

SPECIAL TYPE OF HOSPITALIZATION COMPENSATION POLICY (Telesales)
(merely translation version)

By trusting the statement provided by the Insured in the Policy application which is deemed part of this Policy and in return for the premium that the Insured shall pay under the regulations, general terms and conditions, the coverage agreement, exclusions, and attachments of this Policy, the Company has entered into an agreement with the Insured as follows:

Section 1 Definitions

Words and descriptions having the specific meaning provided in any part under this insurance Policy shall all be deemed the same meaning no matter they appear in any part herein unless otherwise specified in this Policy.

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| 1. The Policy | means | The Schedule, general terms and conditions, insuring agreement, general exception, documents attached to the Policy Application Form, Renewal Certificate, Endorsement Certificate and document summarizing the conditions, insuring agreement, Policy exclusions which are considered an integral part of the same Contract of Insurance. |
| 2. Company | means | Krungthai Panich Insurance Public Company Limited. |
| 3. Insured | means | a person whose name is specified as the Insured in the Schedule and/or in the Renewal Certificate which is the person who is covered under this Policy. |
| 4. Dependents | means | the dependents of the Insured, and has been named in the Schedule and Renewal Certificates including: <ul style="list-style-type: none"> 1. Legal spouse or those who live in harmony as husband and wife of the Insured. 2. Legal children of the Insured or of an unmarried spouse and aged from 1 to 20 years of age or not more than 23 years of age provided they are still studying at the university or higher education level. |
| 5. Insured | means | the Insured and/or dependents of the Insured, particularly the person whose name is specified in the Schedule and/or Renewal Certificate. |
| 6. Accident | means | an event that occurs suddenly from external physical factors, and affects the Insured unintentionally or purposely. |
| 7. Injury | means | bodily injury as a direct result of the accident which occurs individually and independently from other causes. |
| 8. Sickness | means | symptoms, abnormalities, sickness, or disease occurring to the Insured. |

- 9. Physician** means a person who has graduated with a Doctor of Medicine degree who has been properly registered by the Medical Council and is licensed to practice medicine in the local area where medical services or surgery are provided.
- 10. Nurse** means a person who is licensed to practice nursing under the law.
- 11. Hospital** means any medical facility which provides medical services and can accept the patient admitted overnight and has a location element with a sufficient number of medical personnel as well as complete service management, especially having operating rooms for major surgery and is permitted to register to operate as a hospital under the medical establishment law of that territory.
- 12. Medical facility** means any medical facility providing medical service which accepts inpatients overnight and is permitted to register as a medical facility under the law of that territory.
- 13. Medical standards** means international standards or guidelines for modern medicine, bringing about a treatment plan that is suitable for the patient according to medical necessity and consistent with conclusions from the history of injury, illness, detection, autopsy results, or otherwise (if any).
- 14. Medical necessity** means various medical services provided under the following conditions:
- 1) shall be consistent with the diagnosis and treatment according to the condition of injury or illness of the service recipient.
 - 2) shall have a clear medical indication in accordance with current medical practice standards.
 - 3) shall not be facilitating the service to the recipient or the recipient's family or to the healthcare service provider solely; and
 - 4) shall provide medical services according to appropriate patient care standard according to the necessity of the condition, injury, or illness of that recipient.
- 15. Inpatient** means a person who is required to be admitted to a hospital or a medical facility for not less than 6 hours consecutively who shall be registered as an inpatient by receiving a diagnosis and advice from a physician according to the indications under a medical standard and at the appropriate time for the healing of injuries or that illness and include the case of being admitted as an inpatient and later pass away for not more than 6 hours.

