospital where the Insured received treatment, certifying that no Family Member of the Insured was present to provide care during the period of treatment.
4. Copy of the Insured's passport and/or travel evidence.
5. Copy of the Insured's national identification card.
6. Receipts and copies of travel tickets of the Family Member traveling to visit the Insured.
7. Original receipts itemizing the actual expenses incurred for accommodation and meals.
8. Copy of the passport of the Family Member showing travel to visit the Insured.
9. Any other documents or evidence as reasonably required by the Company (if any).

In the event that the Company requires any additional documents other than those specified above, the Company shall notify the claimant in writing, clearly specifying all additional documents required, together with the reasons and necessity for requesting such additional documents.

Failure to submit such evidence within the specified period shall not entitle the Company to deny liability.

Insurance Agreement
Return to Thailand for family funeral

Additional Definition

Family Member	*means*	the father, mother, son, daughter, spouse, and siblings having the same parents as the Insured, and the father and mother of the Insured's spouse.

Coverage

While this Insurance Policy is in force, this insurance provides coverage in the event that a Family Member of the Insured who resides in the Insured's country of domicile passes away during the Insured's trip, causing the Insured to return to the country of residence earlier than the originally planned itinerary in order to attend the funeral of such Family Member and making it impossible for the Insured to return in accordance with the originally scheduled itinerary. The Company shall indemnify the Insured for transportation expenses (return travel ticket in economy class or business class equivalent to the original travel booking) for travel back to the country of residence in order to attend the funeral of the Family Member.

Claims and Submission of Proof of Loss

The Insured, the beneficiary, or the Insured's representative must submit the following documents or evidence to the Company within 30 days from the date of the incident, at their own expense:

1. Claim form specified by Company.
2. Copy of the Insured's passport and/or travel evidence.

3. Copy of the Insured's national identification card.
4. Copy of the boarding pass used by the Insured for the originally scheduled return trip to Thailand in accordance with the planned itinerary.
5. Receipt for the ticket used by the Insured for the originally scheduled return trip to Thailand in accordance with the planned itinerary.
6. Copy of the boarding pass used by the Insured for the return trip to Thailand.
7. Receipt for the ticket used by the Insured for the return trip to Thailand.
8. Copy of the death certificate of the Insured's Family Member.
9. Any other documents or evidence as reasonably required by the Company (if any).

In the event that the Company requires any additional documents other than those specified above, the Company shall notify the claimant in writing, clearly specifying all additional documents required, together with the reasons and necessity for requesting such additional documents.

Failure to submit such evidence within the specified period shall not entitle the Company to deny liability.

Insurance Agreement
Hospital Income Benefit

Coverage

While the Insured is covered under this Insurance Policy, this insurance provides coverage in the event that the Insured is required to be admitted to a Hospital or Medical Facility as an Inpatient during the Period of Insurance due to an Injury or Illness that occurs suddenly, acutely, and is unforeseeable, in accordance with Medical Necessity and Medical Standards.

The Company shall pay daily indemnity benefits to the Insured based on the number of days of hospitalization or inpatient admission to a Hospital or Medical Facility at the rate of ***…subject to the limits as specified in the Policy Schedule…*** baht per day or as specified in the Policy Schedule, commencing from the first day of inpatient admission to a Hospital or Medical Facility overseas. The indemnity shall be payable after the period of hospitalization has ended. In this regard, the Company shall pay the indemnity for a maximum aggregate period of not more than ***…30…*** days per each Injury or Illness, counting from the first day of inpatient admission to a Hospital or Medical Facility, and per each trip, or as otherwise specified in the Policy Schedule (if any).

If the Insured sustains an Injury or Illness that occurs suddenly, acutely, and is unforeseeable and requires medical treatment through surgery or medical procedures in accordance with Medical Necessity on an inpatient basis, but due to advancements in medical technology such treatment does not require hospitalization or inpatient admission to a Hospital or Medical Facility, the Company shall pay a daily indemnity benefit equivalent to one (1) day for such treatment involving surgery or medical procedures as follows:

1. Extracorporeal Shock Wave Lithotripsy (ESWL)
2. Coronary angiogram / cardiac catheterization
3. Extra capsular cataract extraction with intra ocular lens
4. All types of laparoscopic surgery
5. All types of endoscopic examination procedures
6. Sinus operations
7. Breast mass excision
8. Bone biopsy
9. Amputation of a finger or toe
10. Liver puncture/liver aspiration
11. Bone marrow aspiration
12. Lumbar puncture
13. Thoracentesis / Pleuracentesis / Thoracic Aspiration / Thoracic Paracentesis
14. Abdominal paracentesis/abdominal tapping
15. Curettage, dilatation & curettage, fractional curettage
16. Colposcope, loop diathermy
17. Marsupialization of Bartholin's Cyst
18. Gamma Knife radiosurgery

Additional Terms and Conditions (Applicable only to the Hospital Income Benefit)

Claims and Submission of Proof of Loss

The Insured, the beneficiary, or their representative, as applicable, must notify and submit documents or evidence to the Company within 30 days from the date of discharge from the Hospital, Medical Facility, or Clinic, at their own expense, as follows:

1. Claim form specified by Company.
2. Physician's report specifying the principal symptoms, diagnosis, and treatment.
3. The original receipt detailing expenses or a final billing statement together with the receipt.

4. Copy of the Insured's passport and/or travel evidence.
5. Copy of the Insured's national identification card.
6. Any other documents or evidence as reasonably required by the Company (if any).

In the event that the Company requires any additional documents other than those specified above, the Company shall notify the claimant in writing, clearly specifying all additional documents required, together with the reasons and necessity for requesting such additional documents.

Failure to submit such evidence within the specified period shall not entitle the Company to deny liability.

Additional Exclusions (Applicable only to the Hospital Income Benefit)

Insurance under this Insurance Agreement does not cover the following expenses:

1. Pre-existing Condition.

2. Treatment or correction of congenital abnormalities.

3. Treatment for rest or convalescence, health check-ups, or any examination or treatment not related to Injury or Illness.

4. Treatment of psychiatric or mental disorders, stress-related conditions, insanity, substance addiction, or genetic disorders.

5. AIDS, venereal diseases, or sexually transmitted diseases.

6. Any treatment related to pregnancy, including childbirth, miscarriage, complications of pregnancy, infertility treatment (including investigation and treatment), sterilization, or contraception.

7. Any treatment that is not conventional medical treatment, including Alternative Treatment.

8. Prosthetic devices of any kind, including canes, eyeglasses, hearing aids, speech devices, and all types of cardiac pacemakers.

9. Services or surgery relating to Injury or Illness that are not medically necessary and are performed for financial gain or insurance fraud.

10. Cosmetic treatment, including treatment of acne, melasma, freckles, dandruff, weight reduction, hair transplantation, or treatment for correction of physical abnormalities, including Cosmetic Surgery, unless reconstructive surgery is medically necessary as a result of an Accident to restore normal bodily function.

11. Expenses related to dental or gum treatment, except for treatment to relieve Injury caused by an Accident, excluding dental restoration, orthodontics, crowns, root canal treatment, scaling, fillings, dental implants, dentures, or medical expenses necessary for restoring natural speech resulting from dental treatment due to an Accident.

12. Inoculations or vaccinations, except rabies vaccination following animal bites and tetanus vaccination following Injury.

