บริษัท เอฟดับบลิวดีประกันภัย จำกัด (มหาชน)
44/1 อาคารรุ่งโรจน์ธนกุล ชั้น 12 ถนนรัชดาภิเษก แขวงห้วยขวาง เขตห้วยขวาง กรุงเทพมหานคร 10310
P (66) 2202 9500 | F (66) 2202 9555 | fwdgi.co.th

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

(Sell through the online channel)

Trusting the statement within the insurance application form is a part of this insurance policy. In addition, it is to return the premium which the insured must pay under the regulations, general terms and conditions, insuring agreements, exclusions, and attachments of the insurance policy. The Company makes an agreement with the insured as follows:

Section 1 Definitions

All words and descriptions with the specific definition within this policy shall be deemed the same in either section unless it is identified as others within the insurance policy

1.	**Insurance Policy**	Means	Insurance policy schedule, general terms and conditions, insuring agreement, exclusions, the attachments of 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 as a part of the insurance contract
2.	**Company**	Means	FWD Insurance Public Company Limited
3.	**Insured**	Means	The person named as the insured in the insurance policy schedule who is covered under this insurance policy and/ or attachments which is not over ninety-nine years old
4.	**Insurance policy year**	Means	A period of one year from the commencement date or the subsequent annual anniversary thereafter
5.	**Accident**	Means	An event that occurs suddenly from external factors lead to the unintended or expect result
6.	**Injury**	Means	Bodily injury is caused directly and solely by an accident and is independent of other causes
7.	**Any loss or damage**	Means	Accidental bodily injury to the insured lead to the insured's death, loss of organs, eyesight, disability, or injury
8.	**Doctor**	Means	A person, who graduates with a Doctor of Medicine degree, duly registered by the Medical Council and got the license to perform as local medicine which provides medical or surgical services.

9.	**Hospital**	Means	Any medical facility which provides a medical service by being able to accept overnight patients and has a sufficient number of medical personnel as well as providing complete service management especially a room for major surgery and duly permitted to register as a hospital according to the medical facility law of such territory.
10.	**Medical center**	Means	Any medical center which provides medical services by being able to accept overnight patients and duly permitted to register as a medical center according to the law of such territory
11.	**Medical standard**	Means	International medical rules or guidelines lead to a treatment plan which is suitable for the patient according to the medical necessity and correspondent with the conclusions from the injury background, autopsy results, or others (if any)
12.	**Necessary and reasonable expenses**	Means	Medical expenses and/ or any expenses should be reasonable when compared with the service provided at a hospital or medical center charged to general patients of a hospital or medical center or clinic which the insured receives the treatment
13.	**Medical necessity**	Means	Various medical treatment which meets the following conditions (1) In accordance with the diagnosis and treatment due to the injury condition of the patient (2) In accordance with the medical indication of current medical standard (3) Not primarily for the convenience of the patient or his/her relatives or treatment provider solely; and (4) In accordance with the suitable standard of patient care based on the necessity of injury of the patient
14.	**Terrorism**	Means	An act, including the use of force or violence and/or the threat thereof, of any person or group(s), whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/ or to put the public, or any section of the public, in fear

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

Section 2 General Conditions and Terms

1. Insurance contract

This insurance contract is executed based on the reliance on the statement declared by the Insured in the insurance application form and in health declaration and additional declaration (if any) duly signed by the Insured as evidence to accept such Insurance Policy according to the insurance contract; this Insurance Policy is thus issued by the Company as evidence.

In the case of the Insured has already known but provided the false statement in the declaration as mentioned in the first paragraph, or already known any facts but concealed thereof, of which if it is known to the Company, it may motivate the Company to demand higher premium or refuse to execute insurance contract. In this regard, this insurance contract shall become void pursuant to Section 865 of the Civil and Commercial Code. Therefore, the Company has a right to terminate this insurance contract.

The Company will not deny the acceptance of responsibility based on the other declaration which the Insured stated within the document under paragraph one.

2. Completion and Alteration of Contract

This insurance policy, including the protection agreement and attachments, constitutes part of the insurance contract. Alteration in this insurance contract shall be valid from the Company and endorsed in this Insurance Policy or the attachments for the completion.

3. Failure to dispute or deny the incompletion of the insurance contract

The Company will not dispute or deny the incompletion of the insurance contract when the insurance policy has been affected for 2 consecutive years and more from the first effective insurance date except for failure to pay the premium.

In the case that the Company got the information which able to void the insurance contract but has not voided the insurance contract within 1 month from the date of acknowledging that information, the Company cannot void the completion of the insurance contract.