- 16. Alternative medicine** means diagnosis, medical treatment or disease prevention with Thai traditional medicine methods, Thai traditional medicine, Chinese medicine, or other methods that are not modern medicine.
- 17. Hospitalization** means admitting in a hospital or a medical facility for one time for medical **for one time** treatment as an inpatient including treatment in a hospital or medical facility twice or more with the same cause or disease or complications from the same disease provided that the period of admission in the hospital or medical facility each time is no more than 90 days from the date of discharge from the hospital or medical facility for the last time shall also be deemed the same hospitalization.
- 18. Year of the Policy** means a period of one year from the effective date of the Policy or from the anniversary of the Policy in the following years.
- 19. Terrorism** means any act of force or violence and/or intimidation by any person or group, whether acting alone, act of substitution or in connection with any organization or government which act for political, religious, ideological or similar purposes including any action which results in the government and/or the public or any part of the public to be in a state of panic.
- 20. The number of days** means the number of days that the Policy does not pay benefits from the first **without coverage** day of hospitalization as an inpatient.
- 21. AIDS** means Acquired Immune Deficiency Syndrome caused by infection with the AIDS virus, and shall include opportunistic microbial infections. Malignant Neoplasm or infection or any illness where the blood test results show positive for HIV (Human Immunodeficiency Virus) but not limited to germs that cause pneumonia or Pneumocystis Carinii Pneumonia, bacteria that cause inflammatory bowel disease or Organism or Chronic Enteritis, viruses and/or disseminated Fungi Infection, Malignant Neoplasm includes but is not limited to Kaposi's Sarcoma, Central Nervous System Lymphoma, and/or other serious diseases, known today as Acquired Immune Deficiency Syndrome, which causes sudden death, illness or disability, including the human immunodeficiency virus (HIV), Immunodeficiency Virus, a disease that causes degeneration of brain tissues (Encephalopathy Dementia) and Virus outbreaks.

Section 2 General Terms and Conditions

1. Contract of Insurance

This Contract of Insurance arises from the Company's trust in the statement of the Insured in the insurance application form and additional statements (if any) signed by the Insured as evidence of the insuring agreement under the Contract of Insurance the Company, therefore, has issued this Policy.

In the event that the Insured already knows but gives a false statement in the statement under paragraph one or already knows in that statement of fact but concealed that fact without notifying the Company, in case the Company knows that fact, it may induce the Company to call for higher insurance premiums or refuse to enter into a Contract of Insurance. This Contract of Insurance shall become void under Section 865 of the Civil and Commercial Code. The Company has the right to terminate this Contract of Insurance.

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

2. The integrity of the Contract of Insurance and Amendment of the Contract of Insurance

This Policy includes the insuring agreement and the attached documents forming a Contract of Insurance. Any terms and conditions change herein shall obtain the consent of the Company and be recorded in this Policy or in the attached document to be deemed valid and complete.

3. Incontestability and Incompleteness of Contract of Insurance

The Company shall not contest or object to the incompleteness of this Contract of Insurance when the Policy has been in effect for 2 consecutive years or more from the date the Policy comes into force for the first time except for the non-payment of the premiums.

In the event that the Company has acknowledged information that may lead to the termination of the Contract of Insurance but did not exercise the right to within 1 month from the date of such acknowledgement, in this case, the Company is unable to nullify the validity of the Contract of Insurance.

4. Accident Notification

The Insured, the beneficiary, or representatives of such persons, as the case may be, shall notify the Company of any injury or illness without delay. In the event of death, the Company shall be notified immediately unless it can be proven that there is a justifiable reason for being unable to notify such incident mentioned above, but has been notified as soon as possible.

5. Declaration of age and gender discrepancies

In the event that there is a declaration of age or gender of the Insured deviating from the fact, causing

5.1 The Company receives premiums less than the rate stipulated. The Sum Insured that the Insured shall receive under this Policy is equal to the amount of the premium payable to purchase the coverage under this Policy according to the Insured's real age and gender. In the event that the Insured's age and

gender are real and true and may not be covered under this Policy anymore, the Company shall not pay any compensation but shall return the premium of this Policy that has already been paid instead.

5.2 The Company receives premiums in excess of the rate specified. The Company shall refund the premiums in excess to the Insured. However, the Company shall not apply this condition for a retrospective premiums adjustment for the insurance period on the Policy in the past.

6. Premium Adjustment

The Company shall adjust the premium in the premium payment cycle according to the changing age of the Insured. at the rate approved by the registrar and shall inform the Insured in advance in writing.

7. Payment of insurance premiums

7.1 Annual premium payment

Annual premium payment shall be due immediately or before the coverage is initiated by the Insured. The coverage shall begin to take effect on the date specified in the Schedule and/or the Renewal Certificate.

7.2 Payment of insurance premiums on **1** month specified in the Schedule and/or the Renewal Certificate.

7.2.1 The premium payment of the first installment shall be due immediately, or before the coverage is initiated by the Insured the coverage shall begin to take effect on the date specified in the Schedule. and/or the renewal certificate.

7.2.2 The premium payment for the next installment shall be made by the Insured within 30 days from the due date of the premium payment. In case the premium is paid, it is deemed that the coverage under this Policy is a continuation of coverage from the previous period, and the Company shall not take into account the exercising of the right of incontestability and the invalidity of the Contract of Insurance to start over again.

In the event that the Company is still unable to collect such premiums, It shall be deemed that the coverage under this Policy expires on the last day that the paid premiums can be used to purchase the coverage.

