

Overseas Student Travel Insurance Policy

(Sell through electronic channel (Online))

In reliance upon the statements declared in the Insurance Application which forms a part of this Insurance Policy, and in consideration of the premiums payable by the Insured Person or the Policyholder subject to the provisions, General Terms and Conditions, Insurance Contract, exclusions, and attachments to the Insurance Policy, the Company agrees as follows:

1. Policy Definitions

Unless otherwise stipulated herein, all terms and phrases (expressions) with specific meanings given in any part of this Insurance Policy shall have the same meanings.

1. **Insurance Policy** means the Schedule, table of benefit, general terms and conditions, Insurance Contract, exclusions, provisions, attachments, endorsements, and summary of general terms and conditions, coverages, and exclusions of this Policy which are deemed parts of the Insurance Contract;
2. **Company** means the Company issuing this Insurance Policy;
3. **Insured Person** means the person named as the Insured Person in this Insurance Policy who must be from 11-50 years of age, is covered by this Insurance Policy, and has been successfully enrolled full-time in an overseas Educational Institution which is registered and has its academic standing recognized by such country's relevant government agency;
4. **Accident** means an event which abruptly occurs due to external factors causing a result which is not intended or anticipated by the Insured Person;
5. **Injury** means a bodily injury caused, directly, solely, and independently from other causes, by an Accident;
6. **Sickness** means a symptom, abnormality, illness, or disease suffered by the Insured Person;
7. **Tuition Fee** means an enrollment fee of the Educational Institution in which the Insured Person is enrolled. In this regard, the fees required to be paid by law are registration fees, expenses necessary for the course and equipment fees for the course. The Tuition Fee is exclusive of expenses relating to accommodations, food, and/or textbooks (regardless of the necessity);
8. **Common Carrier** means a person or company offering transportation by road, railway, air, or sea which is legally licensed by the government agency to operate the business of passenger transportation in exchange for fares based on fixed and established routes;
9. **Physician** means a person with a medical degree who is lawfully registered with the Medical Council and holding a license as a Physician in the place in which medical or surgical treatment is given, with the exception of the case where the Insured Person him/herself is a Physician, or his/her spouse, or legitimate child;
10. **Nurse** means a person holding a license as a nurse;
11. **Hospital** means any health care institution providing medical services, able to admit patients to stay overnight, and having the elements of space with a sufficient number of medical personnel, as well as offering full array of medical services, especially an operating room for major surgery and holding a license to operate as a hospital pursuant to the law governing health care institutions of such jurisdiction;
12. **Medical Standard** means criteria or guidelines on international modern medicine which results in a treatment plan that is suitable for a patient based on medical necessity and in line with conclusions from an injury record, illness, autopsy findings examination, or other records (if any);
13. **Inpatient** means a person who is required to be admitted in a Hospital or Medical Center and be registered as an Inpatient for a consecutive period of no less than 6 hours, provided the person is diagnosed and advised by a Physician based on the diagnosis in accordance with the Medical Standard for a period as required for such injury or illness to be treated. This also includes a circumstance in which an Inpatient dies within 6 hours after being hospitalized;
14. **Medical Center** means any health care institution providing medical services, able to admit patients to stay overnight, and holding a license to operate as a Medical Center pursuant to the laws of such jurisdiction;
15. **Clinic** means a health care institution with modern treatment capability, holding a license pursuant to the laws, operated by a Physician, offering treatment, and diagnosis but not being allowed to admit patients to stay overnight;
16. **Family Member** means a/an spouse, father, mother, legitimate child, actual sibling of the same father or mother, legal guardian, and parent-in-law of the Insured Person;
17. **Terminal Illness** means a disease which progresses to the extent that it cannot be cured and a Physician has, during the Insurance Period, no

- specific treatment plan for it other than offering palliative care based on the symptoms until the disease can no longer be further treated;
18. **Necessary and Reasonable Expenses** means medical expenses and/or any expenses which are reasonable based on the services a Hospital, or Medical Center, or Clinic, where the Insured Person receives the treatment, has generally charged from a patient;
 19. **Pre-existing Condition** means a disease (including complications), symptoms or abnormality suffered by the Insured Person within 12 months prior to each traveling date which is significant to the extent that a general person would seek a diagnosis, care, or treatment, or a Physician would suggest a diagnosis, care, or treatment;
 20. **AIDS** means Acquired Immune Deficiency Syndrome caused by the HIV infection and shall include micro-organism, Malignant Neoplasm or contracted disease or illness which a blood result indicates HIV (Human Immunodeficiency Virus) positive, including, without limitations, Pneumocystis Carinii Pneumonia, Organism or Chronic Enteritis, Virus and/ or Disseminated Fungi Infection, Malignant Neoplasm including but not limited to Kaposi's Sarcoma, Central Nervous System Lymphoma and/or other diseases currently known as Acquired Immune Deficiency Syndrome or causing sudden death, sickness or disablement. AIDS also includes HIV (Human Immunodeficiency Virus), Encephalopathy Dementia, and a spread of virus;
 21. **Terrorism** means an act with force or violence and/or threat by a person or any group of person, regardless of such act being committed solely or on behalf of, or in connection with any organization or government, in the pursuit of political, religious, ideological aims, or any other objectives of a similar manner, including for the purposes of causing fear and panic to the government and/or the public or any part thereof;
 22. **Authorized Company** means the sole juristic person that has been exclusively authorized by the Company to provide the Insured Person assistance service to the Insured Person in an emergency case as specified in the Insurance Policy;
 23. **Policy Year** means a period of one year from the date on which the Insurance Policy is effective, or the Insurance Policy's anniversary of the following years;
 24. **Educational Institution** means an Educational Institution which is registered and has its academic standing recognized by such country's government agency relevant to education;
 25. **Full-time Education** means an enrollment in an educational program with an amount of credits per semester no less than that required in the admission regulations and/or manual of such registered university or Educational Institution;
 26. **Accidental Damage to the Insured Person** means bodily injury suffered by the Insured Person due to an Accident resulting in death, loss of limb, loss of eyesight, disablement, or injury;
 27. **Loss or Damage** means loss or damage to the Insured Person's property;
 28. **Medical Necessity** means various medical services with the following conditions
 - 1) being in line with the diagnosis and symptomatic treatment required for the Insured Person;
 - 2) having clear medical indications in accordance with the current modern Medical Standard;
 - 3) the medical service given must not be for the sole convenience of either the Insured Person, his/her Family Member, or the medical service provider; and
 - 4) being provided in accordance with the proper treatment standard as necessary based on a condition of the Injury or Sickness of the Insured Person.

2. General Terms and Conditions

2.1 Insurance Contract

Considering that this Insurance Contract is made as a result of the Company's reliance in statements of the Insured Person which have been declared in the Insurance Application and additional statements (if any) executed by the Insured Person as evidence of the agreement to provide insurance coverage under the Contract, the Company, therefore, issues this Insurance Policy.

In the event that it is within the knowledge of the Insured Person, but the Insured Person declares any false statement under the first paragraph, or covers the facts without declaring the same to the Company, where the Company, upon being aware of any such facts, may decide to raise the premiums, not to enter into the Contract, this Insurance Contract shall be voided subject to Section 865 of the Civil and Commercial Code, and the Company shall be entitled to terminate the Contract.

The Company shall not deny its liability by referring to statements other than that the Insured Person has given under the first paragraph.

2.2 Entirety of and Amendment to the Insurance Contract

This Insurance Policy, as well as the Coverage Agreement and attachments, shall constitute integral parts of the Insurance Contract. No amendments to any wording therein shall be valid and effective unless there is a consent granted by the Company and such amendment is recorded in this Insurance Policy or its attachment.

2.3 Construction

Any dispute arising out of or in connection with this Insurance Policy shall be construed by the laws of Thailand, and the parties hereto agree for the dispute to be referred to the jurisdiction of any competent court of Thailand.

