

## Accident and Coronavirus Disease 2019 (COVID-19) Insurance Policy

by trusting the statement in the insurance application form which is part of this insurance policy and in return for the premium that the insured must pay under the regulations General terms and conditions Insuring agreements, exclusions and attachments to the insurance policy The Company makes contracts with the Insured as follows:

### Section 1 Definitions

Words and descriptions with the specific meanings given in any section of this insurance policy shall be deemed the same regardless of the section. Unless otherwise specified in the insurance policy

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|---------------------------------|-------|--|
| 1. <b>Policy</b>                | Means | Insurance Policy Table General terms and conditions Insuring agreement, exceptions, attachments to the insurance policy insurance application form Insurance certificate in case of renewal Endorsement certificate of insurance policy and a summary of important documents under this insurance policy, which is considered a part of the insurance contract |
| 2. <b>Company</b>               | Means | FWD Insurance Public Company Limited   |
| 3. <b>Insured</b>               | Means | The person named as the insured in the insurance policy schedule is an individual that are covered under this insurance policy and/or attachments which is not over ninety-nine years of age   |
| 4. <b>Insurance policy year</b> | Means | A period of one year from the date the insurance policy comes into force or from the anniversary of the next year of the insurance policy  |
| 5. <b>Accident</b>              | Means | An event that occurs suddenly from external factors and causes consequences that the Insured does not intend or expect   |
| 6. <b>Injury</b>                | Means | bodily injury as a direct result of an accident which occurs independently and independently of any other incident   |
| 7. <b>Any loss or damage</b>    | Means | Accidental bodily injury to the insured and causing the insured's death<br>Loss of limbs, eyesight, disability or injury   |
| 8. <b>Doctor</b>                | Means | Graduates with a Doctor of Medicine degree are duly registered by the Medical Council and licensed to practice local medicine, providing medical or surgical services.   |
| 9. <b>Hospital</b>              | Means | Any hospital which provides a medical service that can accept patients overnight and has a facility component that has a sufficient number of  |

- medical personnel as well as providing complete service management  
In particular, it has a room for major surgery and is allowed to register as a hospital according to the medical facility law of that territory.
10. **Medical hospital** Means any hospital which provides medical services that can accept patients overnight and is allowed to register as a medical facility according to the law of that territory
11. **medical standards** Means International medical guidelines or guidelines and bring about a treatment plan that is suitable for the patient as medically necessary and consistent with the conclusions from the injury history. Detection of autopsy results or others (if any)
12. **Necessary and reasonable expenses** Means Medical expenses and/or any expenses That should be compared to the service provided at a hospital or medical facility. charged to general patients of a hospital or medical facility or clinic which the insured receives the treatment
13. **Medical necessity** Means Various medical services with the following conditions
- (1) must be consistent with the diagnosis and treatment according to the condition Injuries of service recipients
  - (2) There must be a clear medical indication in accordance with current medical practice standards.
  - (3) Must not be for the convenience of the service recipient or of the recipient's family or the sole health care provider; and
  - (4) Must provide medical care services in accordance with appropriate patient care standards. according to the necessity of the injury condition of the service recipient
14. **terrorism** Means Acts of force or violence and/or intimidation by any person or group, whether acting alone Acts on behalf of or in connection with any organization or government which is done for political, religious, ideological or similar purposes. including in the purpose of causing the government and/or the public or any part of the public to be in a state of panic

15. **coronavirus disease** Means Coronavirus disease 2019 (COVID-19) in the definition of the World Health Organization (WHO).  
**2019 (COVID-19)**

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

### **1. insurance contract**

This insurance contract arises from the company's trust in the statement of the insured in the insurance application form. And in the health declaration and additional statement (if any) signed by the insured as the basis for agreeing to be insured under the insurance contract, the company has issued this insurance policy.

In the case where the insured already knows but makes a false statement in the statement under paragraph one Or already know in any real message but concealed that fact without notifying the company, which if the company knows the true message May incentivize the company to call for higher premiums or refuse to enter into an insurance contract This insurance contract will become void under Section 865 of the Civil and Commercial Code. The company has the right to cancel the insurance contract.

The Company will not deny liability based on statements other than those stated by the Insured in the documents under paragraph one.

### **2. The completeness of the insurance contract and changes in the text of the insurance contract**

This insurance policy including the protection agreement and attachments constitutes an insurance contract for any change in the text In the insurance contract, the consent of the company must be obtained and recorded in this insurance policy. or in the attached document, then it will be complete.

