

Special Individual Critical Illness and Accident Insurance Policy (Telesales)

(Merely translation version)

In reliance upon the statement in the application form for insurance which is considered a part of this insurance Policy, and in consideration of the premium paid by the Insured, and subject to the general terms and conditions, insuring agreements, exclusions and attached endorsements of the insurance Policy, the Company agrees with the Insured as follows:

Section 1: Definitions

Words or expressions to which specific meanings have been attached in any part of this insurance Policy shall bear such specific meanings wherever they shall appear unless stated otherwise in this Policy.

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|---------------------------------------|-------|---|
| 1. Policy | means | The Policy Schedule, general terms and conditions, insuring agreements, exclusions, addendum, application form, Insurance Certificates in case of renewal, endorsements and policy summaries, insuring agreements, exclusions under the Policy, which form part of this insurance contract. |
| 2. Company | means | Krungthai Panich Insurance Public Company Limited. |
| 3. Insured | means | The person(s) named as the Insured in the Policy Schedule and/or Insurance Certificate in case of renewal to which the person(s) is covered under this insurance Policy. |
| 4. Medical Practitioner | means | A person who has graduated in medical sciences and is legally registered with the Medical Council as a medical practitioner who is not the Insured, the Insured's spouse, any person(s) of same blood lineage with the Insured. |
| 5. Medical Specialist | means | A physician who is an approved medical specialist with certification from the Medical Council of Thailand. |
| 6. Cardiologist | means | A medical specialist who is licensed with certification to practice as a profession in the field of cardiology and congenital heart disease from the Medical Council of Thailand. |
| 7. Neurologist | means | A medical specialist who is licensed with certification to practice as a profession in the field of neuropathy from the Medical Council of Thailand. |
| 8. Oncologist | means | A medical specialist who is licensed with certification to practice as a profession in the field of oncology from the Medical Council of Thailand. |
| 9. Diagnosis/Initial Diagnosis | means | The consideration and diagnosis of disease and a medical specialist's decision as confirmed by means of physical examination and other medical procedures, including but not limited to blood tests, examination of body fluids, tissue examination, microscopic examination, or biopsy in conformity to the standard diagnostic tests pertaining to each kind of critical illness. |

Provided that the examination of physical condition alone is outside the scope of critical illness diagnosis as defined under this insurance contract.

However, in the absence of such mentioned evidences, other recognized medical procedures such as, radiology, pathology, medical laboratory or consideration of symptoms or diagnosed disorders can be used instead.

Section 2: General Terms and Conditions

1. Insurance Contract

This insurance contract is based upon the information provided by the Insured in the application form and additional declaration (if any), the Company has thus issued the Policy and policy summaries, insuring agreements and exclusions as per this insurance Policy.

In case the Insured has already known but provided false statement in the declaration as mentioned in the first paragraph, or has already known of any fact but concealed thereof, of which if it is known to the Company, it may motivate the Company to demand higher premium or refuse to issue this insurance contract or void the insurance contract as per Section 865 of the Civil and Commercial Code.

The Company will not refuse its liability by referring to any declaration other than those declared by the Insured in the first paragraph.

2. Completeness of Insurance Contract and Changes to the Policy

This Policy including insuring agreements and endorsements form the insurance contract. Any changes of wording in the insurance contract must be approved by the Company and noted in this Policy or endorsement before such changes shall be valid.

3. Incontestability Clause

The Company waives the right to dispute the validity of the insurance contract after 2 consecutive years from the first inception date, except when the premium is not received.

In case the Company becomes aware of any cause or reason which may lead the insurance contract to be void, but does not exercise the right to void it within 1 month after that information is known, the Company can no longer exercise the right to void this insurance contract.

4. Premium Payment

4.1 Premium Payment on Annual Basis

The Insured must pay the annual premium which is due immediately or before the commencement of coverage. The coverage will commence from the effective date as stated in the Schedule and/or Insurance Certificate in case of renewal.

4.2 Premium Payment on Monthly Basis of 1 Month as stated in the Schedule and/or Insurance Certificate in case of renewal.