7.2.3 In the event of a claim for any amount of compensation during the grace period and the Company has not received the premium payment, the Company shall deduct the premiums equal to the premiums that have not been received for the payment of the premium out of the compensation amount that shall be paid under this Policy and the remaining compensation amount shall be payable to the Insured or beneficiary.

8. Termination of the Policy

8.1 In the case of annual premium payment

8.1.1 The Company may terminate this Policy by sending a written notice not less than 30 days in advance by registered mail to the Insured at the last address notified to the Company. In this case,

the Company shall refund the premium to the Insured by deducting premiums of the period that this policy has been in force proportionately.

8.1.2 The Insured is able to terminate this Policy by notifying the Company in writing and has the right to receive the premium back after deducting premiums for the period that this Policy has been in force, according to the short-term premium rates as specified in the table below:

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

Termination of the Policy under this condition whether it is done by any party shall be a termination of the entire policy only. Neither any of the insuring agreements can be terminated.

8.2 In the event that the premium payment under the general conditions and clause 7.2

8.2.1 The Company may terminate this Policy by sending a written notice not less than 30 days in advance by registered mail to the Insured at the last address notified to the Company. In this case, the Company shall refund the premium to the Insured by deducting the premiums for the period that this Policy has been in force proportionately. However, for the case of 1-month premium payment, the policy shall expire on the last day of which the payable premium can purchase the coverage in which the Company does not have to refund the premium to the Insured.

8.2.2 The Insured can terminate this Policy. by notifying the Company in writing and has the right to get the premium refunded after deducting premiums for the period of this Policy that has come into force proportionately. However, in the case of 1-month premium payment, the Policy shall automatically expire on the last day of which the payable premium can purchase the coverage. The Company shall not refund the insurance premium to the Insured.

9. Automatic termination of the insurance contract.

9.1 The coverage of the Insured under this Policy shall end when any of the following events occur, whichever events shall occur first.

9.1.1 On the date the Policy expires as specified in the Schedule (in case of no renewal of the Policy).

9.1.2 In the insuring year in which the Insured has reached the age of **60** years old.

9.1.3 When the Insured dies from other causes which are not covered under this Policy.

9.1.4 When the Insured is incarcerated in a prison or correctional institution.

9.1.5 When the Insured fails to pay the premiums according to the general conditions and terms, Clause 7 Re: Premium payment

In the case of monthly premium payment, the expiration of coverage pursuant to clause 9.1.3 or clause 9.1.4 shall be deemed to expire on the anniversary of the payment of monthly premiums, the Company shall not refund the premiums. However, in case it is a premium payment for 2 months, 3 months, 6 months, and yearly basis, the Company shall refund the premium to the Insured, and/or beneficiaries, as the case may be, by deducting premiums for the period that this Policy has been in force proportionately.

9.2 The coverage of each dependent under this Policy shall end when there is at any of the following events occur, whichever event shall occur first.

9.2.1 When a dependent has ceased to be a dependent under the designated definition.

9.2.2 When a dependent dies from other causes which are not covered under this Policy

9.2.3 When a dependent is incarcerated in a prison or penitentiary.

9.2.4 When the Insured's coverage ends under the conditions of Clause 9.1

In the case of monthly premium payment, the coverage shall end under clause 9.2.1 to clause 9.2.4 and shall be deemed to expire on the due date of payment of monthly premiums. The Company shall not refund the premiums. However, in case it is the premium payment for 2 months, 3 months, 6 months, and yearly basis, the Company shall refund the premium to the Insured, and/or beneficiaries, as the case may be, by deducting the premiums for the period which this Policy has been in force proportionately.

9.3 For the coverage under this Policy, each coverage shall end when the Company has paid the compensation completely according to the maximum Sum Insured as stated in the Schedule and/or the Renewal Certificate of such renewal. The Company shall continue to provide the coverage until the end of the insuring period only for the Sum Insured for the remaining other coverages.

9.4 This Policy and all other policies under this Policy shall expire at 24.00 hrs. Thailand time on the expiration date of the Policy.

10. Policy Renewal

This Policy may be renewed subject to the Company's consideration as follows:

10.1 In the event that the Company agrees to renew the Policy, the Company shall retain the right to

10.1.1 adjust the premium rates to suit the risk level and the increasing age of the Insured; and

10.1.2 change the insurance terms and conditions of the insuring agreement of the Policy in the renewal year, as it is deemed necessary. The Company shall notify the Insured of any material changes under this Policy.