### **3. Failure to dispute or object to the invalidity of the insurance contract**

The Company will not dispute or object to the invalidity of this insurance contract. When the insurance policy has been in effect for 2 consecutive years or more from the date the insurance policy comes into force for the first time, except for failure to pay the premium

In the event that the company has knowledge of the information that will clear the insurance contract but has not exercised the right to clear the insurance contract within 1 month from the knowledge of that information The Company cannot nullify the validity of the insurance contract in this case.

### **4. Declaration of age or gender discrepancy**

If the insured's age or gender is deviated from reality, causing

4.1 The company receives less premium than the specified amount, the sum insured that the insured will receive under this insurance policy will be equal to the amount of premium paid. Coverage under this insurance can be purchased according to the actual age and gender. If the insured's age or gender is correct, it cannot be covered under this insurance policy, then the Company will not pay any compensation, but will instead return the premium of this insurance policy which has already been paid.

4.2 The company receives premiums in excess of the specified rate, the company will return the premium in excess to the insured. However, the Company will not apply this condition for retrospective premium adjustments for the sum insured period in the past insurance policy year.

## 5. career change

If the Insured is injured while acting for compensation in another occupation that is more risky than the occupation previously stated The Company will pay compensation in the amount equal to the premium paid for the former occupation and may purchase coverage for the new occupation.

If the insured changes his/her occupation to another type of occupation which the Company determines as an occupation that is less risky than the occupation described to the Company The company will reduce the premium and will return the premium in proportion. From the date the company has received evidence showing the change of occupation.

## 6. Premium payment

Annual premium payments are due immediately or before coverage begins by the insured. And the coverage will begin to take effect on the date specified in the insurance policy schedule.

## 7. Policy Cancellation

7.1 The Company may terminate this Policy by sending a written notice not less than 30 days in advance by registered mail to the Insured at the last address notified to the Company. The period during which this insurance policy has been enforced and issued in accordance with.

7.2 The insured can cancel this insurance policy by notifying the company in writing, and have the right to receive premium back After deducting premiums for the period that this policy has been in force, it is issued according to the short-term premium rates as specified in the following table.

**Short-term insurance premium rate table**

<b>insurance period (not more than / month)</b>	<b>Percentage of full year premium</b>
1	15
2	25

insurance period (not more than / month)	Percentage of full year premium
3	35
4	45
5	55
6	65
7	75
8	80
9	85
10	90
11	95
12	100

Cancellation of the insurance policy under this condition whether acted by any party Must be a cancellation of the entire insurance policy only Neither insuring agreements can be canceled.

#### 8. Automatic termination of the insurance contract

The coverage of the insured under this insurance policy It will end when one of the following events occurs. whichever event will occur first

8.1 As of the expiration date of the insurance policy as specified in this policy schedule and/or insurance certificate (In case of no insurance policy renewal)

8.2 In the insured year that the insured has reached the age 99 complete *year*

8.3 When the insured fails to pay the insurance premium according to the general conditions and clause 8.

8.4 When the insured dies from non-insured causes

8.5 when the insured is incarcerated in a prison or correctional institution

For the termination of coverage under clause 8.4 or 8.5, the Company shall return the premium to the Insured or the Beneficiary. By deducting premiums for the period that this insurance policy has been in force and then issued in proportion

8.6 Each coverage under this insurance policy will expire when the company has paid compensation according to the maximum sum insured as specified in the insurance policy schedule of that coverage. The company will continue to cover until the end of the insurance period. Only the sum assured of the remaining coverage.

8.7 This insurance policy And all insurance under this insurance policy will expire at 12 am Thailand time on the date of the end of the insurance policy.

## 9. Renewal of the Policy

9.1 In the case that the company agrees to renew the policy The company will retain the right to below

9.1.1 The premium adjustment will be suitable for the increased risk level and age of the insured and

9.1.2 The changing on the terms, conditions, or insuring agreement are on the renewal year as needed. In which the company must notify the insured in the event of significant changes in conditions under this policy

9.2 If the policy is renewed and the insured pays the premium within the 30-day of allow period. The company will not reimburse the conditions of non-disputing or opposing the imperfection of the insurance contract. If the insured does not pay the insurance premium during the allow period, it is considered that the coverage under the policy will be ending since the last payment date. In the case of claiming compensation within the allow period, The insured has not paid the insurance premiums. The company will deduct the outstanding insurance premiums from the compensation that the company will pay under the policy.

9.3 The company could refuse to renew the insurance policy by notifying to the insured in writing at least 30 days before the policy expiration date as specified in the policy

## 10. Report of Accident

The Insured, the beneficiary or the representative of the said person, whichever the case may be, must report the accident to the Company without delay. In the event of death, an immediate notice must be made to the Company unless it can be proved that the circumstances make it impossible to do so and the notification is given to the Company as early as possible.