4.2.1 The Insured must pay the first premium which is due immediately or before the commencement of coverage. The coverage will commence from the effective date as stated in the Schedule and/or Insurance Certificate in case of renewal.

4.2.2 The Insured must pay the subsequent premiums within 30 days from the due date for premium payment. If the premium has been paid, the coverage under this Policy will continue from the preceding premium payment and the Company will not refer to Waiting Period and Pre-existing Conditions and Incontestability Clause, for recounting.

In case the Company is unable collect the said premium, it is deemed that the coverage under this Policy will cease upon the last day to which premium has been paid for coverage.

4.2.3 In case of any claims for compensation during the grace period and the premium is not paid to the Company, the Company will deduct the premium in equivalent to the amount of unpaid premium from the amount of compensation under this Policy and pays the balance as compensation to the Insured or the beneficiary.

5. Misstatement

This condition will not affect the right of the Company to void the insurance contract as stated in item 1 above. In case the Insured has declared any information whereby the Company has applied it to compute insurance premium or decided to issue this insurance contract incorrectly or erroneously from any fact, resulting in:

5.1 The Company received less premium than required. The amount of sum insured that the Insured is afforded under this insurance is equivalent to the amount of paid premium. The Insured is able to re-purchase coverage under this insurance based on the actual and correct information. If such provided information by the Insured is already actual and correct being outside of the Company's standard underwriting guidelines to the extent that if the Company is aware of such actual and correct information, the Company will not enter into this insurance contract with the Insured, the Company will not pay any compensation but will refund the premium already paid.

5.2 The Company received more premium than required. The Company will refund the excess of paid premium to the Insured. However, the Company will not apply this condition to adjust insurance premium retroactively for the period of insurance in the preceding year(s).

6. Waiting Period

The Company will not pay compensation under the Schedule at the onset of symptoms or diagnosis with critical illness that the Insured has chosen for insurance under this Policy which occurs within the first 90 days after the inception date as stated in the Schedule, the Company reserves the right to cancel the insurance contract with immediate effect and will refund the total premium received to the Insured.

7. Renewal of the Policy

This insurance Policy is renewable subject to the Company's consideration, as follows:

7.1 In case the Company agrees to renew the insurance Policy, the Company reserves the right to:

7.1.1 Adjust the premium in accordance with the risk profile and the increased age of the Insured.

7.1.2 Changes in conditions of insurance acceptance, conditions of insuring agreements in the renewal year as necessary and the Company will accordingly notify the Insured the essence of the changes under this insurance Policy.

7.2 If the Policy is renewed and the Insured has paid insurance premium within the 30-day grace period, the Company will not apply the general terms and conditions relating to Waiting Period, Pre-existing Conditions and Incontestability Clause, for recounting. If Insured has not paid premium within the grace period, it is deemed that the coverage under this insurance contract is terminated on the last due date for premium payment. In case of any claims

for compensation within the grace period and the Insured has failed to pay the insurance premium, the Company will deduct the overdue premium from the compensation that the Company will pay under the insurance Policy.

7.3 The Company has the right to refuse renewal of insurance by giving advance notice in writing not less than 30 days to the Insured before the expiry date of the insurance Policy as stated in the Schedule and/or Insurance Certificate in case of renewal.

8. Notice of Cancellation

8.1 In case of Annual Premium Payment

8.1.1 The Company may cancel this Policy by giving notice in writing not less than 30 days in advance and send by registered mail to the last known address of the Insured. In case it is evident to the Company that the Insured has filed dishonest request for benefits under this Policy, the Company will refund the premium to the Insured by deducting a ratable proportion of the premium for the time the Policy has been in force. However, the Company will not be liable to pay for compensation arising from such dishonest acts.

8.1.2 The Insured may cancel this Policy by giving notice in writing to the Company and has the right to a refund of premium after deducting the customary short period premium for the time the Policy has been in force, which is:

Customary Short Period Rate	
Period of Insurance (Not less than / month)	Percentage of an annual 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

Regardless of which party is giving notice of cancellation, the Policy will be cancelled entirely. It is not possible to cancel only a certain part of coverage.