4. Discrepant age or gender declaration

If the Insured's age or gender is a discrepancy from the reality which lead to

4.1 In the case that the Company receives less premium than it should, the sum insured that the insured will receive under this insurance policy will be equal to the amount of premium paid and be able to purchase the coverage of this insurance according to the actual age and gender. If the actual insured's age or gender cannot be covered under this insurance policy, the Company will not pay any compensation but will refund the premium of this insurance policy which has already been paid instead.

4.2 In the case that the Company receives more premiums than it should, the Company will return the excess premium to the insured. However, the Company will not apply this condition to adjust the retrospective premium for the sum insured period in the past insurance policy year.

5. Career change

If the Insured is injured during the operation and the compensation of those occupations which is riskier than the previous occupation which has been stated, the Company will pay will compensate in the same amount of paid premium for the former occupation and may purchase the coverage for the new occupation.

If the Insured changed occupation to another type which the Company verified as a less risk occupation than the previous occupation which has been stated with the Company. The Company will reduce the premium and refund some premium in proportion counting from the date that the Company has received the evidence of the career change.

6. Premium payment

Annual premium payments are due immediately or before the beginning of coverage by the insured and the coverage will be valid on the date specified in the insurance policy table.

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 informed to the Company. In this case, the Company will refund the premium to the Insured by deducting the premium which has been validated in proportion

7.2 The Insured will be able to cancel this insurance policy by informing the Company in a written notice and have the right to refund the premium back after deducting premiums for the validated period of this policy according to the short-term premium rates as specified in the following table.

Short-term insurance premium rate table

insurance period (not more than / month)	Percentage of full year premium
1	15
2	25
3	35
4	45
5	55
6	65
7	75
8	80
9	85
10	90
11	95
12	100

Cancellation of the insurance policy under this condition, whether acted by any party, must be a cancellation of the entire insurance policy only neither insurance agreement can be canceled.

8. Automatic termination of the insurance contract

The coverage of the Insured under this insurance policy will be terminated 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 table 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 refund the premium to the Insured or the Beneficiary by deducting premiums due to the period that this insurance policy has been validated in proportion.

8.6 Each coverage under this insurance policy will terminate when the Company has paid the compensation due to the maximum sum insured as specified in the insurance policy table of that coverage. The company will continue to cover until the end of the insurance period for the sum assured of the remaining coverage.

8.7 This insurance policy and all insurance under this insurance policy will be terminated at 12 am Thailand time on the date of the end of the insurance policy.

9. Renewal of the insurance policy

This insurance policy may be renewed according to the decision of the Company as follows:

9.1 In the case that the Company agrees to renew the policy, the Company will retain the right to:

9.1.1 The premium will be adjusted to be suitable for the risk level and the increasing age of the insured and

9.1.2 The changes of terms, conditions, or insuring agreement may apply as needed on the renewal year which the Company must inform the Insured in case of the significant changes in conditions under this policy.

9.2 If the policy is renewed and the insured pays the premium within the 30-day allowing 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 allowed period, it is considered that the coverage under the policy will be terminated since the last payment date. In the case of claiming compensation within the allowed period and the insured has not paid the insurance premiums yet, 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 informing the insured in a written notice at least 30 days before the policy expiration date as specified in the policy

10. Report of Accident

The Insured, beneficiary, or representative of the said person, as the case may be, must inform the Company in case of injury without delay. In case of death, notice must be reported to the Company immediately, unless it can be proved that there is a reasonable explanation why the notice cannot be made in a timely manner and the notification is given to the Company as soon as possible.

11. Claims and evidence of damage submission

In the case of claiming compensation, the insured, beneficiary, or representatives of the said person, depending on the case, are required to send the document as necessary to the Company at their 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 when the doctor decides that he or she is disabled. In the case of claiming other compensation, the evidence must be submitted within 180 days from the date of the accident. However, failure to claim within such time limit will not jeopardize the right of claim if it can be proved that there is a reasonable explanation why a claim could not be made in a timely manner and that the claim was filed as soon as possible.

12. Medical Examination

The Company has the right to examine the Insured's medical history and diagnosis as necessary for this insurance and is entitled to perform an autopsy if necessary and not contrary to the law at the expense of the Company

In case 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 of this insurance policy to the Insured.

13. Compensation payment

The Company will pay the compensation within 15 days commencing from the date the Company has received complete and correct evidence of loss or damage. For the compensation of death, the Company will be paid to the beneficiary, while other compensation will be paid to the Insured.

