

Summary of Definitions, General Terms and Conditions, General Exclusions and Coverage Agreement SPECIAL I INDIVIDUAL CORONAVIRUS (COVID-19) AND ACCIDENT (TELEMARKETING)

By relying on the application form which is part of this Policy and in return for the premium to be paid by the Insured stipulated by the Company under the General Terms, Conditions, Exclusions, Coverage Agreement and Endorsement of this Policy, the Company hereby agrees to provide a contract with the Insured as follows:

Section 1: Definitions

Unless specified otherwise in this Policy, words, or expressions to which specific meanings have been ascribed in any part of the Policy, shall have the following meanings whenever they appear in this Policy.

- Company** means Krungthai Panich Insurance Public Company Limited.
- Policy** means the schedule, general terms and conditions, coverage agreement, general exclusions, endorsements, application form, renewal warranty, and summary for insurance which shall be deemed to form a part of this insurance contract.
- Insured** means the person named as the Insured in the schedule and/or renewal warranty who is entitled to the coverage under this Policy.
- Hospital** means any health facility which provides medical services, can provide overnight patient admission and has an adequate number of medical personnel with the complete services, particularly, an operation room, and is permitted to be registered as a Hospital according to the law of the locality.
- Medical Facility** means any health facility which provides medical services, can provide overnight patient admission and is permitted to be a Medical Facility according to the law of the locality.
- Clinic** means Modern Medical Facility which is allowed by the law to provide medical services and diagnoses but cannot provide overnight patient admission.

7. **Physician** means the person who graduated with a degree in medicine and is legally registered with the Medical Council of Thailand and licensed to practice as a medical professional in Thailand.
8. **Medical Standards** means guidelines or international modern medical practices that bring a suitable treatment plan for patients as medical needed and to be consistent with the conclusions from the injury history, detection, autopsy results, or others (if any).
9. **Necessary and Reasonable Expenses** means medical expenses and/or any expenses that should be in relation to the service charged from Hospitals or Medical Facilities or Clinics which the Insured is admitted.
10. **Medical Necessities** means medical services with the following conditions:
- (1) Must be consistent with the diagnosis and treatment of the patient's injury condition.
 - (2) Must be a clear medical indication in accordance with current medical standards.
 - (3) Must not be for the convenience of the service provider or the family of the service provider or of the unilateral medical provider and
 - (4) Must be a standard medical service in accordance with the appropriate patient care as needed for the patient's injury condition.
11. **AIDS** means Acquired Immune Deficiency Syndrome caused by infection with human immunodeficiency virus (HIV) and shall include the opportunistic microorganism infection, malignant neoplasm, infection, or any sickness which a blood test result reveals as positive of HIV.
 Opportunistic microorganism infection shall include, but is not limited to Pneumocystis or Chronic Enteritis, Virus, and/ or Disseminated Fungi Infection.
 Malignant Neoplasm shall include, but is not limited to Kaposi's Sarcoma, Central Nervous System Lymphoma and/ or any critical illness known as Acquired Immune Deficiency Syndrome, or causing sudden death, sickness, or disability.
 Acquired Immune Deficiency Syndrome (AIDS) shall include Human Immunodeficiency Virus (HIV), Encephalopathy Dementia and dispersion of Virus.
12. **Policy Year** means one year from the date the insurance policy becomes effective or one year from the subsequent policy anniversary.

13. **Coronavirus disease 2019 (COVID-19)** means Coronavirus disease 2019 (COVID-19) according to the meaning of World Health Organization (WHO).

Section 2: General Terms and Conditions

1. Insurance contract

This insurance contract arises from the representation of the Insured the Company relies upon, based on the statements in the insurance application form, as well as additional statements (if any) that the Insured has provided in evidence of his or her acceptance of the insurance contract. Hence, this Policy is issued by the Company.

If the Insured knowingly misrepresents in the statements mentioned in paragraph one, or knowingly conceals any fact from the Company that could have caused the Company to demand higher premium or refuse to offer the insurance contract, this insurance contract will be voidable under section 865 of the Civil and Commercial Code. The Company has the right to rescind the insurance contract.

The Company shall not deny its liability based on any statements other than the statements stated in the first paragraph of this document.

2. The entirety of the insurance contract and change of wording in the insurance contract

This Policy as well as coverage agreement and endorsements from an entire insurance contract. Any change of wording in the insurance contract requires the Company's consent and shall be recorded in this Policy or an endorsement before such change becomes valid.