8.2 In case of premium payment under general terms and conditions in item 4.2

8.2.1 The Company may cancel this Policy by giving notice in writing not less than 30 days in advance and send by registered mail to the last known address of the Insured. In case it is evident to the Company that the Insured has filed dishonest request for benefits under this Policy, the Company will refund the premium to the Insured by deducting a ratable proportion of the premium for the time the Policy has been in force. Provided that the Company will not be liable to pay for compensation arising from such dishonest acts.

8.2.2 The Insured may cancel this Policy by giving notice in writing to the Company and has the right to a refund of premium after deducting the customary short period premium for the time the Policy has been in force. In case of premium payment on a 1-month basis, the Policy will be automatically terminated on the last day of coverage to which premium has been paid and the Company will not refund the premium to the Insured.

9. Automatic Termination of Insurance Contract

9.1 The coverage for the Insured under this Policy will be terminated automatically on the following circumstances whichever first occur, as follows:

9.1.1 On the expiry date of the Policy as stated in the Schedule (in case the Policy is not renewed).

9.1.2 Upon the Insured has failed to pay premium as per the general terms and conditions in item 4.

9.1.3 Upon the death of the Insured.

9.1.4 Upon the Insured is being confined in a prison or correctional institution.

In case of premium payment on monthly basis, the termination of coverage in item 9.1.3 or in item 9.1.4 the Policy is deemed terminated on the due date for premium payment and no refund of premium in case of payment on a 1-month basis. In case of premium payment on the basis of 2-month, 3-month, 6-month or annually, the Company will refund the premium to the Insured by deducting a ratable proportion of the premium for the time the Policy has been in force.

9.2 The coverage for each type of critical illness as chosen by the Insured under this Policy (as stated in item 4 Insuring Agreements) will be terminated when the Company has settled compensation in full according to the Sum Insured as stated in the Schedule and/or Insurance Certificate in case of renewal for such covered critical illness. The coverage for other type(s) of critical illness as chosen by the Insured under this Policy (if any) will remain unchanged.

9.3 This Policy and all the insured coverage under this Policy will be terminated at 24.00 hours, Thailand time, on the expiry date of the insurance Policy.

10. Medical Examination

The Company has the right to examine the medical and diagnosis history of the Insured as considered necessary under this Policy and the right to conduct an autopsy where necessary and within the limits of law at the Company's expenses.

In case the Insured does not allow the Company to examine the Insured's medical and diagnosis history to support the consideration for claims payment, the Company reserves the right to decline coverage under this Policy for the Insured.

11. Payment of Claims

The Company will pay compensation within 15 days upon receipt of complete and correct documents to substantiate the loss or damage or in case of loss of life to the Insured, the Company will pay to the beneficiary as stated in the Schedule and/or Insurance Certificate in case of renewal.

In case of doubt regarding the claims for the Company to pay compensation as afore-mentioned not in accordance with the Insuring Agreements under the Policy, the stated timeframe for payment may be extended as necessary but not later than 90 days upon receipt of complete and correct documents.

In case the Company is unable to pay compensation within the timeframe as stated, the Company will have to pay 15% annual interest starting from the date the claims payment is due.

12. Arbitration

In case of argument, dispute or appeal under this Policy between the person who is entitled to compensation versus the Company, and if so desired by that person to settle the disputed claims by use of arbitration, the Company will agree to allow the case for ruling by arbitration in accordance with the regulations of the Office of Insurance Commission (OIC).

13. Pre-Existing Conditions

The Company will not pay compensation under this Policy and/or Insurance Certificate in case of renewal as to the discovery of medical evidences indicating:

13.1 The Insured has been medically diagnosed, treated or received advice from a physician with for critical illness before the inception date of the first-year Policy.

13.2 The Insured has symptoms or related disorders or in relation to or as a result of any critical illness which the Insured has chosen under this Policy which has occurred before the inception date of the first-year Policy to which it is adequately significant for a layperson to visit a physician for medical diagnosis or proceed for treatment.