2.4 Insurance Period

- 1) Commencement of Coverage: Unless otherwise specified herein, the coverage shall commence on the commencement of insurance, or 2 hours before the Insured Person departs Thailand, or on the date and at the time specified in the Schedule to the Insurance Policy, whichever is later.
- 2) End of Coverage: Unless otherwise specified herein, the coverage shall cease upon the Insured Person's permanent return to Thailand, or 2 hours after the Insured Person arrives in Thailand, or the Insured Person's request to terminate this Insurance Policy, or expiration of the Insurance Period as specified in the Schedule to the Insurance Policy, whichever comes first.
- 3) Automatic Extension of Coverage: So far as this Insurance Policy is effective, in the case where the Insured Person's return to Thailand is delayed from the planned schedule due to the Insured Person being required to receive medical attention and continuous treatment as an inpatient, the Company shall extend the coverage up until the date on which the Company or the Authorized Company deems that the Insured Person is able to travel back to Thailand.

In the case where such delay is specified in the conditions of the agreement covering delay in travel, agreement covering missing transit flight due to a delay of the service provider, and the agreement covering aircraft hijacking, the Company shall extend the coverage by... days (up to the maximum of 3 days).

In this regard, the Company shall be responsible for the amount not exceeding that of the benefits specified in the Schedule to the Insurance Policy.

2.5 Subrogation

In the event that the Company makes a payment of compensation under this Insurance Policy, the Company shall be subrogated to the Insured Person's rights of claim against the person or organization responsible for the loss, and the Insured Person shall deliver any document or material, or undertake any act necessary to secure such rights, provided the Insured Person shall take no action which results in the prejudice to such rights.

2.6 Notifications and Claims

The Insured Person, or his/her beneficiary or agent, as the case may be, shall notify the Company of the Injury or Sickness without delay. In the event of death, any such person shall immediately notify the Company, unless it can be proven that there is a reasonable and necessary circumstance which prevents such person from notifying the Company immediately; and that the notification is given to the Company as soon as practicable. For other circumstances, the notification shall be made as soon as practicable, but no later than 30 days after the Injury, Sickness, or death occurs.

In case of the person exercising the rights of claim under the preceding paragraph is unable to notify the Company within the specified period, the person exercising the rights of claim shall not be prejudiced to rights of claim for compensation if such person is able to prove that the failure to notify is not the fault attributable to the Insured Person, and that such person has submitted a claim to the Company as soon as practicable.

2.7 Claims and Delivery of Proof of Loss

2.7.1 Claim for compensation in case of loss of tuition fee

- 1) Fill out the Claim Form as specified by the Company;
- 2) Receipt of the Tuition Fee which the Insured Person paid to the Educational Institution for the semester in which he/she has studied;
- 3) Medical report of the treating Physician (in the case where the Insured Person has suffered from an Injury or Sickness, and is transferred back to receive the treatment according to a diagnosis of a treating Physician, or due to suffering from Terminal Illness);
- 4) Evidence of the Insured Person's suspension issued by the Educational Institution;
- 5) Copy of the autopsy report in an event of death of the Insured Person's spouse, father, mother, or legitimate child;
- 6) Copy of the death certificate of the Insured Person's spouse, father, mother, or legitimate child;
- 7) Copy of the identification card and house registration affixed with a "Deceased" seal on the particular of the deceased spouse, father, mother, or legitimate child of the Insured Person;

- 8) Copy of the daily police report issued by a local police station; and
- 9) Copy of the passport of the Insured Person.

2.7.2 Claim for compensation in case of compassionate visit

- 1) Promptly contact the authorized company for further action;
- 2) Fill out the Claim Form as specified by the Company;
- 3) Medical report from the treating Physician of the Insured Person;
- 4) Letter from the Hospital or Medical Center where the Insured Person has been treated confirming that there no Family Member of the Insured Person is available to take care the Insured Person during the period of the treatment;
- 5) Evidence of payment for accommodations and food;
- 6) Copy of the identification card or passport of the Insured Person's close relatives; and
- 7) Copy of the passport of the Insured Person.

2.7.3 Claim for compensation in case of total permanent disability or loss of limb due to an accident

The Insured Person shall, at his/her own expenses, submit the following evidences to the Company within 30 days from the date on which a Physician concludes that the Insured Person has suffered total permanent disability or loss of limb(s):

- 1) Claim Form as specified by the Company;
- 2) Medical report confirming total permanent disability or loss of limb(s); and
- 3) Copy of the passport of the Insured Person.

2.7.4 Claim for compensation in case of death due to an accident

The beneficiary shall, at his/her own expenses, submit the following evidences to the Company within 30 days from the date of death of the Insured Person:

- 1) Claim Form as specified by the Company;
- 2) Death certificate;
- 3) Copy of the autopsy report;
- 4) Copy of the daily police report issued by a local police station;
- 5) Copy of the identification card and house registration affixed with a "Deceased" seal on the particular of the Insured Person;
- 6) Copy of the passport of the Insured Person; and
- 7) Copy of the identification card and house registration of the beneficiary.

2.7.5 Claim for medical expenses

In claiming for medical expenses, the Insured Person shall, at his/her own expenses, submit the following evidence to the Company within 30 days from the date of discharge from a Hospital or Medical Center or Clinic:

- 1) Claim Form as specified by the Company;
- 2) Medical report identifying material symptoms, diagnosis result, and treatments given;
- 3) Original receipt showing the expenses, or document summarizing the medical expenses and the receipt; and
- 4) Copy of the passport of the Insured Person.

The receipt showing the expenses must be an original copy. The Company will return the original receipt confirming the amount so paid in order for the Insured Person to claim for the amount that is not compensated from other insurers. If the Insured Person has been compensated by the government welfare, any other welfare, or other insurance, the Insured Person shall submit to the Company a copy of the receipt with the certification of amount paid by the government welfare or other agency in order to claim for the amount that is not compensated from the Company.

2.7.6 Claim for emergency medical evacuation and repatriation to Thailand

The Insured Person, beneficiary, or any relevant person shall undertake the following acts:

- 1) Promptly notify the Company;
- 2) Fill out the Claim Form as specified by the Company;
- 3) In the case where the Insured Person is injured in a remote area, the Insured Person should contact a local Physician for first aid purposes. After that the Company will consider evacuation or repatriation procedures, and coordinate with the Physician for further treatment; and
- 4) Copy of the passport of the Insured Person.

2.7.7 Claim for expenses for repatriation of mortal remains or ashes

The Insured Person, beneficiary, or any relevant person shall undertake the following acts:

- 1) Promptly notify the Authorized Company. The Authorized Company shall then consider the most appropriate way to repatriate the mortal remains or ashes to Thailand;
- 2) Fill out the Claim Form as specified by the Company;
- 3) Submit all necessary documents specified under Clause 2.7.4 and deliver the same to the Company within 30 days from the date of death; and
- 4) Copy of the passport of the Insured Person.

2.7.8 Claim for loss or damage to luggage and personal belongings while using a common carrier service

The Insured Person, beneficiary, or any relevant person shall submit the following documents to support the consideration of compensation:

- 1) Claim Form as specified by the Company;
- 2) Letter confirming the loss issued by the Common Carrier's management in the case where the loss or damage is under the coverage of a Common Carrier;
- 3) List and price of the items so lost or damaged;
- 4) Daily police report issued by a local police station if the loss or damage is due to extortion or force in a violent manner; and
- 5) Copy of the passport of the Insured Person.

2.7.9 Claim for third party liability

The Insured Person, beneficiary, or any relevant person shall submit the following documents to support the consideration of the compensation:

- 1) Copy of the passport of the Insured Person;
- 2) Claim Form as specified by the Company;
- 3) Medical certificate and receipt if it is the Insured Person's doing that causes accident to other person;
- 4) Death certificate or copy of the autopsy report in the case of other person's death caused by the Insured Person;
- 5) Receipt of repair cost, or receipt and letter of confirmation in the case where it is necessary to purchase any item which is damaged due to the Insured Person's act.