## 11. Claims and Submission of Proof of Damage

In the case of claiming compensation assured beneficiary or representatives of such persons, as the case may be The evidence as requested by the Company shall be submitted as necessary to the Company at its own expense.

In case of claiming compensation due to death or disability, the above evidence must be submitted within 30 days from the date of death. or from the date the doctor decides that he or she is disabled In the case of claiming other compensation Must submit evidence within 180 days from the date of the accident. However, failure to claim within such time limit will not prejudice the right of claim if it shows that there are reasonable grounds for failing to claim within the specified time. and made a claim as soon as possible.

## 12. Examination Rights

The Company has the right to examine the Insured's medical history and diagnosis as necessary for this insurance. and has the right to perform an autopsy in In case of necessity and not contrary to the law at the expense of the company

In the event that the Insured refuses to allow the Company to examine the Insured's medical history and diagnosis for consideration of compensation payment The company may deny the coverage under this insurance policy to the insured.

## 13. compensation payment

The company will pay the compensation within 15 days from the date the company has received complete and correct evidence showing the loss or damage. by compensation for death The company will pay to the beneficiaries. Other compensation will be paid to the insured.

In the event that there is a reasonable suspicion that the claim for the Company to compensate under the insurance policy as mentioned above is not in accordance with the insuring agreement in the insurance policy The specified period may be extended as necessary, but shall not exceed 90 days from the date the company has received all the documents.

If the Company is unable to pay the compensation within the period above The Company will be liable to pay interest at the rate of 15% per annum of the amount payable. However, from the due date of payment

## 14. beneficiaries under the insurance policy

The Insured can specify his/her beneficiary in the policy. Upon the Insured's death, the benefit will be paid to such named beneficiary. However, if no beneficiary is named on the policy, the benefit will go to the Insured's estate.

In case the Insured named only one beneficiary and that person dies before the Insured, the Insured must notify the change of the beneficiary to the Company in writing. If this is not done or the Insured dies in the same accident as the beneficiary, the benefit will go to the Insured's estate.

In case the Insured named more than one person as beneficiary, and any of them dies before the Insured, the Insured must notify the change of the beneficiary to the Company in writing. If this is not done or the Insured dies in the same accident, the benefit will go to the rest of the persons named as beneficiary by dividing the portion of the deceased beneficiary to the rest proportionately.

### **15. Arbitration**

In case of argument, dispute, or appeal under this Policy between the person who is entitled for compensation versus the Company, and if so desired by that person to settle the disputed claim by use of arbitration, the Company must conform and allow the case to be judged by arbitration according to the Arbitrating Regulation governed by the Department of Insurance.

### **16. Precedent Condition**

The Company shall not be liable to compensate the Insured or other party under this insurance policy unless the Insured has complied with the insurance contract and the Conditions of this Policy.



## INSURING AGREEMENT

### LOSS OF LIFE, DISMEMBERMENT, LOSS OF SIGHT OR PERMANENT DISABILITY

#### **DEFINITION:**

“**Permanent dismemberment**” refers to the loss of body organ from the wrist joint or the ankle joint, and also the loss of use of that organ, which according to the medical indication, will never be able to function at any time in the future.

“**Loss of sight**” refers to complete blindness, which is permanently incurable.

“**Total Permanent Disability**” refers to disability to the extent of being unable to perform daily activities by oneself to permanently more than 3 activities or more or the normal duty to receive compensation or profit in the covered person’s regular occupation or any other occupation totally and permanently and must to continuous at least 180 days including injury resulting from causing of the following

1. loss of sight for both eyes
2. loss of both hands from the wrist joint or both feet from the ankle joint or for loss of one hand from the wrist joint and one foot from the ankle joint
3. loss of sight for in eye and loss of one hand or one foot from the ankle joint

**Perform daily activities** refers to the ability to perform the main daily tasks of normal people on the 6 type, which are daily medical criteria in evaluating patients who are unable to perform the tasks as follow

1. The ability to move, such as to move from the chair to the bed by yourself without the assistance of others or use assistive devices
2. The ability to walk or move, such as to walk or move from one room to another without having to get help from others or use assistive devices
3. The ability to dress such as to wear or take off your clothes yourself without the help of other people or use assistive devices
4. The ability to shower in the body, such as to shower, including entering and leaving the shower by yourself without needing help from others or using assistive devices
5. The ability to eat food, such as to eat by themselves without the help of others or use assistive devices
6. The ability of excretion such as to use the toilet for excretion including entering and leaving the bathroom by myself without requiring the help of others or using assistive devices. This insurance covers loss or damage resulting from bodily injury.