It is forbidden to refer above wording to apply in case the Insured has declared to the knowledge of Company before entering into this insurance contract and that the Company has agreed to accept the risks without any conditions added to exclude such coverage.

14. Fraudulent Claims

The Company will not be liable for claims due to fraudulence or dishonesty and the Company will exercise the right to immediately cancel the Policy. In case of any fraudulent claims under this Policy in any aspects by the Insured or the Insured's representative, the Company will refund the premium to the Insured by deducting a ratable proportion of the premium for the time the Policy has been in force.

15. Precedent Condition

The Company will be liable to pay claims under this Policy when the Insured, the Beneficiary or the representative of such person, as the case may be, has complied fully and correctly with the insurance contract and the conditions of the Policy.

16. Currency

Premiums and all benefits payable under this Policy will be made in Thai currency.

17. Applicable Law

This insurance Policy will be enforced and construed in accordance with Thai Law.

18. Free Look

If the Insured wishes to cancel this Policy by whatever reasons, the Insured can return Policy to the company within 30 days upon receipt of the Company. In such cases, this is not ineffective from the inception date as stated in the Schedule. The Company is not liable to pay for any loss or damage occurred under this Policy and the Company will refund all premiums received to the Insured (If deducted from the bank account or credit card will be refunded to bank account, credit card or credit card, as the case may be)

Section 3 General Exclusions

This Policy does not cover any losses arising from injuries (including complications thereof), symptoms or disorders arising from the following:

1. Pre-existing Condition or congenital
2. Deficiency Syndrome (AIDS) which is caused by AIDS virus infection and shall inclusively mean opportunistic infection Malignant Neoplasm or infection of any sickness by Human Immune Deficiency Virus (HIV).

2.1 Opportunistic infection Malignant Neoplasm shall include but not limited to Pneumocystis Carinii Pneumonia, Organism or Chronic Enteritis, Virus and/or Disseminated Fungi Infection.

2.2 Malignant Neoplasm shall include but not limited to Kaposi's Sarcoma, Central Nervous System Lymphoma and/or other serious diseases presently known as the syndrome of Acquired Immune Deficiency Syndrome or similar nature of diseases as mentioned.

2.3 AIDS shall include Human Immune Deficiency Virus (HIV), Encephalopathy Dementia and virus spread of similar nature.

3. Overdose or as a result of overdose of intoxicants or tranquillizer, such as narcotic and alcohol including smoking cessation and treatment of nicotine addiction or the overdose of other substances or other services or medical consumables.
4. Treatments of diseases or chronic diseases or complications resulting from cosmetic or constructive surgery.
5. War (whether declared or otherwise), invasion, act of foreign enemies, hostilities or war-like operations (whether war be declared or not), civil war (shall mean between citizens residing in the same country), rebellion, revolution, insurrection, strike, civil commotion, military rising, coup, declaration of martial law or any circumstances giving rise to declaration of martial law or maintenance of martial law.
6. Nuclear weapons, radiation or radio activity from any nuclear fuel arising from the combustion of nuclear fuel and self-sustaining process of nuclear fission.
7. Intended violation of criminal law or caused by or due to any infliction of self-destruction or self-injury, suicide or attempt at suicide, including intentional acts of the Insured to critical exposure of communicable diseases, including but not limited to the Insured's non-compliance with appropriate measures when in contact with other persons known to have symptoms of sickness arising from mosquito or respiratory disease.
8. Engaging or taking part of the Insured in the operations of the navy, the military or the air force, motor racing, diving, aviation, parachute jumping, bungee jumping, gliding or mountaineering.
9. Treatments of diseases due pregnancy (including voluntary cessation of pregnancy), abortion, childbirth (including Caesarean section) or congenital internal and external diseases, other disorders or abnormalities as afore-mentioned.
10. The Insured is engaged in medical or pharmaceutical experiments.