3. Non-dispute or objection to the incompleteness or incorrectness of the insurance contract

Once the Policy has been effective for TWO consecutive years (counting from the date the Policy becomes effective from the first time), the Company shall not dispute or object to any incomplete or incorrect information that forms an entire insurance contract, unless the premium has not been paid.

If the Company discovers information that allows it to rescind the contract, the Company shall rescind the contract within ONE month (counting from the date that the Company finds out such voidable information) otherwise, the Company shall no longer be entitled to void the contract.

4. Premium payment

The annual premium payments are due immediately or before the commencement of the Policy, and then the Policy shall be effective on the date stated in the schedule and/or in renewal warranty.

5. Policy cancellation

5.1 The Company cannot cancel the Policy, except if the Insured behaves fraudulently or dishonestly under the Policy.

5.2 The Insured can cancel the Policy by informing the Company in writing. The Insured shall have the right to receive the premium refund on a short-rate basis based on the table shown below.

Short-rate premium table

| No. of month Insured | % of 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 |

Policy Cancellation under this term, no matter if the Company or the Insured is taking the action shall terminate the entire insurance policy not to terminate only one of the coverage agreements.

6. Automatic termination of an insurance contract

6.1 The coverage of the Insured under this Policy will be terminated when one of the following events occurs, whichever comes first:

- 6.1.1 On the end date specified in the schedule (in case of non-renewal of the Policy).
- 6.1.2 In the year that the Insured is 99 years of age.
- 6.1.3 When the Insured does not pay the premium according to the general terms and conditions of premium payment #4.
- 6.1.4 When the Insured dies from other reasons that are not covered under this insurance policy.
- 6.1.5 If the Insured is imprisoned in a prison or other correctional facility.

For the termination of coverage due to 6.1.4 or 6.1.5, the Company will return the premium to the Insured by deducting the premium for the period in which this insurance policy is applied.

6.2 The Company will return all premiums already charged to the Insured in the case when happening the appearance or awareness of the symptoms of Coronavirus disease 2019 (COVID-19) in any type at first within the period of no coverage (Waiting Period) 14 days from the date of this insurance policy first effective.

6.3 Each coverage under this insurance policy will be terminated if the Company pays the sum assured according to the maximum sum insured specified in the schedule and/or in renewal warranty which the Company will continue to provide coverage until the end of the Insured period only the sum assured of the remaining coverage.

6.4 This insurance policy and insurance according to this insurance policy will end at 24:00 according to Thailand time on the end date of the insurance policy.

7. Policy Renewal

Policy renewal is based on the Company decision as follows:

7.1 In case the Company accepts to renew the policy, the Company shall reserve the rights to:

7.1.1 adjust the renewal premium depending on the risk and the Insured's increased age and

7.1.2 change the underwriting terms and conditions and coverage agreement of the renewal policy as necessary, in which case the Company shall inform the Insured of the main points of the policy changes.

7.2 If the renewal policy is renewed and the Insured pays the premium within 30 days of the Grace Period, the Company will not apply the general terms and conditions regarding Waiting Period and Pre-existing condition and non-dispute or objection to the incompleteness or incorrectness of the insurance contract for the Policy to be effective again. If the Insured does not pay the premium within the Grace Period, the Company shall deduct the pending premium from the compensation that the Company will pay as specified in the Schedule.

7.3 The Company can reject the policy renewal by informing the Insured in writing at least 30 days before the existing policy end date specified in the Schedule and/or in renewal warranty.

8. Medical examination

The Company has the right to check the medical history and Diagnosis of the Insured as necessary and has the right to perform an autopsy (providing that such autopsy is necessary and not against the law) at the Company's expense.

In the case that the Insured does not allow the Company to check the medical history and the Insured's Diagnosis for considering the compensation, the Company may refuse coverage under this Policy.

9. Misrepresentation of age and gender

If the Insured age or gender is incorrect from that declared by the Insured so that:

9.1 The Company receives less premium than required: The sum insured the Insured shall receive is equal to the amount of premium paid on the condition that the Insured re-purchase coverage based on the correct age and gender. If the Insured's corrected information falls outside of the Company's underwriting footprint, the Company will not pay compensation but will instead return the premium that has been paid.