**COVERAGE:**

This insurance covers any losses or injuries to the Insured arising from bodily injury, which is caused by an accident, resulting to loss of life, dismemberment, loss of sight or permanent disability within 180 days from the date of the accident or the injury causes the Insured to receive continuous medical treatment as an in-patient in hospital and loss of life occurs later because of such injury, the Company will pay compensation in accordance with the sum insured stated in the Schedule as follows:

1	100% of the sum insured	for loss of life
2	100% of the sum insured	for permanent disability which continues not less than 12 months after the accident or if there is any medical indication that the Insured suffers a permanent disability.
3	100% of the sum insured	for loss of both hands from the wrist joint or both feet from the ankle joint, or loss of sight for both eyes.
4	100% of the sum insured	for loss of one hand from the wrist joint and one foot from the ankle joint.
5	100% of the sum insured	for loss of one hand from the wrist joint and loss of sight in one eye.
6	100% of the sum insured	for loss of one foot from the ankle joint and loss of sight for in eye.
7	60% of the sum insured	for loss of one hand from the wrist joint.
8	60% of the sum insured	for loss of one foot from the ankle joint.
9	60% of the sum insured	for loss of sight in one eye.

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

In the aggregate, the total compensation for this insuring agreement cannot exceed the maximum sum insured stated on the policy schedule. If the Company has not paid up to such maximum amount of sum insured, the remaining benefit is still valid until the expiry of the policy period.

**CLAIMING FOR DEATH BENEFIT**

The beneficiary must submit the following documents at their own expense within 30 days of the date of loss.

1. Completed claim form.

2. Death Certificate
3. A copy of the autopsy report, certified by authorized personnel
4. A copy of the police report, certified by authorized officer.
5. A copy of the Identity Card and the House Registration of the Insured stating the Insured is “deceased”.
6. A copy of the Identity Card and the House Registration of the beneficiary.

#### **CLAIMING FOR TOTAL PERMANENT DISABILITY OR PERMANENT DISMEMBERMENT**

The Insured must submit the following documents at their own expense within 30 days of diagnosis by a physician that the insured suffers from total permanent disability or permanent dismemberment.

1. Completed claim form
2. Attending Physician’s Summary certifying the Insured has suffered from total permanent disability or permanent dismemberment.

Nevertheless, non-compliance within the specified time shall not jeopardize the right to claim if it can be proved that there is reasonable explanation why a claim could not be made in a timely manner and that the claim was filed as soon as possible.

#### **EXCLUSIONS**

This insurance does not cover

1. Any Loss or Injury arising from/ or in consequence of the following causes:
  - 1.1 Action of the Insured while under the influence of alcohol, addictive drugs, narcotic drugs to the extent of being unable to control one’s mind. The term “under the influence of alcohol” in case of having a blood test refers to a blood/alcohol level of 150mg percent and over.
  - 1.2 Suicide or attempted suicide or self-inflicted injury.
  - 1.3 Infections except pyogenic infections, tetanus, or rabies from a wound or cut suffered as a result of an accident
  - 1.4 Medical treatment or surgical treatment except the necessary treatment for the injury which is covered under this Insurance Policy and occurring within the period of this Insurance Policy.
  - 1.5 Miscarriage and abortion
  - 1.6 Dental care or root canal treatment except dental treatment which is given within 7 days from the date of accident
  - 1.7 Replacement of or new sets of dentures, Dental Crowns, Artificial denture
  - 1.8 Food Poisoning

- 1.9 Backache as a result of Disc herniation, Spondylolisthesis, Degenerative disc disease, Spondylosis, Defect or Pars interarticularis (Spondylolysis) except if there is a fracture or dislocation of spinal cord as a result of an accident.
  - 1.10 War (whether declared or not), invasion, act of foreign enemies, civil war, revolution, insurrection, civil commotion, popular rising against the government, riot, strike.
  - 1.11 Terrorism
  - 1.12 Ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel
  - 1.13 The radioactive toxic explosive or other hazardous property of any explosive nuclear assembly or nuclear component thereof
2. Loss or Injury which occurs :
- 2.1 While the Insured is racing of all kinds of car or boat, horse racing, ski racing including jet-ski, skate racing, boxing, parachute jumping (except for the purpose of life saving), boarding or traveling in a hot-air balloon, gliding, bungee jumping, or diving with oxygen tank and breathing equipment under water.
  - 2.2 While the Insured is riding or traveling on a motorcycle.
  - 2.3 While the Insured is boarding or traveling in an aircraft which has no license for carrying passengers or does not operate as a commercial aircraft.
  - 2.4 While the Insured pilots or works as a crew in any aircraft.
  - 2.5 While the Insured is taking part in a brawl or taking part in inciting a brawl.
  - 2.6 While the Insured is committing a felony or while the Insured is being arrested, under arrest, or escaping the arrest.
  - 2.7 While the Insured serves as a soldier, police, or a volunteer and participates in war or crime suppression. If the time served is more than 30 days, the Company shall refund the premium from the date of service until such service is ended. After such time, the Insurance shall become effective again until the expiry date on the Schedule.