Section 4: Insuring Agreements

While this Policy is in force and subject to the general terms and conditions, exclusions, insuring agreements under this Policy, and in consideration of the premium paid by the Insured, the Company agrees to provide coverage for the Insuring Agreements, as follows:

Insuring Agreement (Type 1) Cancer

(For use as an Insuring Agreement of Critical Illness and Special Personal Accident Insurance Policy)

Additional Definitions

Cancer	means	Non-invasive Cancer/Carcinoma in Situ or Invasive Cancer, as defined hereunder:
Non-invasive Cancer/Carcinoma in Situ	means	<p>The first developing stage of tumor or cell as diagnosed and confirmed by a pathologist as cancer and has not spread beyond the layer of tissue (basement membrane) or not spread to surrounding tissue or other parts of the body including cancer or tumor, as follows:</p> <ol style="list-style-type: none"> 1. Prostate Cancer, Thyroid Cancer or Urinary Bladder Cancer stage T1 NO MO as per TNM Classification. 2. Chronic Lymphocytic Leukemia less than RAI stage 3. 3. Melanoma (Malignant Melanoma), a serious type of Melanoma less than stage 2 as Severity of Melanoma done by American Joint Committee on Cancer Classification. 4. Borderline malignant potential or low malignant potential. Provided that there is no coverage for any kinds of skin cancer (except Melanoma, as above) and tumor which is diagnosed as pre-malignant Lesion.
Invasive Cancer	means	<p>The developed stage of tumor or cell diagnosed and confirmed by a pathologist as cancer and has spread beyond the layer of tissue (basement membrane) or spread to surrounding tissue or other parts of the body including Leukemia, Lymphoma, multiple myeloma and Choriocarcinoma, but this does not include:</p> <ol style="list-style-type: none"> 1. Prostate Cancer, Thyroid Cancer or Urinary Bladder Cancer stage T1 NO MO as per TNM Classification. 2. Chronic Lymphocytic Leukemia less than RAI stage 3. 3. Non-invasive Cancer, Carcinoma in Situ. 4. Any Skin Cancers, except Melanoma (Malignant Melanoma), stage 2 and above, as per Severity of Melanoma done by American Joint Committee on Cancer Classification. 5. Borderline malignant potential or low malignant potential. 6. Tumor which is diagnosed as pre-malignant lesion, such as CIN I CIN II CIN III. 7. Cancer in HIV patients. 8. Cancer which is recurring or spreading from other parts of the body and this cancer is developed for the first time before the commencement of the Policy or within 90 days after the commencement of the Policy.

Coverage

It is agreed that while the period of insurance to which this Policy is in force and after the Waiting Period from the first commencement date of the Policy, if the Insured has been diagnosed with pathological evidence for the first time by a medical specialist as critical illness in accordance with the definitions as stated in the Policy, the Company will pay compensation in full amount of the sum insured as stated in the Schedule and/or Insurance Certificate in case of renewal in 1 time per type of coverage.

Additional Conditions and Provisions (Applicable to Insuring Agreement Type 1: Cancer only)

Report of Claims and Submission of Documents

The Insured, the beneficiary or the representative of such person, as the case may be, must report and submit documents or evidences at their own expenses to the Company within 30 days from the date such diagnosis result is known.

1. Claims form of the Company for compensation.
2. Copy of the Insured's ID card.
3. A physician's report indicating the main symptoms, diagnosis result and treatment provided.
4. Report on diagnosis result, such as result of laboratory test or MRI report and statistical and medical information.
5. Other documents or evidences which the Company may necessarily request (if any).

The Company cannot deny liability due to the failure in the submission of documents within the required period.