13. Medical expenses incurred where the treating Physician is the Insured or is the Insured's parent, spouse, or child.

14. Acts of the Insured while under any of the following conditions:

14.1 While under the influence of narcotics or harmful drugs to the extent of being incapable of controlling one's senses; or

14.2 While under the influence of alcohol, with an alcohol level in the body equivalent to a blood alcohol concentration of 150 milligrams percent or higher at the time of testing; or

14.3 While under the influence of alcohol to the extent of being incapable of controlling one's senses, in cases where no test is conducted or where the alcohol level cannot be determined.

15 Infection by germs or parasites, except for infection, tetanus, or rabies resulting directly from a wound sustained from an Accident.

16 While the Insured is participating in, training for, or competing in professional sports of any kind.

17 While the Insured is participating in motor racing or boat racing of any kind, horse racing, skiing of any kind (including jet skiing), skating competitions, boxing, skydiving (except skydiving performed to preserve life), boarding, alighting from, or traveling in a balloon, bungee jumping, scuba diving requiring air tanks and underwater breathing apparatus (except scuba diving performed to preserve life), participation in or competition involving paramotoring, paragliding, hang gliding, or similar activities, or extreme sports involving hazardous or high-risk maneuvers.

18 Injuries occurring while the Insured is boarding, alighting from, or traveling in an aircraft not licensed for passenger transport and not operated by a commercial airline.

19 Injuries occurring while the Insured is operating or performing duties as a crew member of any aircraft.

20 Injuries occurring while the Insured is participating in a fight or provoking a fight.

21 Injuries occurring while the Insured is committing a serious criminal offense, being arrested, or evading arrest.

Insurance Agreement
Personal Liability

Additional Definition

Third Party means any person other than relatives residing with the Insured, employees of the Insured while acting in the course of their employment, and partners of the Insured.

Coverage

While the Insured is covered under this Insurance Policy, the Company shall pay indemnity, on behalf of the Insured, to any Third Party for amounts that the Insured becomes legally liable to pay as a result of an Accident occurring during the Period of Insurance, based on the actual amount of loss or damage, subject to the maximum Sum Insured as specified in the Policy Schedule, for the following:

1. Death or bodily Injury to a Third Party arising out of or resulting from an Accident caused by the Insured.
2. Loss of or damage to property of a Third Party arising out of or resulting from an Accident caused by the Insured.

Additional Terms and Conditions (Applicable only to the Personal Liability)

1. Duties of the Insured in Claiming Indemnity

In the event of any occurrence that may give rise to a claim under this Insurance Agreement, the Insured must:

1.1 Notify the Company without delay.

1.2 Immediately forward to the Company any writ of summons, court order, or court judgment received in connection with any legal proceedings brought against the Insured for legal liability to a Third Party under this Insurance Agreement.

1.3 Not make any admission of liability, settlement, payment, or agreement with any Third Party, other person, or claimant, nor take any action that may give rise to or result in legal proceedings or the defense of any case without the Company's prior written consent, unless the Company fails to handle such claim within a reasonable period from the date of notification by the Insured.

1.4 Provide details and render all necessary assistance to enable the Company to settle any indemnity or defend any claim or legal proceedings.

2. Duty of the Insured in Preventive Measures

The Insured must exercise reasonable care to prevent Accidents and must comply with all applicable laws and regulations issued by government authorities.

3. Duty to Preserve the Company's Rights of Subrogation

At the Company's expense, the Insured must take all necessary or reasonably requested actions, whether before or after receiving indemnity from the Company, to preserve the Company's rights of subrogation to recover damages from a Third Party.

4. Rights of the Company

The Company shall have the right to conduct the defense of any legal proceedings and to negotiate or settle any claim in the name of the Insured.

5. Contribution

If, at the time of the event giving rise to a claim, there is any other insurance covering the same liability, the Company shall be liable for damages, legal costs, and other expenses only in proportion to the Company's share of the liability amount payable.

Additional Exclusions (Applicable only to the Personal Liability)

Insurance under this Insurance Agreement does not cover liability to a Third Party arising from or in connection with the following causes:

1 **Loss or damage, including bodily Injury, to any person who is not a Third Party.**

2 Loss of or damage to property owned by the Insured or property in the possession or under the control of the Insured.

3 Loss or damage relating to liability arising from any contract entered into by the Insured, where such liability would not have arisen in the absence of such contract.

4 Loss or damage relating to any willful, intentional, or unlawful act committed by the Insured.

5 Loss or damage arising from the ownership or possession of any motorized vehicle, including any machinery or vehicle propelled or towed by a motor, aircraft, firearms, pets, land, or buildings, or arising from negligence in the control or supervision thereof.

6 Commercial or professional liability, or defects arising from the conduct of business.

7 Loss or damage arising from acts of the Insured while in a state of mental disorder, nervous disorder, insanity, or while the Insured is participating in or provoking a fight.

Insurance Agreement

Loss of or Damage to Baggage and/or Personal Effects

Additional Definitions

1.	**Baggage**	*means*	luggage carried by the Insured during the trip.
2.	**Personal Effects**	*means*	property belonging to the Insured and carried by the Insured during the trip.
3.	**Souvenirs**	*means*	items that symbolize or commemorate events, places, or other matters, which are sold or provided as mementos.
4.	**Jewelry**	*means*	items such as rings, bracelets, necklaces, bangles, earrings, pendants, and watches worn as body adornments.
5.	**Valuables**	*means*	Jewelry made of gold, silver, or other precious metals, furs, watches, and gemstones, diamonds, or precious stones, including all goldware, silverware, and sacred or consecrated objects.
6.	**Robbery**	*means*	Theft involving the use of force or violence, or the threat of immediate force or violence, in order to: 1) Facilitate the theft or the taking away of such property; **or** 2) Compel the delivery of such property; **or** 3) Retain possession of such property; **or** 4) Conceal the commission of such offense; **or** 5) Escape arrest. For this purpose, Theft means the dishonest taking of another person's property, or property in which another person has ownership rights.
7.	**Gang Robbery**	*means*	Robbery committed by three or more persons acting together.
8.	**Pair or Set**	*means*	property items of identical nature, or items that are complementary or intended to be used together.

Coverage

While the Insured is covered under this Insurance Policy, if the Insured's Baggage and/or Personal Effects sustain loss or damage arising from any of the following events during the Period of Insurance:

1. While the Insured's Baggage and/or Personal Effects are under the custody or control of hotel staff or other accommodation providers at which the Insured is staying, or a carrier, provided that such loss or damage is certified in writing by the responsible party; or

2. Robbery, Gang Robbery, or any act involving violence or threat of violence by any other person against the Insured for the purpose of taking the Insured's Baggage and/or Personal Effects;

The Company shall pay indemnity to the Insured for loss of or damage to each item of Baggage and/or Personal Effects (Single Limit), or property constituting a Pair or Set that is totally damaged, or property constituting a Pair or Set that is partially damaged but rendered unusable.

Indemnity shall be paid based on the actual amount of loss or damage incurred, subject to the maximum Sum Insured as specified in the Policy Schedule.

Additional Terms and Conditions (Applicable only to the Insurance Agreement for Loss of or Damage to Baggage and/or Personal Effects)

1 Method of Indemnity and Limitation of the Company's Liability

The Company shall have the right, at its discretion, to pay indemnity by any one of the following methods:

1.1 Payment in cash based on the actual value of the property at the time the loss or damage occurs, taking into account depreciation of such property, subject to a maximum limit per item (Single Limit) or per Pair or Set not exceeding *...Subject to the limits as specified in the Policy Schedule...* baht, and not exceeding the total Sum Insured as specified in the Policy Schedule; **or**

1.2 Repair of the property according to the actual loss or damage; **or**

1.3 Replacement with property of a similar type and quality.

2 Duties of the Insured in Claiming Indemnity

Upon the occurrence of loss or damage, the Insured must comply with the following:

2.1 The Insured must notify the hotel, carrier, or local police authorities of the loss or damage as soon as reasonably practicable, unless the Insured is unable to do so due to necessity or circumstances arising from the event that prevent such notification.