## INSURING AGREEMENT

### Illnesses with Coma Caused by Corona Virus Disease 2019 (COVID-19)

#### Definitions

**Coma** is the anesthesia or anesthesia that is diagnosed by an internist. Or neurosurgeon and all of the following characteristics were detected.

1. No response to external stimuli for at least 96 hours.
  2. Must rely on lifesaving equipment to support life
  3. It was assessed as permanent brain damage. Resulting in a permanent incapacity to perform one of daily activities after 30 days of fainting or anesthesia
- This does not include asphyxiation or anesthesia that is directly caused by drinking alcohol.  
Or drug abuse

**Practice of daily activities** is The ability to perform six normal daily tasks, which are the medical criteria for evaluating patients who are unable to perform these tasks, are as follows:

1. the ability to move, such as the ability to move from a chair to back of the bed on their own without help from others or using assistive devices
  2. The ability to walk or move, such as the ability to walk or move on their own to walk from room to room without help from others or using assistive devices.
  3. The ability to make a dress, such as the ability to put on or take off clothes on their own without help from others or using assistive devices.
  4. The ability to bathe the body, such as the ability to bathe. This includes entering and exiting the shower room by yourself without help from others or using assistive devices.
  5. Eating abilities, such as the ability to eat meals on their own without the help of others or using assistive devices.
  6. The ability to have a bowel movement, such as the ability to go to the toilet For excretion
- This includes accessing and exiting the bathroom on your own without help from others or using assistive devices.

## **Coverage**

While this insurance policy is effective and after the waiting period (Waiting Period) 14 days from the date the insurance policy becomes effective for the first time as specified. In the insurance policy schedule If the insured is diagnosed by a physician in Thailand as a coma (Coma), according to additional definitions, caused by the coronavirus disease 2019 (COVID-19) during the life of the Insured.

The Company will pay benefits to the Insured according to the sum insured as specified in the Policy Schedule and / or this Insuring Agreement. And the coverage under this insuring agreement will expire immediately

## **An additional exception (Only applicable to the Coma Illness Benefit caused by the Coronavirus Disease 2019 (COVID-19) only)**

This insuring agreement does not cover illness that occurs on time or Arise from or Due to the following reasons

1. Illness with coronavirus disease 2019 (COVID-19) (including complications) before the insurance
2. Illness due to coronavirus disease 2019 (COVID-19) during the Waiting Period.

## **Evidence of benefit claims**

The following evidence must be submitted to the company within 30 days from the date of discharge from the hospital. Medical hospital or the date of treatment from the clinic At their own expense

1. Compensation Claim Form designated by the Company.
2. Medical report or the results of a diagnosis of coma due to the coronavirus disease 2019 (COVID-19) and medical history.
3. Copy of ID card or copy of passport
4. Other documents requested by the company as necessary (if any).

Failure to submit evidence within the said period Does not lose the right to claim If it can be demonstrated that there is a reasonable ground for failing to submit such evidence within the specified time. But sent as soon as possible.

## INSURING AGREEMENT

### Medical Expenses (Inpatient) due to illness with coronavirus disease 2019 (COVID-19)

#### Definitions

<b>Inpatient</b>	is	People who require hospitalization or a medical hospital for at least 6 consecutive hours, which must be registered as an inpatient It has been diagnosed and advised by a physician based on indications which are the standard of medical. And at the appropriate time for the treatment of that injury or illness and include cases of inpatient admission and later death 6 hours before
<b>Room fee for inpatient</b>	is	Inpatient room fees, patient meals, nursing service fees and hospital service fees provided by the hospital or medical infirmary on a daily basis.

#### Coverage

While this insurance policy is effective and after the waiting period (Waiting Period) 14 days from the date the insurance policy becomes effective for the first time as specified. In the insurance policy schedule If the insured is diagnosed by a physician as a result of the coronavirus disease 2019 (COVID-19) and must be admitted as an inpatient in a hospital or medical facility.