Insuring Agreement (Type 2) **Neurology-related Symptoms Group**

(For use as an Insuring Agreement of Critical Illness and Special Personal Accident Insurance Policy)

Additional Definitions

Neurology-related Symptoms Group	means	Coma, Cerebral Aneurysm requiring Brain Surgery, Cerebral Aneurysm Treatment by Endovascular Coiling, Alzheimer's Disease, Parkinson's Disease, as defined hereunder:
Coma	means	<p>Fainting or unconsciousness as diagnosed by a physician or a neurosurgeon with findings of all the following natures:</p> <p>(1) Must depend on rescue device to support life.</p> <p>(2) No response to external stimuli for at least 96 hours.</p> <p>(3) Being assessed that the brain was permanently destroyed resulting in disability to perform one of the daily activities permanently after the date of fainting or unconsciousness.</p> <p>Except in case of the Insured's loss of life before the due date in (2) or (3), as the case may be, because of critical illness or as a consequence of critical illness under this item.</p> <p>Provided that fainting or unconsciousness directly caused by alcohol drinking or drug abuse is excluded.</p>
Cerebral Aneurysm requiring Brain Surgery	means	<p>Brain surgery by way of craniotomy in order to clip, repair or remove an artery at the part of aneurysm. The diagnosis must be confirmed via cerebrovascular radiograph and must be performed by a Neurosurgeon.</p> <p>Provided that this does not include cerebral aneurysm due to Infection and Mycotic aneurysm, treatments of Cerebral Aneurysm by way of Endovascular Coiling, treatments by way of Craniectomy and Burr hole skull surgery.</p>
Cerebral Aneurysm Treatment by Endovascular Coiling	means	<p>Treatment of Cerebral Aneurysm by Endovascular Coiling and inserting coils into the artery at the part of Aneurysm as indicated by the current standard medical practice to create blood clot and artery membrane at the part of Aneurysm. The diagnosis must be confirmed via cerebrovascular radiograph and must be performed by a medical specialist duly licensed in appropriate field.</p> <p>Provided that this does not include cerebral aneurysm due to Infection and Mycotic aneurysm.</p>
Alzheimer's Disease	means	The diagnosis by a neurologist as Alzheimer's Disease including disorders in the nervous system as the cause of disability to perform daily activities by self permanently for

more than 3 activities.

Provided that this does not include Dementia resulting from drug, alcohol and mental state.

Parkinson's Disease means

The happening of Parkinson's Disease is Idiopathic as diagnosed by a neurologist and must be supported with all evidences, as follows:

1. The condition of disease is uncontrollable by any means of medication.
2. Being unable to perform daily activities by self permanently for more than 3 activities continuously for a period of at least 180 days, except in case of the Insured's loss of life before the due date of such duration because of critical illness or directly as a consequence of critical illness under this item.

Provided that this does not include Parkinson's Disease due to use of drug or poisonous substance.

Performing Daily Activities means

The ability of a normal person to perform the 6 most basic daily activities as per medical criteria to assess patients with inabilities to perform such activities, as follows:

1. **Transferring Ability**, such as ability to move in and out of bed/chair by self without assistance from others or use of support device.
2. **Mobility Ability**, such as ability to walk or move from a room to another room by self without assistance from others or use of support device.
3. **Dressing Ability**, such as ability to wear or take off clothes by self without assistance from others or use of support device.
4. **Washing Ability**, such as ability to take a bath, including ability to enter or exit bathroom by self without assistance from others or use of support device.
5. **Feeding Ability**, such as ability to consume food by self without assistance from others or use of support device.
6. **Toileting Ability**, such as ability to use toilet to discharge, including ability to enter or exit the toilet by self without assistance from others or use of support device.

Coverage:

It is agreed that while the period of insurance to which this Policy is in force and after the Waiting Period from the first commencement date of the Policy, if the Insured has been diagnosed with pathological evidence for the first time by a medical specialist as critical illness in accordance with the definitions as stated in the Policy, the Company will pay compensation in full amount of the sum insured as stated in the Schedule and/or Insurance Certificate in case of renewal in 1 time per type of coverage.

Additional Conditions and Provisions (Applicable to Insuring Agreement Type 2: Neurology-related Symptoms Group only)

Report of Claims and Submission of Documents

The Insured, the beneficiary or the representative of such person, as the case may be, must report and submit documents or evidences at their own expenses to the Company within 30 days from the date such diagnosis result is known.