A failure to submit evidence within the specified period shall not prejudice the rights of claim if the Insured Person is able to prove that there is a reasonable and necessary circumstance which prevents him/her from submitting the evidence within the specified period, and that he/she has submitted the evidence to the Company as soon as practicable. In addition, it may be necessary for the Company to request additional documents in support of the claim if the documents so submitted are not sufficient for the Company's consideration.

2.7.10 Claim for other compensations

The Insured Person, beneficiary, or any relevant person shall submit the following documents to support the consideration for the claim:

- 1) Claim Form as specified by the Company;
- 2) Original receipt;

- 3) Copy of the passport of the Insured Person, or other evidence of travel;
- 4) Daily police report (if any);
- 5) Invoice and other relevant supporting documents;
- 6) Document or conformation letter of a Common Carrier, including details of the relevant trip (if any);
- 7) In the case of claim for the cancellation of trip, and reduction of travelling period, the Insured Person shall additionally submit the following evidence:
 - a. Document evidencing that the Insured Person has paid the deposit for travelling expenses and accommodations, as well as original copy of the receipts or invoices for the additional expenses paid for travelling and accommodations; and
 - b. Document evidencing medical expenses, or death certificate from the treating Physician of the Insured Person or his/her Family Member;
- 8) Copy of the summons;
- 9) Copy of the order specifying the amount required for bail; and/or
- 10) Other documents as may be required by the Company if necessary

A failure to submit evidence within the specified period shall not prejudice the Insured Person's rights of claim if the Insured Person is able to prove that there is a reasonable and necessary circumstance which prevents him/her from submitting the evidence within the specified period, and that he/she has submitted the evidence to the Company as soon as practicable.

2.8 Medical Examination

The Company has the right to verify the medical and diagnosis history of the Insured Person to the extent necessary for this insurance, as well as the right to perform an autopsy in the case of necessity and in compliance with the law, at its own expenses.

In the case where the Insured Person does not consent for the Company to verify his/her medical and diagnosis history so as to support the consideration for the payment of claim, the Company may deny the coverage under this Insurance Policy.

2.9 Payment of Claims

The Company will pay out claims within 15 days from the date on which it receives complete and correct proof of loss or damage. The

claims for death shall be paid to the beneficiary, and the other claims shall be paid to the Insured Person.

In the case where there is a reasonable cause to suspect that the claim made under the Insurance Policy is not in accordance with the Coverage Agreement of the Insurance Policy, the payout period may be extended to the extent necessary, but not exceeding 90 days from the date on which the Company receives all documents.

If the Company fails to completely pay out the claims within the period specified above, the Company shall be liable for interest incurred therefrom at the rate of 15 percent per annum of the payable amount calculated from the date on which the payment becomes due.

If the medical treatment is given by a Hospital or Medical Center or Clinic outside Thailand, the Company shall make payment by applying the exchange rate of the date of the receipt of such medical expenses.

2.10 Fraudulent Claims

The Company shall not be liable for a claim made fraudulently or dishonestly by the Insured Person, or his/her beneficiary or agent who uses any method or instrument in a fraudulent manner for the benefits under the Insurance Policy. The Company has the rights to immediately terminate this Insurance Policy. In such case, the Company shall refund the Insured Person the paid premiums by deducting a part for the period that the Insurance Policy has been in forced.

2.11 Payment of Premiums and Termination of Insurance Policy

2.11.1 Either the Insured Person or the Company shall have the rights to terminate the Insurance Policy in accordance with the following conditions:

- 1) The Company may terminate this Insurance Policy by sending a written notice to the Insured Person for at least 15 days prior to such termination by registered mail to the last known address the Insured Person informed the Company. In such case, the Company shall refund paid premiums by deducting a part for the period that the Insurance Policy has been in force.
- 2) The Insured Person may terminate this Insurance Policy by sending a written notice to the Company, and shall be entitled to receive a refund of premium after deducting the same for the period that the Insurance Policy has been in force based on the short period rates specified in the following schedule:

Short Period Schedule		
Insurance Period (Not over / month)	Insurance Period (Not over / month)	Insurance Period (Not over / month)
1	15	8.6
2	25	14.3
3	35	20.0
4	45	25.7
5	55	31.4
6	65	37.1
7	75	42.9
8	80	45.7
9	85	48.6
10	90	51.4
11	95	54.3
12	100	57.1
13		60.7
14		64.3
15		67.9
16		71.4
17		75.0
18		78.6
19		82.1
20		85.7
21		89.3
22		92.9
23		96.4
24		100.0

The termination of the Insurance Policy under the conditions of this Clause, whether by the Insured Person or the Company, shall only be applied to the entire Insurance Policy. Neither party may partly terminate the coverages hereunder during the Insurance Period.

2.12 Dispute Resolution by Arbitration

In the case of any dispute, conflict, or claim arising out of this Insurance Policy between the person having a right of claim under the Insurance Policy and the Company, if such person is desirous and deems to settle any such dispute by arbitration proceedings, the Company agrees and consents for such dispute to be judged by the arbitration in accordance with the Rules of the Office of Insurance Commission (OIC) Regarding Arbitration.

2.13 Conditions Precedent

The Company shall not be liable for claim payments under this Insurance Policy, unless the Insured Person or the beneficiary, or agent of the Insured Person or the beneficiary, as the case may be,

has fully complied with the Insurance Contract and the conditions of the Insurance Policy.

2.14 Other Insurances

If, at the time a claim is made by the Insured Person under this Insurance Policy, there is any other insurance policy from which the Insured Person is able to claim, the Company shall jointly pay out the claim amount not exceeding the average of the excess amount that the Insured Person would receive from the other insurance policy, totaling an amount not exceeding the amount so insured with the Company.

3. General Exclusions

This Insurance Policy shall not cover any Injury, Loss, or Damage arising out of or in connection with the following causes or circumstances:

1. Treatment of Sickness or condition relevant to mental disorder, psychiatric disorder, stress, insanity, or nervous system, including derangement;
2. Claim for expenses of all kinds relating to, directly or indirectly, sexually transmitted diseases or immunodeficiency, e.g. Human Immunodeficiency Virus Infection ("HIV"), Acquired Immune Deficiency Syndrome ("AIDS"), or any form or variation of HIV or AIDS, regardless of the cause;
3. The Insured Person performing duty as a soldier, police, emergency assistance unit, firefighter or volunteer, and engaging in a war or suppression unit;
4. The Insured Person engaging in or provoking to cause a fight;
5. The Insured Person committing a crime, or being arrested, or escaping an arrest, with the exception for the case of the Insured Person being bailed;
6. The Insured Person's failure to comply with the restrictions, suggestions, recommendations from the government or government agency of Thailand or of the country, to which the Insured Person knows before travelling that he/she should not travel due to warning of a strike, riot, bad weather;
7. War, invasion, malicious acts from other countries or war-like acts, whether or not declared, or civil war, defiance, insurgent, insurrection, strike, civil commotion, revolution, coup, declaration of martial law, or any event which would result in a declaration or continuance of martial law;
8. terrorism;
9. aircraft hijacking and/or procedures to prevent, suppress, control, or mitigate the impact of any actual, attempted, anticipated, threatened, suspected or perceived terrorism, involvement of the Insured Person in terrorism, being a member of a terrorist organization, or involvement in drug

smuggling or selling, or involvement in a smuggling of nuclear, chemical or biological weapons;

10. Cancellation of travel resulting from the closure of frontiers decided by a state or any competent authority representing that state. However, the following conditions shall remain insured:
 - Cancellation of travel resulting from the closure of the frontier of the country or of one of the countries to which the Insured Person travels, provided no alternative solution has been offered by the travelling agents or the tour operator, and subject to the closure of the frontiers being declared 14 days before the departure;
11. Radiation or radioactivity from any nuclear fuel or nuclear waste from the combustion of nuclear fuel and any process of self-sustaining nuclear fission or fusion;
12. Explosion of radioactive or nuclear elements or other hazardous material which may result in an explosion in the nuclear process;
13. Any such Injury, Loss, or Damage occurred in the country or territory exempted from the coverages specified in the Policy Schedule and attachments to the Insurance Policy (if any);
14. The Insured Person violating the law, or not complying with the government's policy, as well as visa requirements;
15. Suicide, attempted suicide, or self-inflicted Injury;
16. Any treatment given by a Physician being the Insured Person him/herself, or being a father, mother, spouse, or child, or travelling companion, or person related to the Insured Person;
17. The Insured Person working in a cargo ship, navy, army, or air force, or with respect to a test of vehicle of all kinds, or offshore duties, for example, diving, oil platform, mining, aerial photography, or operations relating to explosives;
18. Travelling against medical restriction, or travelling with the purposes to receive medical treatment in other countries; and
19. Usage of chemical or biological weapons.