The Company shall pay the Medical Expense Benefit for the necessary and reasonable expenses incurred from medical treatment in accordance with medical necessity and medical standards. medical expenses and nursing expenses according to the actual amount paid but not exceeding the sum insured specified in the insurance policy schedule

If the insured is reimbursed from the state welfare or any other benefits or from other insurance. The company will only be responsible for the amount of medical expenses. And the nursing service fee for the deficiency only

#### **An additional exception (Only applicable to the COVID-19 Medical Expenses Benefit)**

This insuring agreement does not cover illness that occurs on time or Arise from or Due to the following reasons

1. Illness with coronavirus disease 2019 (COVID-19) (including complications) before the insurance
2. Illness due to coronavirus disease 2019 (COVID-19) during the Waiting Period.

#### **Evidence of benefit claims**

The insured or beneficiary must submit the following evidence to the company within 30 days from the date of discharge from the hospital. A medical hospital or the date of treatment from the clinic at their own expense.

1. Compensation Claim Form designated by the Company.
2. Medical report or the diagnosis of illness due to the coronavirus disease 2019 (COVID-19) and medical history
3. Original receipts showing items of expenses or a summary of the closing statements and receipts

The receipt listing the expenses must be the original receipt. And the company will return the original receipt that confirms the amount paid to allow the insured to claim the lack of other insurers. But if the insured is reimbursed from the state welfare Or any other benefits Or from other insurance, the insured must send a copy of a receipt that confirms the amount paid from the state benefits. Or other agencies to claim the lack of the company.

Failure to submit evidence within the said period Does not lose the right to claim If it can be shown that there is a reasonable ground for failing to submit such evidence within the specified time. But sent as soon as possible.

Merely Translate



## INSURING AGREEMENT

### Daily Compensation Benefit

#### In case of staying as an inpatient due to illness with the Coronavirus Disease 2019 (COVID-19)

#### Definitions

**Inpatient** is People who require hospitalization or a medical hospital for at least 6 consecutive hours, which must be registered as an inpatient. It has been diagnosed and advised by a physician based on indications which are the standard of medical. And at the appropriate time for the treatment of that injury or illness and include cases of inpatient admission and later death 6 hours before

#### Coverage

While this insurance policy is effective and after the waiting period (Waiting Period) 14 days from the date the insurance policy becomes effective for the first time as specified. In the insurance policy schedule If the insured is diagnosed by a physician as a result of the coronavirus disease 2019 (COVID-19) and must be admitted as an inpatient in a hospital or medical facility.

The company will pay daily compensation benefits according to the sum insured as specified in the policy schedule to the insured, but not more than 30 days

#### An additional exception (Only applicable to the Daily Compensation Benefit)

#### In case of staying as an inpatient due to illness with the Coronavirus Disease 2019 (COVID-19)

This insuring agreement does not cover illness that occurs on time or Arise from or Due to the following reasons

1. Illness with coronavirus disease 2019 (COVID-19) (including complications) before the insurance
2. Illness due to coronavirus disease 2019 (COVID-19) during the Waiting Period.

#### Evidence of benefit claims

The insured or beneficiary must submit the following evidence to the company within 30 days from the date of discharge from the hospital. A medical hospital or the date of treatment from the clinic at their own expense.

1. Compensation Claim Form designated by the Company.
2. Medical report or the diagnosis of illness due to the coronavirus disease 2019 (COVID-19) and medical history
3. A copy of the original receipt showing a list of expenses. Or a copy of a summary of the closing statements with a receipt

Failure to submit evidence within the said period Does not lose the right to claim If it can be demonstrated that there is a reasonable ground for failing to submit such evidence within the specified time. But sent as soon as possible.

Merely Translate

## INSURING AGREEMENT

### Medical Expenses (Inpatient) caused by side effects after coronavirus vaccination (COVID-19)

#### Definitions

<b>Inpatient</b>	is	People who require hospitalization or a medical hospital for at least 6 consecutive hours, which must be registered as an inpatient It has been diagnosed and advised by a physician based on indications which are the standard of medical. And at the appropriate time for the treatment of that injury or illness And include cases of inpatient admission and later death 6 hours before
<b>Room fee for inpatient</b>	is	Inpatient room fees, patient meals, nursing service fees and hospital service fees provided by the hospital or medical infirmary on a daily basis.

#### Coverage

While this insurance policy is in force If the Insured is diagnosed by a physician as a result of side effects after receiving the Coronavirus Disease 2019 Vaccine (COVID-19) and must be admitted as an inpatient in a hospital or nursing home. Inpatient treatment must be admitted as a patient after receiving the vaccine 90 Days from each time receiving the Coronavirus 2019 Vaccine (COVID-19)

The Company shall pay the Medical Expense Benefit for the necessary and reasonable expenses incurred from medical treatment in accordance with medical necessity and medical standards. medical expenses and nursing expenses according to the actual amount paid but not exceeding the sum insured specified in the policy schedule.