9.2 The Company receives more premium than required: The Company shall refund the excess premium to the Insured. However, this condition shall not be applied retroactively to adjust the premium for the past period of insurance.

10. Compensation

The Company shall pay compensation within 15 days from the date the Company has obtained complete and accurate evidence of loss or damage. In the event of the Insured's death, the Company shall pay for the beneficiary named in the Schedule and/or in renewal warranty.

In the case that there is any suspicion that a claim does not comply with the coverage agreement of the Policy, such period may be extended as necessary but not exceeding 90 days from the date the Company gets claim evidence completely and correctly.

If the Company does not pay compensation within the aforementioned period, the Company shall be liable to pay the 15% interest rate per year on the compensation amount calculated from the due date until the compensation is paid in full.

11. Waiting period

The Company shall not pay the compensation specified in the schedule if the Insured is diagnosed with Coronavirus disease 2019 (COVID-19) during the first 14 days after the Policy start date specified in the Schedule and/or in renewal warranty.

12. Pre-existing condition

The Company shall not pay the compensation specified in the schedule in case that the Insured is diagnosed to have Coronavirus disease 2019 (COVID-19) (including complications) or Coronavirus disease 2019 (COVID-19) that have not been cured before the date of the first effective insurance policy.

13. Dispute resolution by arbitration

In the event of a dispute, conflict or claim under this Policy between the claimant and the Company and if the claimant wishes and sees that the dispute should be settled by arbitration, the Company agrees and shall settle such dispute by arbitration in accordance with the Regulation of the Insurance Commission (OIC) regarding arbitration.

14. Condition precedent

The Company shall be liable for any claim stipulated in this Policy when the Insured, beneficiary or representative of such persons is fully compliant with the terms and conditions of the Policy.

15. Free-look cancellation

If the Insured wants to cancel the Policy for whatever reason, the Insured has the right to cancel the insurance policy and return the Policy documents to the Company within 30 days from the date of receiving the insurance policy from the Company, unless the Company has issued the insurance policy to the Insured using electronic methods, the Insured does not need to return the insurance policy to the Company. In such case, it shall be deemed that the Policy is not effective since the Policy start date specified in the schedule. The Company, therefore, shall not be liable for any loss or damage occurred under the Policy. The Company will return all premiums received to the Insured in accordance with the agreed procedures without deducting any costs.

16. Currency

Premiums and benefits to be paid under this Policy will be paid in Thailand's currency.

17. Applicable law

This Policy is subject to the regulations and interpretations in accordance with the laws of Thailand.

Section 3: General Exclusions

The Policy does not cover any losses or damages resulting from pre-existing conditions.

Section 4: Coverage Agreement

Under Regulations, General Conditions, Exclusions, Coverage Agreement and Endorsement of this insurance policy and in return for the premium stipulated by the Insured, the Company agrees to offer coverage from the Coverage Agreement below.

Coverage Agreement

Compensation benefits in case the Insured suffers from Terminal Illness with Coronavirus disease 2019 (COVID-19)

Additional definitions

| | | |
|---|-------|--|
| Terminal Illness with Coronavirus disease 2019 (COVID-19) | means | illness, a serious illness that has no cure which get diagnosed from the Physician that will cause the following conditions: <ol style="list-style-type: none">1. Coma2. Severe Chronic Obstructive Pulmonary Disease or End-stage Lung disease |
| Coma | means | <p>a Diagnosis by a Neurosurgeon of being in a state of unconsciousness with the following characteristics have been detected:</p> <ol style="list-style-type: none">1. It is required to use of life support systems.2. No response to external stimuli for at least 96 hours.3. It is diagnosed that the brain is permanently destroyed as a result, one of Activities of Daily Living cannot be performed permanently after 30 days from the date of faint or loss of sensation. Unless the Insured has died before the end of Policy contract according to (2) or (3) from a serious disease or as a direct consequence of a serious disease in this coverage. <p>This does not include faint or loss of sensation caused directly by alcohol abuse or drug abuse.</p> |
| Severe Chronic Obstructive Pulmonary Disease or End-stage Lung disease | means | <p>a Diagnosis from a respiratory Specialist Physician specifying that the Insured has Severe Chronic Obstructive Pulmonary Disease or End-stage Lung disease and meets all the following conditions:</p> <ol style="list-style-type: none">1. The Insured requires permanent respiratory therapy because the level of oxygen pressure in their arteries is less than or equal to 55 mmHg when breathing with normal air; and2. The Insured's Force Expiratory Volume 1st Second (FEV 1) is less than 1 liter for a reasonable continuous period. |