4. Scope of Provision of Assistance by the Company or Authorized Company

The Company or Authorized Company's scope of provision of assistance shall be subject to the law and regulations of such particular country. The Company or Authorized Company's services shall be subject to the consent of the relevant agencies. The Company and/or the Authorized Company shall not be held accountable for a delay or obstruction in the provision of services as agreed due to an event of force majeure, for example, strike, riot, civil

commotion, free movement restrictions, sabotage, terrorism, civil or foreign war, impact of radioactive substance, or acts of god.

5. Coverage Agreement

Subject to the provisions, Coverage Agreement, exclusions, general terms and condition, and attachments to the Insurance Policy, and in consideration of the premiums payable by the Insured Person, the Company agrees to provide coverages specifically in accordance with that attached to this Insurance Policy, at the insured amount specified in the Insurance Policy Schedule and attachments (if any).

Coverage Agreement 1: Loss of Tuition Fees

Coverage

The Company will compensate the Insured Person for the Tuition Fees under the following cases.

1. In the case of receiving medical treatment in a Hospital or Medical Center for a consecutive period of not exceeding 30 days due to an Accident or Sickness that are covered under the insurance policy;
2. In the case of a Terminal Sickness that occurs without prior knowledge and no prior symptoms;
3. In the case of a medical evacuation or repatriation for receipt of medical treatment according to the diagnosis of the physician providing the medical treatment under the coverage of this insurance policy; or
4. In the case of the death of a close relative,

each of which causes the Insured Person to be unable to continue his or her studies in the semester that the Tuition Fees have been paid. The Company will compensate the Insured for the non-refundable portion of Tuition Fees only.

When there is a claim for compensation benefits, the amount of the benefit will be calculated based on the amount shown on the official invoice for that semester from the Educational Institution that receives the Tuition Fees. Only The Company will pay compensation benefits to the Insured Person up to the insured amount as stated in the policy schedule.

Additional Exceptions

(Applicable only to the Coverage Agreement 1: Tuition Fee Compensation Benefit)

The Company will not compensate for Injury, any Loss or Damage incurred to the Insured Person arising from or as a result of the cause or occurrence in the following cases:

1. Cosmetic surgery or plastic surgery, except a necessary surgery due to an Accident;
2. Elective Surgery due to an existing condition which is not a cause of death;
3. Alcoholism, addiction to drugs, use of drugs, or sedatives of any kind;
4. Involvement in commissioning an assignment to commit a crime or attempted crime

Coverage Agreement 2: Traveling to Visit the Insured Person

Coverage

In the case an Insured Person needs to be admitted as an Inpatient in a Hospital or Medical Center when staying abroad for a consecutive period exceeding 5 days due to Injury or Sickness, which is covered under this Insurance Policy, and the symptoms of the Insured Person causing him or her to be unable to travel back to Thailand, and no Family Member is staying with him or her, The Authorized Company will procure one economy class seat return airplane ticket and/or a first-class train ticket, or other transport options, for the Family Member of the Insured Person to travel to visit the Insured Person. In addition, the Company will compensate the expenses of the Family Member of the Insured Person in the amount of not exceeding ... per day (the Company sets forth the maximum amount not exceeding THB 5,000) for accommodation and food expenses only until the Insured Person is discharged from the Hospital or the Medical Center. In all circumstances, the total amount of liability of the Company for the round-trip travel and compensation for daily expenses will not exceed the sum insured as stated in the schedule of the Insurance Policy.

Coverage Agreement 3: Death, Dismemberment or Completely Permanent Disability from Accident

Additional Definitions

Dismemberment means being cut off from the body from the wrist or ankle and shall include the complete loss of capacity in use of the above-mentioned organs and having an express medical indication that such organs cannot be recovered for use perpetually;

Loss of Eyesight means completely blind and cannot be cured perpetually;

Completely Permanent Disability means disabilities to the extent that a disable person is completely and perpetually unable to perform any job in duties and other careers or unable to perform 3 or more tasks of daily routines by himself or herself,

provided that, performing daily routines mean an ability to perform 6 main tasks of normal people, which are medical criteria for assessing patients who are unable to perform such tasks, consisting of:

- 1) mobility, such as the ability to move from chair to bed manually without the help of others or the use of assistive devices;
- 2) ability to walk or move, such as the ability to walk or move from room to room on their own without the assistance of another person or an assistive device;
- 3) dressing abilities, such as being able to wear or remove clothes on their own without the assistance of others or the use of assistive device;
- 4) ability to take a body bath, such as the ability to bathe, including entering and exiting the shower room on their own without the assistance of others or assistive devices;
- 5) ability to eat, such as the ability to eat on their own without the help of others or assistive devices;
- 6) ability to excrete, such as the ability to use the toilet for defecation, including being able to enter and exit the toilet on their own without the assistance of others or assistive devices.

Coverage

This insurance covers Loss or Damage occurred by an accidental bodily injury to the Insured Person during the insurance period that causes the Insured Person dies, loses body organs, eyesight or permanently disable within 180 days from the date of the Accident or Injury which must be cured continuously as a patient in the Hospital or Medical Center. Whenever, the Insured Person died from that Injury, the Company will pay the compensation according to the benefit schedule as follows:

Benefit Schedule	
100% of the insured amount	For death
100% of the insured amount	For becoming a completely permanent disable person which

Benefit Schedule	
	has continued for not less than 12 months from the date of the Accident or there is a clear medical indication that the Insured Person becomes a completely permanent disable person
100% of the insured amount	For loss of both hands from the wrist or two feet from the ankle or both eyes
100% of the insured amount	For loss of one hand from the wrist and one foot from the ankle
100% of the insured amount	For loss of one hand from the wrist and one eye
100% of the insured amount	For loss of one foot from the ankle and one eye
60 of the insured amount	For loss of one hand from the wrist
60% of the insured amount	For loss of one foot from the ankle
60% of the insured amount	For loss of one eye

The Company shall pay the compensation only for one highest claim under this clause throughout the insurance period. The Company shall pay the compensation for the consequences of this coverage agreement in the aggregate up to the amount stated in the Insurance Policy schedule. If the Company has not paid the compensation under this coverage agreement, the full amount of the sum insured, the Company will continue providing coverage until the end of the insurance period equal to the remaining sum insured only.

Additional Exceptions

(Applicable Specifically to Coverage Agreement 3 : Compensation Benefits for Death, Dismemberment or Completely Permanent Disability from Accident Only)

Insurance under this coverage agreement does not cover Injury or loss or damage arising out of or caused by or occurred at the following times:

1. exposure to pathogens and parasites, except for infection with disease or tetanus or rabies which was caused by the wound received from an Accident;
2. while the Insured Person committing a crime with a severe punishment or being arrested or escaping from arrest

3. alcoholism, addiction to drugs, using drugs or sedatives of any kind;
4. miscarriage, except for the miscarriage as a direct result of an Accident;
5. while the Insured Person riding a motorcycle without a motorcycle license in the country of entry;
6. while the Insured Person is practicing or participating in a professional sport competition event or sporting competition events or practicing as an amateur;
7. while the Insured Person is driving or performing duties as an aircraft driver or an aircraft crew member;
8. while the Insured Person is driving or boarding or disembarking the aircraft or taking an unregistered aircraft which is not a commercial airline to carry passengers with fares collected; or
9. while the Insured Person participates in professional sports or participate in any competition which uses motor vehicles by land, water or air; mountaineering, mountain climbing, cliff jumping, skydiving, motor racing or boat racing of all kinds and the driving of aircraft; horse racing, ski racing of all kinds, including jet skis, skate racing, boxing, parachuting (except for lifesaving parachutes), getting on or off or in a balloon or glider bungee jumping, diving that requires an underwater tank and breathing apparatus.