If the insured is reimbursed from the state benefits or any other benefits Or from other insurance The company will only be responsible for the amount of medical expenses. And the nursing service fee for the deficiency only

#### **An additional exception ( Only applicable to the Daily Compensation Benefit for inpatient stay due to side effects after coronavirus Vaccination (COVID-19) only)**

This insuring agreement does not cover illness that occurs on time or Arise from or Due to the following reasons

1. Illness with coronavirus disease 2019 (COVID-19) (including complications) before the insurance
2. Illness due to coronavirus disease 2019 (COVID-19) during the Waiting Period.

#### **Evidence of benefit claims**

The insured or beneficiary must submit the following evidence to the company within 30 days from the date of discharge from the hospital. A medical hospital or the date of treatment from the clinic at their own expense.

1. Compensation Claim Form designated by the Company.
2. Medical report or The diagnosis of illness due to the coronavirus disease 2019 (COVID-19) and medical history
3. Original receipts showing items of expenses or a summary of the closing statements and receipts

The receipt listing the expenses must be the original receipt. And the company will return the original receipt that confirms the amount paid to allow the insured to claim the lack of other insurers. But if the insured is reimbursed from the state welfare or any other benefits or from other insurance, the insured must send a copy of a receipt that confirms the amount paid from the state benefits. Or other agencies to claim the lack of the company.

Failure to submit evidence within the said period Does not lose the right to claim If it can be shown that there is a reasonable ground for failing to submit such evidence within the specified time. But sent as soon as possible.

## INSURING AGREEMENT

### Daily Compensation Benefit

#### In case of inpatient treatment due to side effects after the coronavirus vaccination (COVID-19)

#### Definitions

**Inpatient** is People who require hospitalization or a medical hospital for at least 6 consecutive hours, which must be registered as an inpatient It has been diagnosed and advised by a physician based on indications which are the standard of medical. And at the appropriate time for the treatment of that injury or illness and include cases of inpatient admission and later death 6 hours before

#### Coverage

While this insurance policy is in force If the Insured is diagnosed by a physician as a result of side effects after receiving the Coronavirus Disease 2019 Vaccine (COVID-19) and must be admitted as an inpatient in a hospital or nursing home. Medical treatment, whereby the patient is admitted after receiving the vaccine, which will cover 90 Days from each time receiving the Coronavirus 2019 Vaccine (COVID-19)

The company will pay daily compensation benefits according to the sum insured as specified in the policy schedule to the insured. Total duration is not more than 14 days (can be specified a maximum of 14 days) per patient in each stay.

In the event of a medical necessity, a patient is required to stay in an Intensive Care Unit (ICU), the Company will pay the daily compensation benefit twice the daily compensation benefit. Stay in patient as a result of side effects after vaccination against Coronavirus Disease 2019 (COVID-19), including the period not exceeding 14 Days per stay in the Intensive Care Unit (ICU) each time

However, the Company will pay the daily compensation benefit for inpatient stay due to side effects after the COVID-19 vaccination in both cases, up to 14 days per illness.

#### **An additional exception (Only applicable to the Daily Compensation Benefit for inpatient stay due to side effects after the Coronavirus Vaccination (COVID-19) only)**

This insuring agreement does not cover illness that occurs on time or Arise from or Due to the following reasons

1. Illness with coronavirus disease 2019 (COVID-19) (including complications) before the insurance
2. Illness due to coronavirus disease 2019 (COVID-19) during the Waiting Period.

### **Evidence of benefit claims**

The insured or beneficiary must submit the following evidence to the company within 30 days from the date of discharge from the hospital. A medical hospital or the date of treatment from the clinic at their own expense.

1. Compensation Claim Form designated by the Company.
2. Medical report or the diagnosis of illness due to the coronavirus disease 2019 (COVID-19) and medical history
3. A copy of the original receipt showing a list of expenses. Or a copy of a summary of the closing statements with a receipt

Failure to submit evidence within the said period does not lose the right to claim If it can be demonstrated that there is a reasonable ground for failing to submit such evidence within the specified time. But sent as soon as possible.

## INSURING AGREEMENT

### Coma Disease Benefit from side effects after the coronavirus vaccination (COVID-19)

#### Definitions

**Coma** is the anesthesia or anesthesia that is diagnosed by an internist. Or neurosurgeon and all of the following characteristics were detected.