Activities of Daily Living (ADL) means the ability to perform the main daily tasks of 6 types of normal people, which is a medical criterion for evaluating patients who are unable to perform such tasks as follows:

1. The ability to move such as the ability to move from the chair back and forth to the bed by yourself with no help needed from others or use aids.
2. The ability to walk or move such as the ability to walk or move from room to room by yourself with no help needed from others or use aids.
3. The ability to get dress such as the ability to wear or take off clothes by yourself with no help needed from others or use aids.
4. The ability to take a bath such as the ability to take a bath, as well as to enter and exit the bath by yourself with no help needed from others or use aids.
5. The ability to eat such as the ability to eat by yourself with no help needed from others or use aids.
6. The ability for excretion such as the ability to use the bathroom for excretion, as well as to enter and exit the bathroom by yourself with no help needed from others or use aids.

Diagnosis means final and decisive diagnosis by a Physician or specialist as the Insured gets Coronavirus disease 2019 (COVID-19) as described in the definition.

Diagnosis Date means the date that the Physician concludes, for the first time, that the Insured gets Coronavirus disease 2019 (COVID-19) as described in the definition, including a clearly written diagnosis date.

Coverage

It is agreed that, during the period in which this insurance policy becomes effective if the Insured gets diagnosed by a Physician or specialist with Coronavirus disease 2019 (COVID-19) for the first time and causing the Coma and/or Severe Chronic Obstructive Pulmonary Disease or End-stage Lung disease as described in the definition, the Company shall pay compensation in case the Insured suffers from Terminal Illness with Coronavirus disease 2019 (COVID-19) based on the sum insured as specified in the Schedule and/or in renewal warranty.

The Diagnosis must be in accordance with additional definitions of Diagnosis and Diagnosis Date.

However, if the Insured suffers from Terminal Illness with Coronavirus disease 2019 (COVID-19) more than one condition, the Company will pay benefits for only one condition.

Additional terms and conditions (Apply ONLY for coverage agreement of Compensation benefits in case the Insured suffers from Terminal Illness with Coronavirus disease 2019 (COVID-19))

Claims and evidence submission

The Insured, beneficiary, or representative of such person, depending on circumstances, must submit the following documents or evidence at their own expense to the Company within 30 days from the date of getting out from Hospital or Medical Facility.

1. The Company's completed claim form
2. Medical reports that identify symptoms, the results of Diagnosis and medical treatment
3. A copy of ID card of the Insured
4. Other documents requested by the Company as necessary (if any)

Delay in such submission shall not result in rejection of liability by the Company.

Coverage Agreement

Medical expenses for In-patients

from Coronavirus disease 2019 (COVID-19)

Coverage

It is agreed that, during the period in which this insurance policy becomes effective if the Insured gets diagnosed with Coronavirus disease 2019 (COVID-19) for the first time and needs to be admitted as an in-patient in a Hospital or Medical Facility to receive medical treatment needed with medical standards, the Company shall pay compensation for Necessary and Reasonable Expenses from medical treatment needed with medical standards. For in-patient room, observation room, medical expenses and ambulance expenses, the Company shall pay compensation based on the actual amount the Insured paid which does not exceed the sum insured as specified in the Schedule and/or in renewal warranty.

However, if the Insured is reimbursed for the state welfare or any other benefits, or from other insurance policy, the Company will be liable for only the remaining amount of medical expenses and nursing expenses.

Additional terms and conditions (Apply ONLY for coverage agreement of medical expenses for in-patients from Coronavirus disease 2019 (COVID-19))

Claims and evidence submission

The Insured, beneficiary, or representative of such person, depending on circumstances, must submit the following documents or evidence at their own expense to the Company within 30 days from the date of getting out from Hospital or Medical Facility.

1. The Company's completed claim form
2. Medical reports that identify symptoms, the results of Diagnosis and medical treatment
3. A copy of ID card of the Insured
4. Original receipt showing expenses or summary statement with receipt
5. Other documents requested by the Company as necessary (if any)

The receipt listing the expenses must be the original receipt, and the company will return the original receipt with a certified amount paid for the Insured to claim the remaining amount to the other insurer. However, if the Insured has already been reimbursed for state welfare or other benefits or other insurance, the Insured must send a copy of the receipt with a certified amount paid from the state welfare or other authorities to claim the remaining amount from the Company.