Coverage Agreement 4: Medical Expenses

Coverage

While the Insurance Policy is in effect under the terms and conditions of the coverage benefits, if the Insured Person is injured from an Accident or Sickness that occurs suddenly and unpredictably and which occurs during the insurance period causing the need for medical treatment either as an Inpatient or an outpatient, the Company will pay compensation for Necessary and Reasonable Expenses that arise from medical treatment according to the Medical Necessity and Medical Standards based on the actual amount to be paid, but not more than the sum insured as specified in the Insurance Policy schedule, returned to the Insured Person.

In the case an Injury occurs from an Accident taking place abroad and needs to be treated by herbal medicine, local doctors, acupuncture for treatment, except for fractures or fractures of bones, the Company will compensate the actual expenses to the Insured Person up to a maximum of THB 1,000 per person per Accident.

However, if the Insured Person is required to receive follow-up treatment in Thailand after returning from travel, a medical admission must be made within

12 hours of arrival in Thailand and the maximum amount that the Company will pay for the medical treatment incurred in Thailand is not more than 10 percent of the sum insured or no later than 7 days after arriving in Thailand whichever amount is less. However, the conditions in this paragraph shall not apply if the Insured Person has an Accident and is required to be relocated to Thailand for emergency medical treatment under the Coverage Benefits Agreement for Emergency Medical Evacuation Benefits and is Repatriation to Thailand.

The expenses covered are as follows.

1. Medical examination fees
2. Costs for medicines and intravenous nutrients, blood transfusion services, including costs of separating, preparing and analyzing blood transfusions, laboratory examination fees and pathology, radiology diagnostic costs, diagnostic fees by other special methods, the physician's fees to read results, costs of using or providing services, medical supplies and equipment outside a surgical room, medical consumables (pharmaceuticals 1), surgical rooms and surgical room equipment, exclusive of cost of hiring a special nurse during a stay in the Hospital or Medical Center as an Inpatient.
3. Emergency ambulance service fees for moving the Insured Person to or from the Hospital or Medical Center for medical reasons according to the Medical Necessity.
4. Take home medicines according to Medical Necessity for no longer than 14 days.
5. Intensive care room fees or a standard single patient room including the cost of food provided by the Hospital or Medical Center for the patient and daily medical expenses.
6. Medical expenses in Thailand in the case that the Insured Person travels back to Thailand temporarily and must travel back to continue the study but gets injured or sick during the return journey, this Insurance Policy will continue to cover the Insured Person for a period of 90 days. For Insurance Policies aged 12 months or more, the covered expenses are the expenses as detailed in 1-5 as stated above. However, for the maximum sum insured, the Company will pay for medical expense benefits in Thailand not exceeding the sum insured as specified in the policy schedule.

Additional Exceptions

(Applicable Specifically to Coverage Agreement 4: Medical Expense Benefits Only)

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

1. Treatment for restfulness or health, rehabilitation, health check-up treatment fees that are not related to Injury or Sickness
2. Medical treatment that is not a modern treatment, including alternative treatment, such as acupuncture, natural therapy, massage therapy and chiropractic therapy, etc., with the amount of medical expenses exceeding the amount specified in the coverage of this coverage agreement.
3. Organ transplant costs, costs of prosthetic organs and equipment, vision costs, all types of prosthetic devices, including walking sticks, glasses, hearing aids, speech devices, and all kinds of pacemakers.
4. Expenses related to eye/eyesight treatment that are not caused by the Accident, expenses related to dental services except to relieve pain from the Accident, exclusive of dental restoration, orthodontics, crowns, scaling, fillings, or dentures, including medical expenses for speech therapy due to a dental treatment caused by the Accident.
5. Services or surgery in connection with Injury or Sickness that are beyond Medical Necessity which occurs for the purpose of profit from the Insurance Policy.
6. Beauty treatments such as acne, freckles, dandruff treatment, weight loss, hair transplants or treatment to correct defects of the body, cosmetic surgery, except for cosmetic surgery that is required as a result of the Accident so that such organs can function normally as before the occurrence of the Accident.
7. Vaccination or vaccination against disease except rabies vaccinations after being attacked by an animal and tetanus vaccinations after the Injury.
8. Physical therapy expenses or unnecessary treatment that cannot be proven for medical purposes.
9. Expenses for hiring a special nurse.
10. Expenses for a Pre-existing Condition.
11. Miscarriage, except a miscarriage as a direct result of the Accident.
12. Injury incurred while the Insured Person is practicing or participating in a professional sport competition or sport competition or practicing as an amateur.
13. Injury incurred while the Insured Person is driving or performing duties as an aircraft pilot or an aircraft crew member.
14. Injury incurred while the Insured Person is driving or boarding or disembarking the aircraft or taking an unregistered aircraft which is not a commercial airline to carry passengers with fares collected.
15. Injury incurred while the Insured Person participates in professional sports or participate in any competition which uses motor vehicles

by land, water or air; mountaineering, mountain climbing, cliff jumping, skydiving, motor racing or boat racing of all kinds and the driving of aircraft; horse racing, ski racing of all kinds, including jet skis, skate racing, boxing, parachuting (except for lifesaving parachutes), getting on or off or in a balloon or glider, bungee jumping, diving that requires an underwater tank and breathing apparatus.

Coverage Agreement 5 : Emergency Medical Evacuation or Repatriation to Thailand

Additional Definitions

Emergency Medical Evacuation means

1. emergency transportation of the Insured Person from the place where the Insured Person suffered an Accident or Sickness to a Hospital or Medical Center or the nearest Clinic that can provide appropriate medical care; or
2. after receiving preliminary treatment from a Hospital, a Medical Center or a local Clinic, the Insured Person's physical condition allows him or her to be moved to another Hospital or return to Thailand for further treatment or recuperation.

Coverage

If the Insured Person is injured or a sudden and unpredictable Sickness occurs during the insurance period and is covered under this Insurance Policy, and it is necessary to move the Insured Person in a manner appropriate to necessity in accordance with the opinion or advice of the Authorized Company, or authorized representatives of the Company to perform appropriate medical treatment, or to bring the Insured Person back to Thailand, the Company will be responsible for the relocation costs as authorized by the Company or authorized representatives of the company charged to the Company.

The method of emergency medical evacuation is determined by the Authorized Company, or authorized representative of the Company which may include the cost of vehicles transporting the injured by air, by boat, by land, by rail or by other appropriate means of transport.

Decisions about how the mode of movement and destination will be handled by the Authorized Company, or the authorized person of the Company based on the necessary medical treatment.

Coverage for the specified cost is the cost for the specified service, and/or arranged by the Authorized Company for transportation or medical

services, cost of medical supplies incurred as needed which is the result of the Insured Person's emergency medical evacuation in the manner specified in this coverage agreement.

Any arrangement that is not approved or handled by the Authorized Company, except for reasons beyond the control of the Insured Person, and the Insured Person cannot notify the Authorized Company during the medical emergency, the Company reserves the right to reimburse and provide to the Insured Person, to the extent that the Company is authorized in the same circumstances, benefits not exceeding that specified in the Insurance Policy table.

Additional Exceptions

(Applicable Specifically to Coverage Agreement 5: Benefits for Emergency Medical Evacuation or Repatriation to Thailand Only)

Insurance under this coverage agreement excludes the cost of emergency medical evacuation or repatriation to Thailand caused by or as a result of the following reasons.