In case it is doubtful that such above-mentioned claim is not in compliance with the insuring agreement and/or endorsement in the Insurance Policy, the prescribed period may be extended as deemed necessary but shall not exceed 90 days commencing from the date the Company receives complete documents.

If the Company is unable to complete compensation payment within the period mentioned above, the Company shall be responsible to pay 15% interest per annum of the amount payable from the due date.

14. Beneficiary under the insurance policy

The Insured can specify the beneficiary. In the case of the Insured’s death, the Company will pay compensation under this Insurance Policy to the named beneficiary. However, if the name of the beneficiary is not specified, the Company will pay compensation to the estate of the Insured.

In the case that there is only one beneficiary named in the Insurance Policy and the beneficiary dies before or at the same time as the Insured, the Insured must inform the Company in writing for the change of the beneficiary. If this is not done or cannot be done, the Company will pay compensation to the estate of Insured upon the Insured's death.

In case the Insured named more than one person as beneficiary and any beneficiaries die before the Insured, the Insured must inform the Company in writing for the change of beneficiary or the change of the benefits to the rest beneficiaries. If this is not done or cannot be done, the Company will pay compensation to the rest of persons named as beneficiaries equally upon the Insured's death.

15. Arbitration

In case of dispute, contradictory, or any claim under the Insurance Policy between the Insured and the Company. If the Insured desires or finds it necessary to settle the dispute, contradictory, or any claim by arbitration, the Company must conform and allow the case to be judged by arbitration according to the Arbitrating Regulation governed by the Office of Insurance Commission (OIC).

16. Precedent Condition

The Company shall not be liable to compensate under this Insurance Policy unless the Insured, the beneficiary, or their representative, as the case may be, have fully and correctly complied with the insurance contract and condition of this Insurance Policy.

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P (66) 2202 9500 | F (66) 2202 9555 | fwdgi.co.th

INSURING AGREEMENT

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

Definitions

Coma means a state of unconsciousness with no reaction to external stimuli or response to internal which diagnosed by an internist or neurosurgeon and detect all of the following indicators:

1. No response to external stimuli for at least 96 hours
2. Rely on lifesaving equipment to support life
3. It was diagnosed as permanent brain damage leading to a permanent incapacity to perform one of the Activity of Daily Living after 30 days of fainting or anesthesia.

This does not include asphyxiation or anesthesia that is directly caused by drinking alcohol or drug abuse

Activity of Daily Living means the ability to perform 6 types of daily self- care activities which is a term used in healthcare to assess the patient. The Activities of Daily Living consist of

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 refers to the ability to move from chair to bed without help from other persons or equipment
2. The ability to walk or move refers to the ability to move from one room to another without help from other persons or equipment
3. The ability to dress refers to the ability to put on and take off clothes without help from other persons or equipment
4. The ability to shower refers to the ability to wash body in a bath or shower including to get to and from the bathroom without help from other persons or equipment
5. The ability to eat food refers to the ability to eat food without the help of other persons or equipment
6. The ability to excrete refers to the ability to get to and from the toilet, using it appropriately, and cleaning oneself without the help of other person or equipment

Coverage

While this insurance policy is effective and after the waiting period (Waiting Period) 14 days from the date when the insurance policy becomes effective for the first time as specified in the insurance policy table. If the Insured is diagnosed by a physician in Thailand as a coma, according to the 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 Table and/or this Insuring Agreement and the coverage under this insuring agreement will expire immediately.

An additional exclusion (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 infected from 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 the beneficiary must submit the following evidence to the company within 30 days from the date of discharge from the hospital, medical center, or the date of treatment from the clinic at their own expense

1. The Company's claim form
2. Medical certificate 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 passport
4. Other documents requested by the Company as necessary (if any).

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

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INSURING AGREEMENT

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

Definitions

Inpatient	means	A person who requires medical treatment in a hospital or medical center continuously not less than 6 hours and is registered as an inpatient based on diagnosis and advice of a physician in accordance with the standard of medical practice for the period the suitable for such injury or sickness, including the circumstance that "inpatient" die before 6 hours after hospitalized
Room fee for inpatient	means	Inpatient room fees, patient meals fees, nursing service fees, and other medical service fees which 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 when the insurance policy becomes effective for the first time as specified in the insurance policy table. If the Insured is diagnosed by a physician in Thailand as a result of the coronavirus disease 2019 (COVID-19) and must admit as an inpatient in a hospital or medical center.