2.2 The Insured must take all reasonable steps to ensure that the Insured's Baggage and Personal Effects are properly safeguarded.

2.3 The Insured shall be responsible for the Deductible for any loss or damage in the amount specified in the Policy Schedule for each and every loss or damage.

2.4 The Insured, the beneficiary, or their representative, as applicable, must notify and submit documents or evidence to the Company within 30 days from the date of the incident, at their own expense, as follows

2.4.1 A letter, document, or other evidence issued by the carrier or hotel specifying details of the loss or damage, in cases where such loss or damage occurs while under the custody or control of hotel staff, other accommodation providers at which the Insured is staying, or the carrier.

2.4.2 A Property Irregularity Report issued by the carrier or hotel management specifying details of the loss or damage, in cases where such loss or damage occurs while under the custody or control of hotel staff, other accommodation providers at which the Insured is staying, or the carrier.

2.4.3 A police report or daily incident record issued by the local police authorities in the area where the incident occurred, in the event of seizure, coercion, threat, or violence used to Rob the Insured of Baggage and/or Personal Effects contained therein.

Failure to submit such evidence within the specified period shall not entitle the Company to deny liability.

3 Other Insurance and Contribution

If, at the time of loss or damage, it is found that the Insured has obtained insurance covering the same loss or damage with another insurer, whether effected by the Insured or by any other person acting on behalf of the Insured, the Company shall contribute to the indemnity on a pro rata basis in proportion to the Sum Insured under this Insurance Policy to the total sum insured under all such poli cies, but not exceeding the Sum Insured provided under this Insurance Policy.

4 Subrogation

In the event that the Company has paid indemnity under this Insurance Policy, the Company shall be subrogated to the rights of the Insured against any person or organization, but only to the extent of the indemnity paid by the Company. In this regard, the Insured shall cooperate with the Company by delivering relevant documents and taking all necessary actions to preserve such rights and shall not take any action that may prejudice the Company's rights.

<u>Additional Exclusions</u> (Applicable only to the Loss of or Damage to Baggage and/or Personal Effects)

Insurance under this Insurance Agreement does not cover:

1 The Deductible as specified in the Policy Schedule (if any).

2 Loss or damage arising from confiscation or detention of property under customs laws, government seizure, transportation of illegal goods, or any act in violation of the law.

3 Loss of or damage to the following property:

3.1 Pets, Jewelry, Valuables, works of art or antiques, alcoholic beverages, share certificates, financial instruments, promissory notes, traveler's checks, travel tickets and tour tickets, drafts, credit cards, debit cards, or ATM cards, cash, banknotes, coins, or Souvenirs, contact lenses, dentures, artificial limbs, televisions, CD players, or laptop computers.

3.2 The Insured's Baggage that is sent in advance and does not accompany the Insured.

3.3 Property contained in bags that are not Baggage, including wallets, handbags, or bags not generally used as Baggage, unless such items are contained within Baggage.

3.4 Rented or leased equipment.

Insurance Agreement

Baggage Delay (Lump Sum Benefit)

<u>Coverage</u>

While the Insured is covered under this Insurance Policy, this insurance provides coverage in the event that the Insured's Baggage is delayed during the Policy Period due to mishandling, misdirection, or temporary loss by the carrier for more than ***…6…*** hours after the Insured arrives at the baggage claim area at the destination.

The Company shall pay indemnity to the Insured for baggage delay for every ***…6…*** hours of delay, provided that the total payment shall not exceed the Sum Insured as specified in the Policy Schedule.

<u>Additional Terms and Conditions</u> (Applicable only to the Baggage Delay (Lump Sum Benefit))

1. Claims and Submission of Proof of Loss

The Insured, the beneficiary, or their representative, as applicable, must notify and submit documents or evidence to the Company within 30 days from the date of the incident, at their own expense, as follows:

1.1. Claim form specified by Company

1.2. Confirmation letter from the airline certifying the Baggage delay.

1.3. Copy of the Insured's passport and/or proof of travel.

1.4. Any other documents or evidence as reasonably required by the Company (if any).

Failure to submit such evidence within the specified period shall not entitle the Company to deny liability.

2. Subrogation

In the event that the Company has paid indemnity under this Insurance Policy, the Company shall be subrogated to the rights of the Insured against any person or organization, but only to the extent of the indemnity paid by the Company. In this regard, the Insured shall cooperate with the Company by delivering relevant documents and taking all necessary actions to preserve such rights and shall not take any

action that may prejudice the Company's rights. The Insured must not initiate legal proceedings against any person responsible for such loss or damage after the occurrence of such loss or damage.

Additional Exclusions (Applicable only to the Baggage Delay (Lump Sum Benefit))

This insurance under this Insurance Agreement does not cover baggage delay arising from or in connection with the following causes:

1. **Baggage transported under a bill of lading or cargo receipt.**
2. **Baggage confiscated by customs or any other government authority.**
3. **Expenses already compensated by the airline to the Insured.**
4. **Baggage delay occurring within Thailand or after the Insured has completed the trip as specified in the proof of travel for such trip.**

Insurance Agreement

Loss or Damaged of Personal Money and Travelling cheque

Additional Definitions

Cash	*means*	banknotes or coins that are legal tender.
Traveler's Checks	*means*	means traveler's checks payable in foreign currency.
Gang Robbery	*means*	Robbery committed by three or more persons acting together.
Robbery	*means*	Theft involving the use of force or violence, or the threat of immediate force or violence, in order to: 1) Facilitate the theft or the taking away of such property; **or** 2) Compel the delivery of such property; or 3) Retain possession of such property; or 4) Conceal the commission of such offense; or 5) Escape arrest. For this purpose, Theft means the dishonest taking of another person's property, or property in which another person has ownership rights.

Coverage

While this Insurance Policy is in force, subject to the terms and conditions of the Policy coverage benefits, if the Insured's Cash and Traveler's Checks are lost or damaged due to any of the following events occurring during the trip:

1 Theft evidenced by visible signs of forcible entry into the Insured's locked accommodation;

2 Robbery, Gang Robbery, or any act involving violence;

Company shall indemnify the Insured for loss of or damage to Cash and Traveler's Checks that cannot be recovered from any responsible party or other insurance, for the actual amount of loss or damage, not exceeding the Sum Insured as specified in the Policy Schedule, less the Deductible (if any).

Claim for Benefits

The Insured must submit the following documents to the Company within 30 days from the date the Cash and Traveler's Checks are lost or damaged, at the Insured's own expense:

1 Claim form specified by Company.

2 Copy of the Insured's passport and/or travel evidence.

3 Copy of the police daily report issued by the local police station where the incident occurred.

4 Written confirmation of the loss from the manager or owner of the accommodation where the Insured was staying at the time of the loss or damage, including evidence of payment made by such manager or owner (if any).

5 Any other evidence as reasonably required by the Company (if any).

In the event that the Company requires any additional documents other than those specified above, the Company shall notify the claimant in writing, clearly specifying all additional documents required, together with the reasons and necessity for requesting such additional documents.