1. Expenses for all services that the Insured Person is not responsible to pay, or any expenses already included in the itinerary.

Note: The coverage under this Coverage Agreement 5 shall not be sold/provided an insurance plan in conjunction with the Coverage Agreement 6: Benefits for Costs of Repatriation of a Corpse or Ashes Back to Thailand and/or Coverage Agreement 9: Emergency Medical Evacuation, Repatriation to Thailand and Repatriation of a Corpse or Ashes Back to Thailand

Coverage Agreement 6: Costs of Repatriation of a Corpse or Ashes Back to Thailand

Additional Definitions

Repatriation of Corpse or Ashes to Thailand means necessary arrangements required for the repatriation of a corpse or ashes back to Thailand in the event of an Insured Person's death from an Accident or Sickness while traveling

Coverage

If the Insured Person dies within 30 days from the date of a sudden and unpredictable Injury or Sickness during the insurance period which is covered under this Insurance Policy, the Company will pay for the funeral expenses and other expenses necessary for the management of the corpse, including

the cost of the coffin, embalming, cremation at the place of death, expenses for sending the Insured Person's corpse or ashes back to Thailand handled by the Authorized Company or authorized representatives of the Company, and charge the expenses directly to the Company, provided that such costs and expenses are not more than the sum insured specified in the Insurance Policy table.

Any arrangement that is not approved or handled by the Authorized Company, except for reasons beyond the control of the Insured Person and the insured Person cannot notify the Authorized Company during a medical emergency, the Company reserves the right to reimburse and provide to the Insured Person, to the extent that the Company authorized in the same circumstances, benefits not exceeding the amount specified in the Insurance Policy table.

Additional Exceptions

(Applicable Specifically to Coverage Agreement 6: Benefits for Costs of Repatriation of a Corpse or Ashes Back to Thailand)

Insurance under this coverage agreement excludes the cost of repatriation of a corpse or ashes back to Thailand caused by or as a result of the following reason.

1. Expenses for all services that the Insured Person is not responsible to pay, or any expenses already included in the itinerary

Note: The coverage under this Coverage Agreement 6 shall not be sold/provided an insurance plan in conjunction with the Coverage Agreement 5: Benefits for Emergency Medical Evacuation or Repatriation to Thailand and/or Coverage Agreement 9: Emergency Medical Evacuation, Repatriation to Thailand and Repatriation of a Corpse or Ashes Back to Thailand

Coverage Agreement 7: Loss or Damage of Luggage or Personal Property while Using the Services of a Common Carrier

Additional Definitions

Personal Effects means Insured Person's property taken with him or her on the trip that is not specified in the exclusions;

Souvenir means symbolic things or as a memorial to an event, place, or various things sold or given as a souvenir;

Pair or Set means the number of pieces of personal property that are assembled as a set or can be utilized together;

Luggage means a suitcase or travel backpack that is used to carry clothes or belongings that must be carried for use during the trip; and

Transport Company means a company providing services in goods transportation and delivery

Coverage

This insurance covers Loss or Damage of luggage, or personal property of the Insured Person while luggage or personal property are under the control of a Common Carrier that the Insured Person is a passenger who purchases a ticket of such Common Carrier and boards the vehicle during a foreign trip. Such Loss or Damage must be certified in writing from the management of the Common Carrier.

The Company will compensate for Loss or Damage of the luggage, clothes or personal property contained in the luggage of the Insured Person during the trip or when this Insurance Policy expires at the specified time, whichever event takes place earlier by which the Company will compensate as follows:

1. The Company will compensate for Loss or Damage of items up to the amount per piece, pair or set and the sum insured as specified in the Insurance Policy schedule, or insurance certificate.
2. The Company may pay in cash, or choose to compensate by restoring or repair, in the case that insured items are not older than 1 year.
3. The Company may pay in cash, or choose to compensate by restoring or repairing lost or damaged items. The Company will compensate according to the actual value of the property at the time of the damage. (Calculated from the price at the date of purchase minus depreciation) in the case that the item is older than 1 year old.

Additional Conditions

(Applicable Specifically to Coverage Agreement 7: Benefits for Loss or Damage of Luggage or Personal Property while Using the Services of a Common Carrier Only)

1. The Insured Person must notify the Loss or Damage to the responsible officer of the vehicle the Insured Person is traveling on and receive evidence of notification of such Loss or Damage in writing from the authorized person of such vehicle showing the amount that has been reimbursed.
2. In case that the Company has paid compensation under this Insurance Policy, the Company will subrogate the rights of the Insured Person to any person who is covered, or any organization only in the part where the Company has paid the compensation. In this regard, the Insured Person must cooperate with the Company in delivering documents ready to take the necessary actions to protect all such rights and will not commit any

acts that will damage the Company. The Insured Person will not proceed with any litigation case after such Loss or Damage.

3. The Insured Person must follow every step of the process in order for the Insured Person's luggage and personal property to be taken care of as appropriate.

Additional Exceptions

(Applicable Specifically to Benefit Coverage for Loss or Damage of Luggage or Personal Property during the Use of a Common Carrier Only)

1. This insurance does not cover the following assets:
 - 1) pets, motorized vehicles electric powered vehicles (including accessory equipment for that vehicle, auto accessories), motorcycles, boats, cars and any other vehicles;
 - 2) sports equipment, antiques, artifacts, precious jewelry such as diamonds, gold, silver, including goldware and all silverware that are not kept with the Insured Person except for such properties that are kept in a locked safe;
 - 3) contact lenses, glasses, wheelchairs for the disabled, dentures, retainers;
 - 4) fake limbs, prosthesis and equipment except for Loss or Damage arising from the Accident to the Insured Person;
 - 5) share certificates, banknotes, coins or souvenirs, figures, models, games;
 - 6) perishable items such as fruit, food, or consumer goods;
 - 7) handicrafts, glassware, porcelain, marble, pottery or other fragile items;
 - 8) drawings, works of art, musical instruments; and
 - 9) personal documents important financial documents, stamps, carry-on money, credit cards, SIM cards, keys, computers, computer accessories, tablet PCs, phones, cameras, USB cables.
2. Insurance under this coverage agreement does not cover assets, or Loss or Damage of luggage or personal property arising from or as a result of the following reasons:
 - 1) Loss or Damage from wear and tear, scratches, stains, atmospheric or weather damage; deterioration, liquid damage, or oil or lubricant fouling; paint or rust staining of travel luggage, defects of machinery or electrical equipment, insects, rodents, the condition of the property itself or damage from the production/assembly process or during producing/assembling and that damage happened due to the manufacture/assembly,

or damage caused as a result of the process carried out by the Insured Person for repairs, cleaning or modification or rectification of any property;

- 2) Loss or damage of leased equipment;
- 3) Property seizure or detention of property under customs laws, forfeiture of property by the government;
- 4) Illegal transport of goods or any other acts that violate the law;
- 5) Loss or Damage to property which is indemnified from other sources, such as property insured under other insurance policies or receiving compensation from a freight forwarding company or a Common Carrier;
- 6) Loss of luggage or personal property of the Insured Person delivered in advance or souvenirs and items sent by postal parcel or ship not carried by the Insured Person;
- 7) If the Insured Person forgets his or her luggage or personal property in any vehicle, or public place or Loss or Damage results from the Insured Person's negligence in maintenance and not taking reasonable precautions for the safety of that property;
- 8) Loss or Damage of goods or sample products whether it is intended for commercial use or not;
- 9) Loss or Damage of data recorded on tapes, programs, discs, memory cards or any other similar objects;
- 10) Loss or Damage incurred in Thailand except theft, Loss or Damage incurred by a Common Carrier;
- 11) Theft without tampering, intrusion, or the use of a passkey; or
- 12) Property contained in bags which are not luggage, i.e., wallets, handbags, or bags which are of a general purpose other than suitcases, except in a suitcase.