1. Claims form of the Company for compensation.
2. Copy of the Insured's ID card.
3. A physician's report indicating the main symptoms, diagnosis result and treatment provided.
4. Report on diagnosis result, such as result of result of laboratory test or MRI report and statistical and medical information.
5. Other documents or evidences which the Company may necessarily request (if any).

The Company cannot deny liability due to the failure in the submission of documents within the required period.

Insuring Agreement (Type 3) Cardiovascular Disease

(For use as an Insuring Agreement of Critical Illness and Special Personal Accident Insurance Policy)

Additional Definitions

Cardiovascular Disease	means	Major Stoke, Acute Heart Attack, Coronary Artery Disease requiring Angioplasty which has been diagnosed by a cardiologist as defined hereunder:
Major Stroke	means	The sudden happening of nervous system disorder as a result of Cerebral Thrombosis or Intracerebral Hemorrhage or Extracranial Embolism with examination evidences discovering the Cerebral Palsy continuously (excluding numbness) for a period of at least days (not exceeding 45 days) from the date of diagnosis which must confirm the finding of new changes by way of CT scan or MRI, except in case of the Insured's loss of life before the due date because of critical illness or as a direct consequence of critical illness under this item. Provided that this does not include Infarction or Transient Ischemic Attack or Reversible Ischemic Neurological Deficit.
Acute Heart Attack	means	Acute Heart Attack comprising all 3 natures, as follows: 1. History of sudden chest pain which is the specific nature of Myocardial Ischemia. 2. Rise of Cardiac Troponin (T or I at least 3-time of upper value of normal range value or rise of CKMB at least 2-time of upper value of normal range value). 3. Changes of Electrocardiogram (ECG/EKG) recurring with specific nature for the first time Acute Heart Attack.
Coronary Artery Disease requiring Angioplasty	means	The dilatation of blood vessels due to myocardial obstruction by way of Angioplasty, Stent insertion, Laser or other intra-arterial procedure. Coronary Artery hereon means Left Main Artery being at least 50% blocked or Left Anterior Descending, Circumflex and Right Coronary Artery being at least 60% blocked. Provided that this does not include Diagnostic angiography.

Coverage:

It is agreed that while the period of insurance to which this Policy is in force and after the Waiting Period from the first commencement date of the Policy, if the Insured has been diagnosed with pathological evidence for the first time by a medical specialist as critical illness in accordance with the definitions as stated in the Policy, the Company will pay compensation in full amount of the sum insured as stated in the Schedule and/or Insurance Certificate in case of renewal in 1 time per type of coverage.

Additional Conditions and Provisions (Applicable to Insuring Agreement Type 3: Cardiovascular Disease only)

Report of Claims and Submission of Documents

The Insured, the beneficiary or the representative of such person, as the case may be, must report and submit documents or evidences at their own expenses to the Company within 30 days from the date such diagnosis result is known.

1. Claims form of the Company for compensation.
2. Copy of the Insured's ID card.
3. A physician's report indicating the main symptoms, diagnosis result and treatment provided.
4. Report on diagnosis result, such as result of result of laboratory test or MRI report and statistical and medical information.
5. Other documents or evidences which the Company may necessarily request (if any).

The Company cannot deny liability due to the failure in the submission of documents within the required period.

**Insuring Agreement (Type 4)
Organ Failure**

(For use as an Insuring Agreement of Critical Illness and Special Personal Accident Insurance Policy)

Additional Definitions

Organ Failure	means	Severe Chronic Obstructive Pulmonary Disease / End-stage Lung Disease, Chronic Kidney Failure, as defined hereunder:
Severe Chronic Obstructive Pulmonary Disease / End-stage Lung Disease	means	Severe Chronic Obstructive Pulmonary Disease or End-stage Lung Disease as diagnosed by a physician or a respiratory specialist with findings of all the following natures: <ol style="list-style-type: none"> 1. Oxygen must be given at all times to which the indication for giving oxygen is due to the artery oxygen pressure is less than or in equivalent to 55 mmHg while breathing normally. 2. Value of Force Expiratory Volume 1st second (FEV 1) is less than 1-liter continually.
Chronic Kidney Failure	means	The terminal stage of Chronic Kidney Failure with permanent loss of ability of both sides to function normally which requires dialysis treatment on a regular basis or a new kidney transplant.