Failure to submit such evidence within the specified period shall not entitle the Company to deny liability.

Additional Exclusions (Applicable only to the Loss or Damaged of Personal Money and Travelling cheque)

Insurance under this Insurance Agreement does not cover loss of or damage arising from the following causes:

1. **Loss or damage to Cash and Traveler's Checks while left unattended in a public place, left behind in any vehicle, or loss resulting from the Insured's negligence in taking reasonable care to safeguard such property.**
2. **Damage or destruction resulting from deterioration of Cash and Traveler's Checks, including damage caused by insects or vermin, or damage arising from any process carried out by the Insured for repair, cleaning, alteration, or modification of any property.**
3. **Damage resulting from confiscation, seizure, or detention by customs authorities, airport officials, government authorities, or police of the relevant country.**

Insurance Agreement
Loss or Damaged of Travel Documents

Additional Definitions

Cash	*means*	banknotes or coins that are legal tender.
Traveler's Checks	*means*	means traveler's checks payable in foreign currency.
Robbery	*means*	Theft involving the use of force or violence, or the threat of immediate force or violence, in order to: 1) Facilitate the theft or the taking away of such property; **or** 2) Compel the delivery of such property; or 3) Retain possession of such property; or 4) Conceal the commission of such offense; or 5) Escape arrest. For this purpose, Theft means the dishonest taking of another person's property, or property in which another person has ownership rights.
Gang Robbery	*means*	Robbery committed by three or more persons acting together.

Coverage

While this Insurance Policy is in force, subject to the terms and conditions of the Policy coverage benefits, if the Insured's passport is lost or damaged, resulting in the passport being unusable, due to any of the following events occurring during the trip:

1 Theft evidenced by visible signs of forcible entry into the Insured's locked accommodation;

2 Robbery, Gang Robbery, or any act involving violence;

Company shall indemnify the Insured for loss of or damage to the passport that cannot be recovered from any responsible party or other insurance, for:

1 The cost of obtaining a replacement passport;

2 Additional travel and accommodation expenses necessarily incurred due to postponement of the return journey as a result of not receiving certification from the consulate within the scheduled return period as specified in the Policy Schedule.

The Company shall indemnify the actual expenses incurred, not exceeding the Sum Insured as specified in the Policy Schedule.

Claim for Benefits

The Insured must submit the following documents to the Company within 30 days from the date of the loss or damage at the Insured's own expense:

1 Claim form specified by Company.

2 Copy of the Insured's passport and/or travel evidence, as applicable.

3 Copy of the police daily report issued by the local police station where the incident occurred.

4 Original receipts itemizing the expenses incurred.

5 Any other evidence as reasonably required by the Company (if any).

In the event that the Company requires any additional documents other than those specified above, the Company shall notify the claimant in writing, clearly specifying all additional documents required, together with the reasons and necessity for requesting such additional documents.

Failure to submit such evidence within the specified period shall not entitle the Company to deny liability.

Additional Exclusions (Applicable only to the Loss or Damaged of Travel Documents)

Insurance under this Insurance Agreement does not cover loss of or damage arising from the following causes:

1 Loss of or damage to travel documents occurring while in Thailand or after the Insured has completed the trip as specified in the Policy Schedule.

2 Loss of or damage to travel documents while left unattended in a public place, left behind in any vehicle, or loss resulting from the Insured's negligence in taking reasonable care to safeguard such property.

3 Damage or destruction resulting from deterioration of travel documents, including damage caused by insects or vermin, or damage arising from any process carried out by the Insured for repair, cleaning, alteration, or modification of any property.

4 Damage resulting from confiscation, seizure, or detention by customs authorities, airport officials, government authorities, or police of the relevant country.

Insurance Agreement
Trip Cancellation

Additional Definition

Family Member means the father, mother, son, daughter, spouse, and siblings sharing the same parents as the Insured, and the father and mother of the spouse.

Coverage

While the Insured is covered under this Insurance Policy, this insurance provides coverage to the Insured for loss or damage arising from the postponement or cancellation of the Insured's trip occurring within ***…30…*** days prior to the scheduled departure date (except for causes specified under Clause 7) and occurring after this Insurance Policy has become effective, arising from the following causes:

1. The Insured's death, Injury, or Illness, certified by a Physician that the Insured is medically unfit to travel as scheduled.
2. Death, serious Injury, or severe Illness of a Family Member of the Insured, causing the Insured to be unable to travel as scheduled.
3. The carrier's announced cancellation of the trip due to severe weather conditions that prevent travel.
4. A protest or strike that affects the Insured's travel.
5. Quarantine due to a communicable disease.
6. Receipt of a court summons to appear as a witness or receipt of any court order.
7. When the Insured's permanent residence sustains severe damage due to fire or natural disaster within ……1…… weeks prior to the scheduled departure date, causing the Insured to be unable to travel as scheduled.

The indemnity payable by the Company to the Insured under this **Insurance** Agreement shall include deposits, travel expenses, advance ticket purchase costs, accommodation expenses, meal expenses paid in advance by the Insured, and/or expenses for which the Insured is legally liable, solely for loss or damage that is not recoverable from any other source. The Company shall indemnify the Insured for the actual loss or damage incurred, up to but not exceeding the Sum Insured as specified in the Policy Schedule.

This coverage shall apply only if the Insured has obtained insurance prior to becoming aware of any event that may cause the postponement or cancellation of the trip. In addition, **no Insured shall be entitled to claim indemnity under both the Trip Cancellation Insurance Agreement and the Trip Curtailment Insurance Agreement (if any) arising from the same event.**

Additional Terms and Conditions (Applicable only to the Trip Cancellation)

Claims and Submission of Proof of Loss

The Insured, the beneficiary, or their representative, as applicable, must notify and submit documents or evidence to the Company within 30 days from the date of the incident, at their own expense, as follows:

1 The claim form prescribed by the Company.
2 Receipts issued by the tour company or airline, including accommodation and meal expenses, specifying the amounts charged.
3 A medical certificate (in the event that the trip is cancelled or postponed due to the Insured's Injury or Illness, or the serious Injury or severe Illness of a Family Member).
4 A copy of the death certificate (in the event of the death of the Insured or a Family Member of the Insured).
5 Written confirmation from the travel agency, tour operator, carrier, or accommodation provider.

In the event that the Company requires any additional documents other than those specified above, the Company shall notify the claimant in writing, clearly specifying all additional documents required, together with the reasons and necessity for requesting such additional documents.

Failure to submit such evidence within the specified period shall not entitle the Company to deny liability.

Additional Exclusions (Applicable only to the Trip Cancellation)

Insurance under this Insurance Agreement does not cover expenses for trip postponement or cancellation arising from or in connection with the following causes:

1. **Loss or damage arising from governmental control or regulations.**
2. **AIDS, venereal diseases, or sexually transmitted diseases.**
3. **Cancellation or postponement of travel that the Insured was aware of prior to applying for this insurance.**
4. **Pre-existing Condition.**
5. **Treatment of mental disorders or any psychiatric conditions.**
6. **Any unlawful act committed by the Insured or criminal prosecution against the Insured.**

Insurance Agreement
Flight Delay (Lump Sum Benefit)

Coverage

While the Insured is covered under this Insurance Policy, if the Insured's scheduled air travel is delayed from the normal travel schedule as specified in the flight schedule for at least ***…6…*** consecutive hours from the time specified in the travel itinerary, due to the aircraft being unable to depart from or arrive at the airport as scheduled because of adverse weather conditions, malfunction of aircraft equipment, strikes, or protests by airline or airport employees, or any other cause not attributable to the Insured,

Company shall pay indemnity for the flight delay to the Insured for every ***…6…*** hours of delay, but not exceeding the aggregate Sum Insured as specified in the Policy Schedule.