Delay in such submission shall not result in rejection of liability by the Company.

Coverage Agreement

Medical expenses for Out-patients

from Coronavirus disease 2019 (COVID-19)

Coverage

It is agreed that, during the period in which this insurance policy becomes effective if the Insured gets diagnosed with Coronavirus disease 2019 (COVID-19) for the first time and needs to be admitted as an out-patient in a Hospital or Medical Facility to receive medical treatment needed with medical standards, the Company shall pay compensation for Necessary and Reasonable Expenses from medical treatment needed with medical standards based on the actual amount the Insured paid which does not exceed the sum insured as specified in the Schedule and/or in renewal warranty.

However, if the Insured is reimbursed for the state welfare or any other benefits, or from other insurance policy, the Company will be liable for only the remaining amount of medical expenses and nursing expenses.

Additional terms and conditions (Apply ONLY for coverage agreement of medical expenses for out-patients from Coronavirus disease 2019 (COVID-19))

Claims and evidence submission

The Insured, beneficiary, or representative of such person, depending on circumstances, must submit the following documents or evidence at their own expense to the Company within 30 days from the date of getting out from Hospital or Medical Facility.

1. The Company's completed claim form
2. Medical reports that identify symptoms, the results of Diagnosis and medical treatment
3. A copy of ID card of the Insured
4. Original receipt showing expenses or summary statement with receipt
5. Other documents requested by the Company as necessary (if any)

The receipt listing the expenses must be the original receipt, and the company will return the original receipt with a certified amount paid for the Insured to claim the remaining amount to the other insurer. However, if the Insured has already been reimbursed for state welfare or other benefits or other insurance, the Insured must send a copy of the receipt with a certified amount paid from the state welfare or other authorities to claim the remaining amount from the Company.

Delay in such submission shall not result in rejection of liability by the Company.

Coverage Agreement (P.A.1)

Death Benefit, Loss of organs, sight, or Total Permanent Disability

Additional definitions

Loss of organs means Body Cut-off from the wrist or ankle. This includes a complete loss of use of the above organs, and there are clear medical indications that they cannot be reinstated forever.

Loss of sight means completely blind, and there is no cure forever.

Total Permanent Disability means the Insured has a total permanent disability from injuries and the Insured cannot perform three or more Activities of Daily Living by themselves and cannot work or pursue any career to receive compensation or profit for a continuous period of at least 180 days. Such disabilities must include loss or disability from injuries causing one of the following:

1. Loss of sight on both sides
2. Loss of two hands or two feet, or one hand and one foot.
3. Loss of one eye and one hand, or loss of one eye and one foot.

In addition, the Company will cover a total permanent disability from an injury which occurs after the Policy effective date.

Activities of Daily Living (ADL) means the ability to perform the main daily tasks of 6 types of normal people, which is a medical criterion for evaluating patients who are unable to perform such tasks as follows:

1. The ability to move such as the ability to move from the chair back and forth to the bed by yourself with no help needed from others or use aids.
2. The ability to walk or move such as the ability to walk or move from room to room by yourself with no help needed from others or use aids.
3. The ability to get dress such as the ability to wear or take off clothes by yourself with no help needed from others or use aids.
4. The ability to take a bath such as the ability to take a bath, as well as to enter and exit the bath by yourself with no help needed from others or use aids.

5. The ability to eat such as the ability to eat by yourself with no help needed from others or use aids.
6. The ability for excretion such as the ability to use the bathroom for excretion, as well as to enter and exit the bathroom by yourself with no help needed from others or use aids.

Coverage

If the Insured sustains an injury and it causes loss of life, loss of organs, loss of sight or total 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 total permanent disability that continues for no 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 will ONLY pay compensation for one of the maximum coverages above.

Throughout the insurance period, the Company will pay compensation for the combined amount of the sum insured from the coverage agreement above but not exceeding the amount specified in the Schedule and/or in renewal warranty. If the Company pays compensation not covering the full amount of the sum insured, the Company will continue to provide coverage until the end of the insurance period and only pays for the remaining sum insured.