The Company will pay the benefit of the Medical Expense which is necessary and reasonable expenses incurred from necessity medical treatment and medical standards. For the inpatient room fess, observation room, medical expenses, and nursing expenses according to the actual amount paid but not exceeding the sum insured specified in the insurance policy table.

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 remaining amount of medical expenses and the nursing service fee only.

An additional exclusion (Only applicable to the Coronavirus Disease 2019 (COVID-19) Medical Expenses Benefit)

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

1. Illness infected from 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 the beneficiary must submit the following evidence to the company within 30 days from the date of discharge from the hospital, medical center, or the date of treatment from the clinic at their own expense

1. The Company's claim form

2. Medical certificate or the results of a diagnosis of coma due to the coronavirus disease 2019 (COVID-19) and medical history

3. Original receipts showing lists of expenses or a summary of the closing statements and receipts

The receipt listing the expenses must be the original receipt then the Company will return the original receipt which confirms the expense amount to allow the insured to claim the lack of other insurers. But if the Insured is reimbursed from the state welfare, any other benefits, or from other insurance, the Insured must submit a copy of a receipt which confirms the expense amount from the state benefits, or other agencies to claim the lack of the company.

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

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INSURING AGREEMENT

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

Definitions

Coma means a state of unconsciousness with no reaction to external stimuli or response to internal which diagnosed by an internist or neurosurgeon and detect all of the following indicators:

1. No response to external stimuli for at least 96 hours
2. Rely on lifesaving equipment to support life
3. It was diagnosed as permanent brain damage leading to a permanent incapacity to perform one of the Activity of Daily Living after 30 days of fainting or anesthesia.

This does not include asphyxiation or anesthesia that is directly caused by drinking alcohol or drug abuse

Activity of Daily Living means the ability to perform 6 types of daily self- care activities which is a term used in healthcare to assess the patient. The Activities of Daily Living consist of

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 refers to the ability to move from chair to bed without help from other persons or equipment
2. The ability to walk or move refers to the ability to move from one room to another without help from other persons or equipment
3. The ability to dress refers to the ability to put on and take off clothes without help from other persons or equipment
4. The ability to shower refers to the ability to wash body in a bath or shower including to get to and from the bathroom without help from other persons or equipment
5. The ability to eat food refers to the ability to eat food without the help of other persons or equipment
6. The ability to excrete refers to the ability to get to and from the toilet, using it appropriately, and cleaning oneself without the help of other person or equipment

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P (66) 2202 9500 | F (66) 2202 9555 | fwdgi.co.th

Coverage

While this insurance policy is effective if the Insured is diagnosed by a physician in Thailand as a coma due to side effects after receiving the coronavirus disease 2019 (COVID-19) vaccine, they will be covered 90 days after the vaccine in accordance with the date of receiving coronavirus disease 2019 (COVID-19) each time.

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

An additional exclusion (Only applicable to the Daily Compensation Benefit for inpatients due to the side effects of the Coronavirus Disease 2019 (COVID-19) vaccine only)

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

1. Illness infected from 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 the beneficiary must submit the following evidence to the company within 30 days from the date of discharge from the hospital, medical center, or the date of treatment from the clinic at their own expense.

1. The Company's claim form
2. Medical certificate or the results of a diagnosis of coma due to the coronavirus disease 2019 (COVID-19) and medical history
3. Original receipts showing lists of expenses or a summary of the closing statements and receipts

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

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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	means	Costs associated with funeral arrangements include the cost of a coffin, cremation or burial, and other expenses which is necessary for that purpose. The Company will pay to the beneficiary in the event that the Insured dies from injury or sickness

Extension of coverage

As agreed in the validity period specified within this attachment, the Insurance Policy previously mentioned the extended funeral coverage or funeral expenses in case of the Insured dies from injury of an accident or illness arising during this attachment has been effective.

The Company agrees to pay funeral expenses to the beneficiary according to the sum insured as specified in this attachment which is considered as 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 when this attachment becomes effective. If the Insured has died due to illness within 180 days from the date this attachment is first effective, he or she will not be eligible for funeral pay or funeral expenses as per attachment.

Evidence of benefit claims (Only applicable to the attachment for extension coverage and funeral expenses due to the 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 their own expense.

1. The Company's claim form.
2. Death Certificate
3. Medical report
4. A copy of the Autopsy Report certified by an officer on duty responsible for the case or the department issuing

the report

5. A copy of the Police Report certified by the officer on duty responsible for the case

6. A copy of the ID card and the House Registration with the mark as “Death” of the Insured

7. A copy of the ID card and the House Registration of the beneficiary.

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

For the conditions and other exceptions within the Insurance Policy will remain effective.