Additional Terms and Conditions (Applicable only to the Flight Delay (Lump Sum Benefit))

Claims and Submission of Proof of Loss

The Insured, the beneficiary, or their representative, as applicable, must notify and submit documents or evidence to the Company within 30 days from the date of the incident, at their own expense, as follows:

1. Claim form specified by Company.
2. Copy of the Insured's passport and/or proof of travel.
3. Air ticket and boarding pass, or evidence specifying the travel duration.
4. Letter, document, or any other evidence issued by the airline, carrier, airport authority, or any responsible authority for such travel, specifying the cause of the travel delay or the duration of the delay.
5. Any documents or evidence as reasonably required by the Company (if any).

In the event that the Company requires any additional documents other than those specified above, the Company shall notify the claimant in writing, clearly specifying all additional documents required, together with the reasons and necessity for requesting such additional documents.

Failure to submit such evidence within the specified period shall not entitle the Company to deny liability.

Additional Exclusions (Applicable only to the Flight Delay (Lump Sum Benefit))

Insurance under this Insurance Agreement does not cover flight delays arising from or in connection with the following causes:

1. Delays arising from the following circumstances:

1.1 The Insured's failure to check in with the airline within the specified time.

1.2 Strikes or protests by airline or airport employees that occur prior to or at the time the Insured applies for this travel insurance.

1.3 Delays resulting from cancellation of airline services by order or recommendation of the government of that country.

1.4 Delays that the Insured was aware of prior to applying for this insurance.

2. Any compensation received from the airline or airport.

Insurance Agreement
Missed Connecting Flight (Lump Sum Benefit)

Coverage

While the Insured is covered under this Insurance Policy, if the Insured misses a confirmed connecting flight overseas at a transfer point due to a delay of the inbound flight arriving at such transfer point, and no alternative flight is available within ***…6…*** from the scheduled arrival time of the inbound flight at the transfer point,

Company shall pay indemnity for such missed connecting flight for every ***…6…*** at the Sum Insured stated in the Policy Schedule, subject to the maximum Sum Insured specified in the Policy Schedule.

Additional Terms and Conditions (Applicable only to the Missed Connecting Flight (Lump Sum Benefit))

Claims and Submission of Proof of Loss

The Insured, the beneficiary, or their representative, as applicable, must notify and submit documents or evidence to the Company within 30 days from the date of the incident, at their own expense, as follows:

1. Claim form specified by Company.
2. Letter, document, or other evidence issued by the airline, carrier, airport authority, or responsible authority for such journey confirming the cause of the missed connecting flight.
3. Copy of the Insured's passport.
4. Copy of the airline ticket.

In the event that the Company requires any additional documents other than those specified above, the Company shall notify the claimant in writing, clearly specifying all additional documents required, together with the reasons and necessity for requesting such additional documents.

Failure to submit such evidence within the specified period shall not entitle the Company to deny liability.

Additional Exclusions (Applicable only to the Missed Connecting Flight (Lump Sum Benefit))

This insurance does not cover any missed connecting flight arising from or in connection with the following causes:

1. **The Insured missing the departure at the initial point of origin for any reason.**
2. **Delays resulting from cancellation of airline services by order or recommendation of the government of that country.**
3. **The Insured's failure to check in with the airline within the specified time.**

Insurance Agreement
Trip Curtailment

Additional Definition

Family Member means the father, mother, son, daughter, spouse, and siblings sharing the same parents as the Insured, and the father and mother of the spouse.

Coverage

While the Insured is covered under this Insurance Policy, if the duration of the Insured's trip is curtailed after the trip has commenced and the Insured is required to return to Thailand earlier than scheduled due to any of the following causes:

1. The Insured sustains an Injury or Illness certified by a Physician that continuation of the trip may endanger the Insured's life and renders the Insured unable to continue the trip.

2. A Family Member passes away, sustains serious Injury, or suffers a serious Illness, resulting in the Insured being unable to continue the trip.

3. The carrier announces the cancellation of travel due to severe weather conditions rendering travel impossible.

4. A protest or strike that affects the Insured's travel.

5. Quarantine due to a communicable disease.

6. Receipt of a court summons to appear as a witness or receipt of any court order.

7. When the Insured's permanent residence sustains severe damage due to fire or natural disaster while the Insured is travelling.

The Company shall pay indemnity to the Insured for prepaid expenses, in whole or in part, paid in advance as deposits or advance bookings for travel or accommodation that have not been utilized, or for penalties arising from such curtailment of the trip, for which the Insured has not been reimbursed from any other source, based on the actual expenses incurred but not exceeding the Sum Insured as specified in the Policy Schedule.

This coverage shall apply only if the Insured has obtained insurance before becoming aware of any event that may give rise to such trip curtailment. In addition, **no Insured shall be entitled to claim indemnity under both the Trip Curtailment Coverage Agreement and the Trip Postponement or Cancellation Coverage Agreement (if any) arising from the same event.**

Additional Terms and Conditions (Applicable only to the Trip Curtailment)

Claims and Submission of Proof of Loss

The Insured, the beneficiary, or their representative, as applicable, must notify and submit documents or evidence to the Company within 30 days from the date of the incident, at their own expense, as follows:

1. Claim form specified by Company.
2. Copy of the most recent airline ticket purchased, together with the receipt.
3. Copy of the Insured's passport and/or proof of travel.
4. Medical certificate in the event that the trip is curtailed due to the Insured sustaining an Injury or Illness, and in the case of death, serious injury, or serious illness of a Family Member.
5. Copy of the death certificate (in the event of death of the Insured or a Family Member).
6. Any other documents or evidence as reasonably required by the Company (if any).

In the event that the Company requires any additional documents other than those specified above, the Company shall notify the claimant in writing, clearly specifying all additional documents required, together with the reasons and necessity for requesting such additional documents.

Failure to submit such evidence within the specified period shall not entitle the Company to deny liability.

Additional Exclusions (Applicable only to the Trip Curtailment Coverage Agreement)

Insurance under this Coverage Agreement does not cover trip curtailment arising from or in connection with AIDS, venereal diseases, or sexually transmitted diseases.

Insurance Agreement
Emergency Telephone Charge

Coverage

While the Insured is covered under this Insurance Policy, if the Insured sustains an Injury, suffers a sudden Illness, or encounters an emergency requiring immediate assistance and contacts the Company or the Emergency Assistance Provider to request assistance, the Company shall pay indemnity to the Insured for expenses incurred in contacting the assistance service, limited to the telephone numbers designated by the Company, up to the Sum Insured as specified in the Policy Schedule and within the Policy Period.

Submission of Claim Documents or Evidence (Applicable only to the Emergency Telephone Charge)

The Insured or their representative, as applicable, must notify and submit documents or evidence to the Company within 30 days from the date of the incident, at their own expense, as follows:

1. Claim form specified by Company
2. Copy of the police daily report from the local police station where the incident occurred.
3. Documents evidencing telephone expenses.
4. Copy of the Insured's passport and/or travel evidence.
5. Copy of the Insured's national identification card.
6. Any other documents or evidence as reasonably required by the Company (if any).