1. No response to external stimuli for at least 96 hours.
  2. Must rely on lifesaving equipment to support life
  3. It was assessed as permanent brain damage. Resulting in a permanent incapacity to perform one of daily activities after 30 days of fainting or anesthesia
- This does not include asphyxiation or anesthesia that is directly caused by drinking alcohol.  
Or drug abuse

**Practice of daily activities** is The ability to perform six normal daily tasks, which are the medical criteria for evaluating patients who are unable to perform these tasks, are as follows:

1. the ability to move, such as the ability to move from a chair to back of the bed on their own without help from others or using assistive devices
2. The ability to walk or move, such as the ability to walk or move on their own to walk from room to room without help from others or using assistive devices.
3. The ability to make a dress, such as the ability to put on or take off clothes on their own without help from others or using assistive devices.
4. The ability to bathe the body, such as the ability to bathe. This includes entering and exiting the shower room by yourself without help from others or using assistive devices.
5. Eating abilities, such as the ability to eat meals on their own without the help of others or using assistive devices.
6. The ability to have a bowel movement, such as the ability to go to the toilet For excretion  
This includes accessing and exiting the bathroom on your own without help from others or using assistive devices.

#### Coverage

While this insurance policy is in force If the insured is diagnosed by a physician in Thailand as a coma due to side effects after receiving the coronavirus vaccine 2019 (COVID-19) post-vaccination, they will cover 90 Days from each time receiving the Coronavirus 2019 Vaccine (COVID-19)

The Company will pay benefits to the Insured according to the sum insured as specified in the Policy Schedule and / or this Insuring Agreement, and the coverage under this insuring agreement will terminate immediately **An additional exception (Only applicable to the Daily Compensation Benefit for inpatient stay due to side effects after the Coronavirus Vaccination (COVID-19) only)**

This insuring agreement does not cover illness that occurs on time or Arise from or Due to the following reasons

1. Illness with coronavirus disease 2019 (COVID-19) (including complications) before the insurance
2. Illness due to coronavirus disease 2019 (COVID-19) during the Waiting Period.

**Evidence of benefit claims**

The insured or beneficiary must submit the following evidence to the company within 30 days from the date of discharge from the hospital. A medical hospital or the date of treatment from the clinic at their own expense.

1. Compensation Claim Form designated by the Company.
2. Medical report or the diagnosis of illness due to the coronavirus disease 2019 (COVID-19) and medical history
3. A copy of the original receipt showing a list of expenses. Or a copy of a summary of the closing statements with a receipt

Failure to submit evidence within the said period Does not lose the right to claim If it can be demonstrated that there is a reasonable ground for failing to submit such evidence within the specified time. But sent as soon as possible.



**Attachment: Extension of funeral benefits in case of loss of life from injury or illness**

**(Used as an attachment to Death benefit Loss of organs, eyesight,  
or total permanent disability from an accident (Or.Bor.1)**

**Definition**

**Funeral expenses** is Costs associated with funeral arrangements This includes the cost of a coffin, cremation or burial, and other expenses. Necessary for that purpose Which the company pays to the beneficiary in the event that the insured dies from injury or sickness

**Extension of coverage**

It is agreed that in the validity period specified in this annex. The insurance policy mentioned above extends funeral coverage or funeral expenses. In case the insured dies from injury from an accident or death from illness Arising during the entry into force of this attachment

The company agrees to pay funeral expenses or funeral expenses to the beneficiary according to the sum insured as specified in this attachment. It is considered a reasonable real cost to manage the body under current circumstances.

**Terms and Conditions**

This attachment has a waiting period of 180 days from the date of the first entry into force of this attachment. If the Covered Person has died due to illness within 180 days from the date this Appendix first came into force, he or she will not be eligible for funeral pay or funeral expenses as per Annex.

**Evidence of benefit claims Only applicable to the attachments for extension of coverage, funeral expenses and funeral expenses. In case of loss of life from injury or illness only )**

The beneficiary must submit the following evidence to the company within 30 days of the death of the insured at his own expense.

1. Compensation Claim Form designated by the Company.
2. Death Certificate
3. Medical report
4. A copy of the autopsy report Certified by the hundred of the caretaker, the owner of the case or the agency that issued the report

5. A copy of the police diary Certified by the owner of the case
6. Copy of ID card And a copy of the house registration stamped "dead" of the insured
7. Copy of ID card And a copy of the beneficiary's house registration

Failure to submit evidence within the said period Does not lose the right to claim If it can be shown that there is a reasonable ground for failing to submit such evidence within the specified time. But can be sent as soon as possible As far as possible.

If the information in this attachment is contrary to or inconsistent with the statement in the insurance policy, the text in this attachment is used instead.

As for the conditions of the insurance contract and other exceptions In the insurance policy will remain in force as before