Coverage Agreement 8: Legal Liability to Third Parties

Additional Definitions

Close Relative means spouse, father, mother, legitimate child of the Insured Person, actual siblings of the same father or mother's legal guardian and father and mother of the spouse

Coverage

The Company will provide coverage to the Insured Person for the statutory liability that the Insured Person is liable to indemnify for incidents occurring while traveling abroad for:

- 1) death or bodily injury or sickness of any third parties;
- 2) Loss or Damage to any third parties' property

and the Company will compensate the Insured Person for:

- 1) actual expenses which the Insured Person is liable to compensate for any third parties;
- 2) expenses, fees paid by the Insured Person with the written consent of the Company; and
- 3) expenses for conducting court proceedings or arbitration

However, the amount of responsibility of the Company for the incident or to continuation of events arising out of the same cause that occurred during the trip will not exceed the sum insured as specified in the Insurance Policy table

Additional Conditions

(Applicable Specifically to Coverage Agreement 8 : Legal Liability to Third Parties Only)

1. If at the time of the incident or claims under this Insurance Policy there are other types of insurance policies that provide coverage for the existing incidents or claim, the Company will jointly be responsible for the average damage not exceeding the proportion that the Company is liable for only.
2. The Insured Person must not accept any liability, offer, promise, payment or any indemnities without the written consent of the Company.
3. The Insured Person must immediately send a letter of claim, claim documents, police report documents, subpoenas, or other documents related to damages or causes that will lead to a claim to the Company.

Additional Exceptions

(Applicable Specifically to Coverage Agreement 8 : Legal Liability to Third Parties)

This insurance under this coverage excludes the following:

1. any Loss or Damage that the Insured Person is liable to third parties for an event arising from an intentional act or an unlawful act of the Insured Person;
2. any liability which is caused by or as a result of:

- 1) rendering professional services or non-compliance with the profession;
 - 2) trade, business or professions of the Insured Person;
 - 3) using a gun or weapon;
 - 4) The Insured Person engages in dangerous activities unless the coverage is extended under the Insurance Policy;
 - 5) owning, possessing or using a towing vehicle attached to a vehicle, aircraft, ship;
 - 6) having ownership, possession or use of wheeled vehicles, aircraft;
 - 7) owning, possessing or using land, buildings, except for the benefit of the Insured Person's residence during the trip;
 - 8) sexual harassment and malicious damage to body and mind; and
 - 9) producing pollution or contaminating soil, water, air
3. legal liability to employees, liability to others for employment or internship with the Insured Person;
 4. liability arising from a contract which, without such contract, the Insured Person's liability will not arise;
 5. legal liability arising from animals which are under the custody or control of the Insured Person;
 6. death or bodily injury or sickness or Loss or Damage to property of family members of the Insured Person or with whom the Insured Person resides;
 7. Loss or Damage to the property of the Insured Person or possessions, taken care of and controlled by the Insured Person; and
 8. civil, criminal fines or contractual fines

Coverage Agreement 9 : Emergency Medical Evacuation, Repatriation to Thailand and Repatriation of a Corpse or Ashes Back to Thailand

Additional Definitions

Emergency Medical Evacuation means

1. Emergency transportation of the Insured Person from the place where the Insured Person was involved in an Accident or Sickness to the nearest Hospital that can provide appropriate medical care; or
2. after receiving initial medical treatment from a local Hospital, the Insured Person's physical condition allows him or her to be moved to another Hospital or returned to Thailand for further medical treatment or to recuperate.

Covered Expenses means transportation costs, medical expenses, expenses necessary for medical assistance, and repatriation to Thailand, provided that the related expenses as specified earlier must be approved and managed by the Authorized Company.

Repatriation of a Corpse means arrangements required for the repatriation of a corpse or ashes to Thailand or place of domicile in the event that the Insured Person's death as a result of an Accident or Sickness while traveling.

Coverage

Emergency Medical Evacuation and Repatriation back to Thailand

This Insurance Policy provides emergency medical evacuation coverage for the Insured Person due to an Injury occurred from an Accident or Sickness during the insurance period, of which and according to the opinion of the Authorized Company is appropriate to evacuate the Insured Person to another place or repatriate the Insured Person back to Thailand for treatment. The Authorized Company will arrange an emergency medical evacuation in the most suitable way according to the condition of the Injury or Sickness of the Insured Person, The Company will pay the covered expenses directly to the Authorized Company.

The arrangement of an emergency medical evacuation by the Authorized Company may include emergency transport by air, by car, traveling by commercial airline, train or by other appropriate means.

Decisions on the means of transport or destination will be made by the Authorized Company by taking the Insured Person's medical necessity into account only.

Repatriation of a Corpse or Ashes Back to Thailand

This Insurance Policy provides coverage for the arrangement of the repatriation of a corpse or ashes back to Thailand or their domicile. In the case that the Insured Person dies from an Accident or Sickness during the insurance period handled by the Authorized Company. The Company will pay the expenses directly to the Authorized Company.

In the case of repatriating a corpse or ashes back to a domicile that is not Thailand, the Company's liability limit will not exceed the cost of repatriation back to Thailand only.

The Company will reimburse the Insured Person's heirs for the actual expenses paid for the handling of a funeral by an undertaker, such as casket, burial or cremation costs, but excludes the funeral expenses.

In all cases, the coverage limit for an emergency medical evacuation or repatriation to Thailand and repatriating a corpse or ashes back to Thailand will not exceed the sum insured as specified in this policy schedule.

For any management that is not approved or handled by the Authorized Company, except for reasons beyond a control of the Insured Person and if the Insured Person cannot notify the Authorized Company during a medical emergency, the Authorized Company reserves the right to reimburse the Insured Person to the extent that the Authorized Company is authorized in the same circumstances to provide reimbursement and does not exceed the amount of benefits specified in the Insurance Policy table.

Additional Conditions

(Applicable Specifically to Coverage Agreement 9: Emergency Medical Evacuation, Repatriation to Thailand and Repatriation of a Corpse or Ashes Back to Thailand Only)

The Company has assigned the Authorized Company to assist the Insured Person in managing emergency medical treatment abroad under the following conditions.

1. Various decisions will be made for the best benefit of the Insured Person's medical treatment only.
2. Injury from the Accident or Sickness while traveling must be covered under this Insurance Policy.
3. A Physician of the Authorized Company will contact the local Hospital or, if necessary, will request information from the Insured Person's personal Physician in order to make a decision that is suitable for the Insured Person's physical condition.
4. The Insured Person agrees that an evacuation for emergency medical treatment will be managed by the qualified locally medical personnel of the Authorized Company.
5. The management of the Authorized Company will be in accordance with the laws of that country, international laws and regulations governing services of the Authorized Company must be authorized by the relevant authorities.
6. In the event that the Insured Person refuses to comply with the decision of the Authorized Company, it shall be deemed that the Insured Person has waived the legal liability of the Company and the Authorized Company from consequences that may arise as a result of the actions of the Insured Person, and the Insured Person loses the right to receive

services from the Authorized Company and compensation from the Company.

7. When the Authorized Company provides assistance, the Authorized Company will be entitled to own the original travel ticket. The Insured Person must deliver the travel ticket to the Authorized Company or refund the refund received from the travel agency to the Company. If the Insured Person has not purchased the return ticket, the Company reserves the right to claim expenses that the Insured Person should pay for the cost of returned to the Company.

Additional Exceptions

(Applicable Specifically to Coverage Agreement 9: Emergency Medical Evacuation, Repatriation to Thailand and Repatriation of a Corpse or Ashes Back to Thailand)

Insurance under this coverage agreement does not cover the costs of moving for emergency medical treatment, repatriation to Thailand and the repatriation of a corpse or ashes back to Thailand caused by or as a result of the following reasons.

1. Expenses for all services that the Insured Person is not responsible to pay, or any expenses already included in the itinerary.