In the event that the Company requires any additional documents other than those specified above, the Company shall notify the claimant in writing, clearly specifying all additional documents required, together with the reasons and necessity for requesting such additional documents.

Failure to submit such evidence within the specified period shall not entitle the Company to deny liability.

Insurance Agreement
Hijacking

Additional Definition

Aircraft Hijacking	means	the seizure or exercise of control of an aircraft by force, violence, or threat of force or violence, with malicious intent, by any person or group of persons.

Coverage

While the Insured is covered under this Insurance Policy, this insurance provides coverage in the event the Insured is taken hostage in an aircraft hijacking occurring during the Period of Insurance while travelling on board an aircraft, provided that such event continues for at least 24 consecutive hours.

The Company shall pay indemnity to the Insured for being taken hostage in an aircraft hijacking for every full and consecutive 24-hour period of such hostage situation, subject to the maximum Sum Insured as specified in the Policy Schedule.

Additional Terms and Conditions (Applicable only to the Hijacking)

Claims and Submission of Proof of Loss

The Insured, the beneficiary, or their representative, as applicable, must notify and submit documents or evidence to the Company within 30 days from the date of the incident, at their own expense, as follows:

1. Claim form specified by Company.
2. Copy of the Insured's passport and/or proof of travel.
3. Copy of the Insured's national identification card.
4. Letter, document, or other evidence issued by the airline, airport authority, or any other relevant authority confirming the cause and duration of the aircraft hijacking.
5. Any other documents or evidence as reasonably required by the Company (if any).

In the event that the Company requires any additional documents other than those specified above, the Company shall notify the claimant in writing, clearly specifying all additional documents required, together with the reasons and necessity for requesting such additional documents.

Failure to submit such evidence within the specified period shall not entitle the Company to deny liability.

Insurance Agreement
Rental Vehicle Excess

Coverage

While the Insured is covered under this Insurance Policy, this insurance provides coverage for any Deductible liability under a voluntary motor insurance policy for a vehicle rented and driven by the Insured during overseas travel, for which the Insured is legally liable to compensate for loss or damage to the rented vehicle arising from an Accident.

The Company shall indemnify the Insured for the rental vehicle Deductible liability based on the actual amount payable, but not exceeding the Sum Insured as specified in the Policy Schedule.

Additional Terms and Conditions (Applicable only to the Rental Vehicle Excess)

1. The Insured must rent the vehicle from a licensed car rental company.
2. The car rental agreement must require the Insured to purchase a voluntary motor insurance policy or equivalent coverage for loss or damage to the rented vehicle during the rental period.
3. The Insured must comply with all terms and conditions of the car rental company under the rental agreement and all terms and conditions of the insurer providing insurance coverage for the rented vehicle under such insurance policy, including the laws, rules, and traffic regulations of the country to which the Insured travels.
4. In the event the Insured is the renter and the driver of the rented vehicle, the Insured must hold a valid driver's license.

Claims and Submission of Proof of Loss

The Insured, the beneficiary, or their representative, as applicable, must notify and submit documents or evidence to the Company within 30 days from the date of the incident, at their own expense, as follows:

1. Claim form specified by Company
2. Copy of the police daily report from the local police station where the incident occurred.
3. The car rental agreement.
4. Receipt evidencing payment of the rental vehicle deductible paid by the Insured.
5. Copy of the Insured's passport and/or travel evidence.
6. Copy of the Insured's national identification card.
7. Any other documents or evidence as reasonably required by the Company (if any).

In the event that the Company requires any additional documents other than those specified above, the Company shall notify the claimant in writing, clearly specifying all additional documents required, together with the reasons and necessity for requesting such additional documents.

Failure to submit such evidence within the specified period shall not entitle the Company to deny liability.

Additional Exclusions (Applicable only to the Rental Vehicle Excess)

This insurance under this Coverage Agreement shall not cover rental vehicle Deductible liability arising from or in connection with the following causes:

1. Loss or damage arising from the driving of the rented vehicle in violation of the terms and conditions of the car rental agreement, or loss or damage occurring off public roads, or arising from violation of the laws, rules, or regulations of the country to which the Insured travels.

2. Loss or damage caused by wear and tear, deterioration, damage caused by insects or animals biting, chewing, infesting, inhabiting, or residing within the vehicle, mechanical or electrical breakdown, or hidden or latent defects.

3. Loss or damage arising from the Insured driving the rented vehicle beyond highway limits or driving in areas not designated as public roads for motor vehicle use.

Insurance Agreement
Flight Overbooking - Lump Sum Benefit

Coverage

This insurance provides coverage for a missed flight for which an advance ticket has been purchased due to an error in the airline's ticketing or distribution system while the Insured is within the Period of Insurance, and when no alternative flight or other public transportation is available to replace such travel within ***…6…*** consecutive hours from the scheduled departure time of such flight.

The Company shall pay indemnity for such event to the Insured for every ***…6…*** hours in the amount of the Sum Insured specified in the Policy Schedule, subject to a maximum amount not exceeding the Sum Insured specified in the Policy Schedule.

Additional Terms and Conditions (Applicable only to the Flight Overbooking - Lump Sum Benefit)

Claims and Submission of Proof of Loss

The Insured, the beneficiary, or their representative, as applicable, must notify and submit documents or evidence to the Company within 30 days from the date of the incident, at their own expense, as follows:

1. Claim form specified by Company

2. Letter, document, or other evidence issued by the airline, carrier, airport, or responsible authority for such travel, confirming the cause and duration of the missed flight.
3. Copy of the Insured's passport.
4. Copy of the unused ticket purchased by the Insured for travel in accordance with the originally planned itinerary.
5. Copy of the boarding pass used for actual travel.
6. Any other documents or evidence as reasonably required by the Company (if any).

In the event that the Company requires any additional documents other than those specified above, the Company shall notify the claimant in writing, clearly specifying all additional documents required, together with the reasons and necessity for requesting such additional documents.

Failure to submit such evidence within the specified period shall not entitle the Company to deny liability.

Additional Exclusions (Applicable only to the Flight Overbooking - Lump Sum Benefit)

In addition to the General Exclusions, this insurance under this Coverage Agreement shall not pay indemnity for any loss arising from or in connection with strikes, riots, malicious acts committed for political, religious, or ideological purposes, or political disturbances.

Insurance Agreement
Home Guard

Additional Definitions

1.	**Residence**	*means*	the place specified in the Policy Schedule where the Insured ordinarily resides.
2.	**Household Contents**	*means*	means furniture, decorations, fixtures and fittings, household utensils and appliances, musical instruments, audio equipment, kitchenware, clothing, and other property not specifically excluded under the Additional Exclusions, for the purpose of residence of the Insured or persons who normally reside with the Insured.
3.	**Theft**	*means*	the dishonest taking of property belonging to another person or in which another person has ownership.
4.	**Robbery**	*means*	Theft involving the use of force or violence, or the threat of immediate force or violence, in order to: 1) Facilitate the theft or the taking away of such property; **or** 2) Compel the delivery of such property; **or** 3) Retain possession of such property; **or** 4) Conceal the commission of such offense; **or** 5) Escape arrest. For the purpose of this definition, Theft means the dishonest taking of property belonging to another person or in which another person has ownership.
5.	**Gang Robbery**	*means*	Robbery committed by three or more persons acting together.
6.	**Pair or Set**	*means*	property items of identical nature, or items that are complementary or intended to be used together.