Coverage:

It is agreed that while the period of insurance to which this Policy is in force and after the Waiting Period from the first commencement date of the Policy, if the Insured has been diagnosed with pathological evidence for the first time by a medical specialist as critical illness in accordance with the definitions as stated in the Policy, the Company will pay compensation in full amount of the sum insured as stated in the Schedule and/or Insurance Certificate in case of renewal in 1 time per type of coverage.

Additional Conditions and Provisions (Applicable to Insuring Agreement Type 4: Organ Failure only)

Report of Claims and Submission of Documents

The Insured, the beneficiary or the representative of such person, as the case may be, must report and submit documents or evidences at their own expenses to the Company within 30 days from the date such diagnosis result is known.

1. Claims form of the Company for compensation.
2. Copy of the Insured's ID card.
3. A physician's report indicating the main symptoms, diagnosis result and treatment provided.
4. Report on diagnosis result, such as result of result of laboratory test or MRI report and statistical and medical information.
5. Other documents or evidences which the Company may necessarily request (if any).

The Company cannot deny liability due to the failure in the submission of documents within the required period.

Coverage Extension Endorsement Skin Cancer

(For use as an endorsement to Insuring Agreement [Type 1] Cancer)
(Critical Illness and Special Personal Accident Insurance Policy)

Company Code	KPI	Issued on			
Forming a part of Policy No.					
Name-Surname of the Insured					
Name-Surname of the Beneficiary					
Period of Insurance: From _____ at _____ hours to _____ at 24.00 hours					
Sum Insured _____ Baht					
Premium	Baht	Stamp Duty	Baht	VAT	Baht Total Baht

Additional Definitions

Skin Cancer Means Any Skin Cancers, except Malignant Melanoma, stage 2 and above, as per Severity of Malignant Melanoma done by American Joint Committee on Cancer Classification.

Coverage Extensions:

It is agreed that while the period of insurance to which this Endorsement is in force, the stated Policy has extended the coverage and is in force after the Waiting Period from the first commencement date of the Policy, if the Insured has been diagnosed with pathological evidence for the first time by an oncologist as skin cancer, the Company will pay compensation in full amount of the sum insured as stated in the Schedule and/or Insurance Certificate in case of renewal in 1 time per type of coverage.

Additional Conditions and Provisions (Applicable to Coverage Extension for Skin Cancer only)

Report of Claims and Submission of Documents

The Insured, the beneficiary or the representative of such person, as the case may be, must report and submit documents or evidences at their own expenses to the Company within 30 days from the date such diagnosis result is known.

1. Claims form of the Company for compensation.
2. Copy of the Insured's ID card.
3. A physician's report indicating the main symptoms, diagnosis result and treatment provided.
4. Report on diagnosis result, such as result of result of laboratory test or MRI report and statistical and medical information.
5. Other documents or evidences which the Company may necessarily request (if any).

The Company cannot deny liability due to the failure in the submission of documents within the required period.

Automatic Termination of Insurance Contract

The coverage under this Endorsement will be terminated automatically on the following circumstances whichever first occur, as follows:

1. When the Company has paid compensation for Skin Cancer in accordance with this Endorsement.
2. When the Company has paid compensation for Insuring Agreement (Type 1) Cancer, as stated in the Schedule and/or Insurance Certificate in case of renewal, it is hence considered that this Endorsement is terminated.

The Company will not refund premium for the remaining period of insurance under this Policy and will not extend the coverage for Skin Cancer again upon renewal of the Policy.

The liability of the Company is not exceeding the sum insured as stated in this Endorsement and/or the Schedule and/or Insurance Certificate in case of renewal.

Notwithstanding anything herein contained is in contrary to the Policy, this Endorsement will supersede.

All other terms, conditions and exclusions remain unchanged.