Note: The coverage under this Coverage Agreement 9 will not be sold/provided in conjunction with the Coverage Agreement 5: Benefits for Emergency Medical Evacuation or Repatriation to Thailand and/or the Coverage Agreement 6: Outcome Insuring Agreement. Benefit from the expense of repatriating the remains to Thailand Benefits for Costs of Repatriation of a Corpse or Ashes Back to Thailand

Coverage Agreement 14 : Travel to Attend the Funeral of a Close Relative

Additional Definitions

Close Relative means คู่สมรส, spouse, father, mother, legitimate child of the Insured Person, siblings of the same father or mother, legal guardian and father and mother of the spouse.

Coverage

While the Insurance Policy takes effect, this insurance provides coverage in the event that a Close Relative of the Insured Person residing in the Insured Person's domicile country dies during the Insured Person's travel period and causes the Insured Person to travel back to Thailand to attend the funeral of the Close Relative and must return to continue his or her

study as scheduled. The Company will pay compensation for the travel expenses (economy or business class return ticket equal to the original travel booking) to the Insured Person for the trip back to Thailand for the funeral of the Close Relative.

Additional Conditions

(Applicable Specifically to Coverage Agreement 14 Travel to Attend the Funeral of a Close Relative only)

Coverage of this coverage agreement will provide a protection for the Insurance Policy that is valid for ... months or more only. (Company set a maximum of 12 months)

Coverage Agreement 15: Loss or Damage of Carry-on Money and Personal Documents

Additional Definitions

Carry-on Money means coins, banknotes, currency, traveler's checks, travel documents/tickets, hotel cards, accommodation and vacation cards which can be exchanged for cash or can be replaced, fuel coupons, phone cards, credit cards and magnetic stripe cards;

Personal Documents means green card, passport ID card, driver's license.

Coverage

In the event that the Insured Person loses or damages Carry-on Money and Personal Documents during the insurance period, the Company will indemnify the Insured Person for any Loss or Damage of such Carry-on Money and the cost of issuing new Personal Documents at a maximum amount of not more than the sum assured as specified in the policy schedule.

Additional Conditions

(Applicable Specifically to Coverage Agreement 15: Loss or Damage of Carry-on Money and Personal Documents Only)

1. The Insured Person will take all precautions to keep his or her Carry-on Money safe.
2. In the event of Loss or Damage, the Insured Person must notify the police within 24 hours of discovering any such Loss or Damage. Unless it can be proved that there is a reasonable necessity, the notification of the police may not occur within aforesaid period, but the Insured Person must proceed to notify the police as soon as practicable and the Insured Person must keep the record of the report to the police according to the jurisdiction of the local court as evidence.

Additional Exceptions

(Applicable Specifically to Coverage Agreement 15: Loss or Damage of Carry-on Money and Personal Documents Only)

Insurance under this coverage agreement does not cover Loss or Damages arising out of or in relation to the following reasons.

1. Losses incurred due to currency depreciation or a mistake in exchanging money;
2. seizure or detention by a customs officer or by another government agency;
3. Carry-on Money or travel documents that are not kept with the Insured Person or stored in a safe or a depository for valuables while lost; or
4. Loss or Damage incurred in Thailand.

Attachment 1: Extension of Coverage for Medical Treatment in Thailand after Returning from Foreign Country

Additional Definitions

Necessary and Reasonable Expenses means medical expenses and/or any expenses which are reasonable based on the services at the Hospital, or Medical Center, or Clinic where the Insured Person receives the treatment has generally charged from a patient;

Medical Standard means criteria or guidelines on international modern medicine which result in a treatment plan that is suitable for a patient based on medical necessity and in line with conclusion from injury record, illness, autopsy findings examination, or other record (if any).

Coverage

It is agreed that this Attachment provides coverages for the medical expenses in Thailand after the Insured Person permanently returns to Thailand, where the Insured Person is injured from an accident or suffered from an illness during the insurance period and has not been treated for such injury or illness overseas separated into 2 cases as follows:

1. In the event that the insured has not received medical treatment for injury or sick in a foreign country before

The Insured Person shall receive medical treatment in a Hospital or Medical Center in Thailand to the extent necessary and in accordance with the Medical Standard within the period of ... days (up to 10 days) from the date on which he/she arrives in Thailand, and follow-up treatment within ... days (up to 30 days) from the first receipt of medical treatment in Thailand. The Company shall reimburse the actual amount of the Necessary and Reasonable Expenses incurred in Thailand, but not

exceeding the insured amount specified in the Insurance Policy Schedule and/or Insurance Certificate

2. In the event that the Insured is required to continue medical treatment after receiving medical treatment abroad

The Insured must continue medical treatment in a Hospital or Medical Center in Thailand to the extent necessary and in accordance with the Medical Standard within the period of ... days (up to 30 days) from the date of arrival in Thailand, The Company shall reimburse the actual amount of the Necessary and Reasonable Expenses incurred in Thailand, but not exceeding the insured amount specified in the Insurance Policy Schedule

In this regard, if the Insured Person has been compensated by the government welfare, any other welfare, or other insurance, the Insured Person shall submit to the Company a copy of the receipt with the certification of amount paid by the government welfare or other agency in order to claim for the amount that is not compensated by the Company.

In the case of there is any conflict or contrary between the provisions of this Attachment and the Insurance Policy, the provisions of this Attachment shall prevail. All other terms, conditions, and exclusions in the Insurance Policy shall remain the same.

Additional Exclusions

(only apply to this Attachment 1 : Extension of Coverage for Medical Treatment in Thailand after Returning from Foreign Country)

1. Treatment for or correction of congenital disorder;
2. Self-care for rest or hygienic purposes, convalescence, health check-up, any expense of treatments not relevant to an injury or illness;
3. Treatment that is not considered as modern medicine, including alternative medicine, i.e. acupuncture, naturopathy, massage treatment, acupressure, and chiropractic;
4. Expense for organ transplantation, prosthesis, apparatus and vision expenses, all medical aid devices of all kinds, i.e. cane, eyeglasses, hearing aid, speech device, pacemaker;
5. Expense for treatment of eye disease and eyesight which is not a result of an Accident, expenses relating to dentistry, expenses related to dental treatment, except pain-relieving after an Accident, excluding expenses for dental reconstructive treatment, orthodontics, crowns, scaling or polishing, filling, or dentures,

including expenses for necessary treatment of natural phonation due to dental treatment after an Accident;

6. Medical service or operation relevant to an injury or illness as to gain profits from the Insurance Policy;
7. Treatment for beauty, i.e. treatment of acne, blemish, freckle, dandruff, weight loss, and hair transplant, or treatment to correct the body defects, cosmetic surgery, except a necessary surgery due to an Accident to recover normal function of the organ;
8. Immunization or vaccination, except vaccination to prevent rabies after being injured by an animal, and vaccination to prevent tetanus after an Injury;
9. Medical service or operation which is not medically necessary, or for fraudulent purposes;
10. Expense for physiotherapy, or any unnecessary procedure which cannot be proven that it is required to be carried out for medical purposes;
11. Pre-existing Conditions;
12. Miscarriage, with the exception where such a miscarriage is directly resulting from an Accident;
13. Injury suffered whilst the Insured Person is practicing or engaging in professional sports, or sport competitions, or training as an amateur;
14. Injury suffered whilst the Insured Person is flying an aircraft, or performing the duty as a pilot, or crew member;
15. Injury suffered whilst the Insured Person is flying an aircraft, or getting on or off an aircraft, or whilst being on an aircraft that is neither registered as a licensed air carrier to carry fare-paying passengers, nor of a commercial airline; and
16. Injury suffered whilst the Insured Person is participating in any professional sport or competition which involves motor vehicles, watercrafts, or aircrafts, rock climbing, hiking, cliff diving, skydiving, all kinds of car or boat racing and flying aircrafts, horse racing, all kinds of skiing, including jet skiing, skating, boxing, parachuting (except for life saving purposes), getting on or off, or riding a hot air balloon or glider, bungee jumping, and scuba diving.