Coverage

While the Insured is covered under this Insurance Policy, this insurance provides coverage for loss of or damage to Household Contents at the Residence where the Insured ordinarily resides in Thailand, occurring during overseas travel, as a result of the following events:

1. Fire Section

1) Fire
2) Lightning (including damage to electrical appliances and electrical equipment caused by short circuits resulting from lightning)
3) Explosion
4) Aircraft Perils and/or objects falling from aircraft, including self-propelled rockets and spacecraft, excluding weaponized rockets. However, this does not include damage caused by sonic waves or pressure waves from aircraft operating under normal flight conditions.
5) Impact by Vehicles and/or Draft Animals, such as elephants, horses, cattle, or buffalo, causing damage to Household Contents. This shall include impact and/or falling of trees, goods, or property carried by such vehicles or draft animals, but excluding aircraft. The Company shall not be liable for damage to Household Contents caused by impact, collision, or falling of trees, vehicles, or draft animals owned by the Insured, persons who normally reside with the Insured, or any person acting in the course of employment or under the instruction of the Insured.

6) Water Damage (excluding flood) caused by accident from discharge, leakage, or overflow of water or steam from water pipes, water tanks, heating systems, cooling systems, air-conditioning systems, water pumps, including rainwater entering the Residence due to damage to the roof, windows, doors, door or window frames, ventilation openings, skylights, water pipes, or gutters, but excluding:

6.1) Damage caused by surface water runoff, external flooding, or water seeping through walls, foundations, or floors of the building.

6.2) Drain cleaning, breakage, or leakage from underground plumbing systems or underground fire hydrant mains located outside the Residence, or from an automatic sprinkler system.

2.Burglary Section

Burglary evidenced by visible signs of forcible entry into the Residence where the Insured resides in Thailand, Robbery, Gang Robbery, including loss of or damage arising from any attempted commission of such acts.

The Company shall indemnify for loss of or damage to Household Contents that are totally damaged, or property constituting a Pair or Set that is partially damaged but can no longer be used, for the actual amount payable, not exceeding the Sum Insured as specified in the Policy Schedule, less the Deductible (if any), payable to the Insured.

Coverage Conditions (Applicable only to the Coverage Agreement for Loss of or Damage to Household Contents)

1. Method of Indemnity and Limitation of the Company's Liability

The Company shall have the right to consider indemnifying the loss by any one of the following methods:

1.1 Indemnity by repair based on the actual loss of or damage; or

1.2 Indemnity by replacement with property of similar kind and quality; or

1.3 Indemnity by cash payment based on the actual value of the property, after deduction of depreciation at the time the loss of or damage occurred.

2. Indemnity by Replacement of Property

The Company may elect to rebuild or replace the damaged property in whole or in part instead of making a cash payment for the loss or damage, or may do so jointly with other insurers. The Company shall not be bound to rebuild or replace the property so as to be identical to or complete in every respect with the original property, but shall proceed as circumstances reasonably permit and shall act in the most reasonable manner. In any event, the Company shall not be liable to rebuild or replace property in excess of the value of the property at the time the loss or damage occurred or in excess of the Sum Insured.

In the event that the Company is unable to rebuild or repair the insured property due to any municipal ordinance, regulation, or any law governing road alignment, building construction, or other requirements, the Company shall be liable to pay only such amount as is necessary to rebuild or repair the property to its former condition to the extent permitted by law.

3. Rights of the Company in Respect of Salvage

Upon the occurrence of any damage to insured property, the Insured shall be responsible for the care of such property and shall not abandon the damaged insured property. The Company may:

3.1 Require the delivery of the damaged insured property to the Company;

3.2 Take possession of the insured property and examine, sort, select, remove, or otherwise deal with the property;

3.3 Sell, dispose of, or destroy the damaged property for the benefit of the parties concerned.

The Company may exercise its rights under this condition as appropriate from the time the loss or damage occurs until the claim is finally settled or until the Insured provides written notice waiving the right to claim indemnity under the Insurance Policy. The exercise of the Company's rights as stated above shall not increase the Company's liability and shall not prejudice the Company's rights to rely on any terms and conditions of the Insurance Policy in defense of any claim.

Claims and Submission of Proof of Loss

The Insured, the beneficiary, or their representative, as applicable, must notify and submit documents or evidence to the Company within 30 days from the date of the incident, at their own expense, as follows:

1) Claim form specified by Company.
2) Copy of the police daily report issued by the local police station where the incident occurred.
3) Quotation or valuation of the property and photographs of the damaged property.
4) Detailed particulars of the property that sustained loss of or damage and the value of such loss of or damage at the time the loss or damage occurred, to the fullest extent possible.
5) Additional relevant evidence and documentation, such as plans, documents evidencing ownership, the original land title deed, duplicate or copies of such documents, and documents relating to the claim and the origin or cause of the loss or damage.
6) Copy of the Insured's passport and/or travel evidence.
7) Copy of the Insured's national identification card.
8) Any other documents or evidence as reasonably required by the Company (if any).

In the event that the Company requires any additional documents other than those specified above, the Company shall notify the claimant in writing, clearly specifying all additional documents required, together with the reasons and necessity for requesting such additional documents.

Failure to submit such evidence within the specified period shall not entitle the Company to deny liability.

Additional Exclusions (Applicable only to the Coverage Agreement for Loss of or Damage to Household Contents)

Insurance under this Coverage Agreement does not cover the following property or any loss of or damage arising from or resulting from the following causes:

1. The following property:

1.1 Silver bars, silver ornaments, gold bars, gold ornaments, gemstones, or valuable jewelry.

1.2 Antiques or works of art with a total value exceeding 10,000 baht.

1.3 Originals or copies of documents, inventions, plans, diagrams, paintings, designs, patterns, prints, or molds.

1.4 Securities, collateral, or financial instruments of any kind, important documents, postage stamps, revenue stamps, currency, banknotes, checks, or business documents, share certificates, title deeds, contracts, or bonds.

1.5 Explosives.

1.6 Electrical appliances and electrical equipment, electrical circuit boards, electronic equipment, electrical wiring, or light bulbs that are damaged due to overloading, excess pressure, short circuit, electrical arcing, self-ignition of wiring, electrical leakage, including deterioration from natural wear and tear or normal usage, limited only to the equipment damaged by such causes.

1.7 Vehicles of any kind, whether land, water, or air vehicles.

1.8 Trees, landscaping, or lawns.

2. Loss, damage, or destruction resulting from deterioration of property, corrosion, insect or vermin infestation, or arising from any process carried out for repair, cleaning, alteration, or modification of any property by the Insured or persons who normally reside with the Insured.

3. Destruction of property by order of any government authority.

4. Loss or damage arising from acts or participation by persons who normally reside with the Insured, or arising from acts of the Insured, or any person acting in the course of employment or under the instruction of the Insured, whether acting independently or in collusion with others.

Insurance Agreement
Pet care due to flight return delay

Additional Definitions

Pet	*means*	the Insured's dog or cat for which proof of ownership is available (unless the Company extends coverage to other types of pets, provided that such extension is clearly specified).
Pet Boarding Facility	*means*	a facility specifically providing pet boarding services or a veterinary clinic offering such services, which is suitable for pets and provides adequate space, lighting, ventilation, and proper sanitation systems for drainage and waste disposal.