Additional terms and conditions (Apply ONLY for coverage agreement of Death Benefit, Loss of organs, sight, or Total Permanent Disability (P.A.1))

Claims and evidence submission

Death Benefit:

The Insured, beneficiary, or representative of such person, depending on circumstances, must submit the following documents or evidence at their own expense to the Company within 30 days from the date of the Insured's death.

1. The Company's completed claim form
2. A copy of death certificate
3. A copy of autopsy report certified by the police (the case owner) or the organization that issued the report.
4. A copy of the police journal certified by the police (the case owner)
5. A copy of ID card and the house registration certified death status of the Insured
6. A copy of ID card and house registration of the beneficiary
7. Other documents requested by the Company as necessary (if any)

Loss of organs, sight, or Total Permanent Disability:

The Insured, beneficiary, or representative of such person, depending on circumstances, must submit the following documents or evidence at their own expense to the Company within 30 days from the date the Physician identified the conditions of loss of organs, sight, or total permanent disability of the Insured.

1. The Company's completed claim form
2. Medical reports that identify the conditions of loss of organs, sight, or total permanent disability
3. Other documents requested by the Company as necessary (if any)

Delay in such submission shall not result in rejection of liability by the Company.

Additional exclusions (Apply ONLY for coverage agreement of Death Benefit, Loss of organs, sight, or Total Permanent Disability (P.A.1))

This Policy does not cover the conditions below.

1. **Any losses or damages caused by or due to the following reasons:**
 - 1.1 **The Insured is unconscious due to alcohols, narcotics, or drugs. If there is a blood test, the blood alcohol level is 150 milligrams percent or more.**
 - 1.2 **Suicide, suicide attempt or self-harm.**

- 1.3 Getting germs, parasites, except infections or tetanus or hydrophobia caused by accidental wounds.
 - 1.4 Medical or surgical treatment, unless required due to injury, which is covered under this insurance policy and has been performed within the period specified in the insurance policy.
 - 1.5 Miscarriage.
 - 1.6 Dental treatment or root canal treatment unless the treatment occurs within 7 days of the accident.
 - 1.7 Replacing or inserting dentures, crowns, prosthodontics.
 - 1.8 Food poisoning.
 - 1.9 Back pain caused by Disc herniation, Spondylolisthesis, Degenerative disc disease, Spondylosis and Defect or Pars interarticularis (Spondylolysis), unless there is fracture or dislocation of the spine from accident.
 - 1.10 War or any act of war (whether declared or not), invasion, malicious act of foreign enemy, war-like operations (whether a war is declared or not), civil war (which is a war between citizens of the same country), public defense, rebellion, revolution, labor strike, insurrection, military or usurped acts, martial law declaration or any other acts that could cause or maintain the martial law imposition.
 - 1.11 Terrorism.
 - 1.12 Radiation or radioactive transmission from nuclear fuel or any nuclear waste due to the combustion of nuclear fuel, and by any means of nuclear dissociation, which is self-contacted.
 - 1.13 Radioactive explosions or nuclear components or other hazardous materials that may be explosive in the nuclear process.
2. Any losses or damages incurred at the following times (unless coverage is extended, and the attachment is issued to extend such coverage.)
- 2.1 The Insured's participation or involvement in racing, all kinds of racing, horse racing, ski racing, all kinds of ski racing, including jet skiing, skating, boxing, skydiving (except skydiving to save lives), while boarding or getting down, or traveling in balloons or gliders, bungee jumping, diving that requires an air tank and an underwater ventilator.
 - 2.2 While the Insured is driving or riding on a motorcycle.
 - 2.3 While the Insured is boarding or taking off or is on an unregistered aircraft to carry passengers and is not being carried by a commercial airline.
 - 2.4 While the Insured is driving or performing his or her duties as an aircraft employee.
 - 2.5 While the Insured participates in a fight or provoking a fight.
 - 2.6 While the Insured commits a crime of a serious offense or at the time of arrest or escape the arrest.
 - 2.7 While the Insured performs duties as a soldier, policeman or volunteer, and operates in wars or suppression, if the operation is more than 30 days, the Company will return premiums from the duration of the war or suppression until the end of the operation. After that, the insurance policy will be effective until the end of the insurance period specified in the Schedule and/or in renewal warranty.

The governing language of this document, including any content on any pages, shall be Thai. Should there be any conflict between the Thai version and any translation, the Thai version prevails. The translation into any language is only for convenience and is not in any force or effect.