Coverage

If the flight used by the Insured for the return trip to Thailand is delayed from the scheduled departure time as specified in the flight schedule for more than 12 hours due to:

1. Adverse weather conditions;

2. Mechanical or technical failure of the aircraft's aviation equipment; or

3. Strike or industrial action by employees of a commercial airline or airport, resulting in the inability to travel;

Such delay results in the Insured being required to extend the duration of pet boarding at a Pet Boarding Facility beyond the normal travel period, the Company shall reimburse the daily pet boarding expenses for the period of delay based on the actual expenses incurred, but not exceeding the daily Sum Insured and subject to the maximum number of days and the maximum aggregate Sum Insured per trip as specified in the Policy Schedule.

In this regard, the pet boarding must commence prior to the scheduled departure date in order to be eligible for coverage under this Coverage Agreement. Such coverage shall apply only where the pet is boarded at a licensed veterinary clinic, animal hospital, or legally authorized pet boarding facility.

Additional Terms and Conditions (Applicable only to the Pet care due to flight return delay)

Claims and Submission of Proof of Loss

The Insured, the Beneficiary, or their representative, as applicable, must submit the following documents or evidence to the Company within 30 days from the date of return to Thailand for consideration of claim payment, at their own expense:

1. Claim form specified by Company.
2. Copy of the Insured's passport.
3. All airline tickets and boarding passes.
4. Letter from the commercial airline specifying the cause of the delay.
5. The original detailed receipt showing pet boarding expenses.
6. Documents or evidence showing proof of ownership of the Insured's pet.

7. Certificate issued by a veterinarian specifying details of the boarding and care of the pet, including the type of animal, breed, sex, weight, and physical characteristics.

8. Any other documents or evidence as reasonably required by the Company (if any).

In the event that the Company requires any additional documents other than those specified above, the Company shall notify the claimant in writing, clearly specifying all additional documents required, together with the reasons and necessity for requesting such additional documents.

Failure to submit such evidence within the specified period shall not entitle the Company to deny liability.

<u>Additional Exclusions</u> (Applicable only to the Pet care due to flight return delay)

This insurance does not cover:

1. **Any delay known to the Insured prior to applying for insurance or known prior to the departure date from Thailand.**
2. **Pet boarding that commenced prior to the period specified in this Coverage Agreement or that constitutes routine or normal pet care.**

Section 5: Endorsements

If the provisions in the following endorsements are inconsistent with or contrary to the provisions of this Insurance Policy, the provisions of such endorsements shall prevail.

All other terms, conditions, and exclusions of the Insurance Policy shall remain unchanged and continue to apply.

Endorsement of Automatic Extension of Period of Policy

(For use as an endorsement to the Individual International GEN Travel Safe Max Insurance Policy)

Company Code:

Endorsement No.: forming part of Policy No.:	Date of Issue:
Name-Surname of the Insured: *As per policy or Certificate attached for each Insured person*	
Policy Period: Commencing on at hours and expiring on at	
Automatic Extension of Period of Policy: ……7…… days	

Additional Definition

Unforeseeable Event	*means*	Means severe weather conditions or natural disasters preventing travel, aviation equipment malfunction, aircraft engine failure, aircraft downsizing, the Insured being denied boarding due to an overbooked flight, or serious Injury or Illness of the Insured, certified by a Physician as medically necessary and reasonable, preventing continuation of travel.

Automatic Extension

It is agreed that during the Policy Period, if the Insured's return journey is delayed due to an Unforeseeable Event beyond the Insured's control, the Company shall automatically extend the Policy Period for the period reasonably necessary to provide coverage until the Insured's return journey is completed, without charging any additional premium or expenses, subject to a maximum of **…7…** days.

If any provision in this Endorsement is inconsistent with or contrary to any provision in the Insurance Policy, the provisions of this Endorsement shall prevail. All other terms and conditions of the Insurance Policy shall remain unchanged and continue to apply.

Endorsement of Hiking or Climbing

(For use as an endorsement to the Individual International GEN Travel Safe Max Insurance Policy)

Company Code

Endorsement No.		as part of Policy No.		Date	
Name-Surname of Insured *As per policy or Certificate attached for each Insured person*					
Insurance Period: From	at	hours	To	at	hours
Premium	Stamp Duty		SBT	Total	Baht

It is agreed that this insurance policy will not provide coverage to the insured. For any loss or damage incurred in the following cases:

i. Hiking or Climbing a cliff that requires the help of a tool, or

ii. Hiking or Climbing at an altitude of not less than 3,000 meters above sea level.

Limited to the specified country/location. as follows: *Countries or places that fall under the above criteria*

If wording in this Endorsement is opposed to wording indicated in the policy, the Company allows the Insured to hold the Endorsement for coverage instead.

However, other terms and conditions in the Policy are still in force.

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Endorsement of Sanction Country

(For use as an endorsement to the Individual International GEN Travel Safe Max Insurance Policy)

Company Code

Endorsement No.	as part of Policy No.		Date	
Name-Surname of Insured *As per policy or Certificate attached for each Insured person*				
Insurance Period: From	at	hours To	at	hours
Premium	Stamp Duty	SBT	Total	Baht

As agreed, this insurance policy will not provide coverage to the insured. For any loss or damage incurred during travel to, or during your stay in any country or territory specified in the Schedule of Insurance Policies and endorsement, as follows:

Russia, Iran, North Korea, Syria, Belarus, Crimea region, Donetsk, Luhansk, Kherson & Zaporizhzhia regions, Afghanistan, Central African Republic, Democratic Republic of the Congo, Cuba, Haiti, Iraq, Lebanon, Libya, Nicaragua, Somalia, South Sudan, Sudan, Venezuela, Yemen, Zimbabwe, Myanmar (Burma)

If wording in this Endorsement is opposed to wording indicated in the policy, the Company allows the Insured to hold the Endorsement for coverage instead.

However, other terms and conditions in the Policy are still in force.

Endorsement of Extended coverage for Extreme Sports

(For use as an endorsement to the Individual International GEN Travel Safe Max Insurance Policy)

Company Code:

Endorsement No.:	forming part of Policy No.:		Date of Issue:	
Name-Surname of the Insured: *As per policy or Certificate attached for each Insured person*				
Effective Period:	days commencing on	at	and expiring on	at
Premium:	Stamp Duty:	Tax:	Total:	baht

Definitions

Hazardous Sports means any type of motor racing or boat racing, horse racing, all forms of ski racing including jet ski racing, skate racing, boxing, skydiving (except skydiving performed for life-saving purposes), boarding, disembarking from, or travelling in a hot air balloon, bungee jumping, scuba diving requiring air tanks and underwater breathing apparatus (except scuba diving performed for life-saving purposes), participation in or competition involving paramotoring, paragliding, hang gliding, including sports of a similar nature to paramotoring, paragliding, and hang gliding, as well as extreme sports involving acrobatic or high-risk activities.

Extension of Coverage

It is agreed that during the effective period as specified in this Endorsement, the above-mentioned Insurance Policy is extended to cover any loss or damage arising from or in connection with Hazardous Sports, or occurring during the period in which the Insurance Policy to which this Endorsement is attached is in force, but only in respect of the Coverage Agreements for which the Sum Insured is specified.

Coverage Agreements	Hazardous Sports Competition	
	Sum Insured (baht)	Premium (baht)
Subject to the limits as specified in the Policy Schedule		

The Company's liability shall not exceed the Sum Insured as specified in this Endorsement.

If any provision in this Endorsement is inconsistent with or contrary to any provision in the Insurance Policy, the provisions of this Endorsement shall prevail.

All other terms and conditions of the Insurance Policy shall remain unchanged and continue to apply.