10.2 In case of any renewal of the Policy and the Insured pays the premium within the grace period of 30 days, the Company shall not apply the conditions on the incontestability or objection against the invalidity of the Contract of Insurance to start over again. In the event that the Insured does not pay the premium within the grace period, it shall be deemed that the coverage under this Policy expires on the last date the coverage is due. In the event that there is a claim for compensation within the grace period and the Insured has not paid the premium, the Company shall deduct the unpaid premiums from the compensation that the Company shall pay under the Policy.

10.3 The Company shall refuse to renew the Policy by notifying the Insured in writing at least 30 days prior to the expiration date of the policy as stated in the Schedule.

11. Claims and submission of evidence of damage

In the event of claiming compensation, the Insured, the beneficiary, or the representatives of such persons, as the case may be, shall submit evidence as requested by the Company as necessary to the Company at their own expense.

In the event of claiming compensation due to death or disability, the above-mentioned evidence shall be submitted within 30 days from the date of death, or from the date the physician confirms that he/she is disabled.

In the case of claiming other compensation, all the relevant evidence shall be submitted within 180 days from the date of the accident. However, any claim that is not made within such a time limit shall not result in the loss of the right to claim as long as there is a justifiable reason that causes the claim to fail to do so within the specified period and has been made as quickly as possible.

12. Medical examination

The Company has the right to check the medical treatment record and the diagnosis of the Insured, as necessary, for this insurance, and has the right to perform an autopsy in case it is necessary and shall not be against the law at the expense of the Company.

In the event that the Insured refuses to allow the Company to examine the medical treatment record and the diagnosis of the Insured to support the consideration of the compensation payment, the Company may deny the coverage under this Policy to the Insured.

13. Compensation payments

The Company shall pay the compensation within 15 days from the date the Company receives relevant evidence showing the loss or damage completely and correctly. The Company shall compensate for the death of the beneficiaries while other compensation shall be paid to the Insured.

In the event that there is a reasonable suspicion that the claim the Company shall compensate under the above-mentioned Policy is not in compliance with the insuring agreement in the Policy, the period specified may be extended, as necessary. However, this shall not exceed 90 days from the date the Company has received the relevant documents completely and correctly.

In case the Company fails to settle the compensation payment within the period mentioned above, the Company shall be liable to pay interest at the rate of 15 percent per annum of the amount to be paid, which shall be in effect from the due date of payment.

14. Beneficiaries under the Policy

The Insured can specify the beneficiary. When the Insured dies, the Company shall pay any compensation under the terms of the Policy to the beneficiary specified in the Policy. However, in case the beneficiary is not specified, the Company shall pay compensation to the Insured's inheritance.

In the event that the Insured specifies one beneficiary and the beneficiary has died before the Insured or together with the Insured, the Insured shall notify the Company in writing of the replacement of the beneficiary. In case the Insured fails to notify or is unable to notify the Company of the aforementioned change; when the Insured dies, The Company shall pay compensation to the Insured's inheritance.

In the event that the Insured's name more than one beneficiary and any beneficiary dies before the Insured or at the same time with the Insured, the Insured person must notify the Company in writing of the replacement of the beneficiary or notify the change in receiving benefits of the remaining beneficiaries. In the event that the Insured does not notify or is unable to notify the Company of the replacement of the beneficiaries mentioned above. When the Insured dies, the Company shall pay the deceased beneficiary's compensation equal to the remaining beneficiaries.

15. Pre-Existing Condition

The Company shall not pay benefits under this Policy for any benefit claim caused by a chronic disease, illness, or injury which occurs to the Insured during the period of 5 years and has not received a medical examination before the Policy date becomes in effect for the first time or is significant enough to cause the general public to seek diagnosis, care or treatment, or to cause a physician to diagnose, take care or treat.

16. Waiting Period

16.1 The Company shall not pay benefits under this Policy for any illness incurred during the 30-day waiting period after the Policy becomes in effect for the first time as specified in the Schedule and/or Renewable Certificate; and

16.2 The Company shall not pay benefits under this Policy for the following illnesses occurring in the 120-day waiting period after the Policy becomes in effect for the first time.

- (1) Tumors, cysts, or all types of cancer
- (2) Hemorrhoids
- (3) All kinds of hernias
- (4) Pterygium or cataract
- (5) Tonsillectomy or adenoids
- (6) All kinds of gallstones
- (7) Varicose veins in the leg
- (8) Endometrial hyperplasia

17. Dispute Resolution by Arbitration

In the event of any dispute, conflict, or claim under this Policy between the person who has the right to claim under the Policy against the Company, and in case the claimant wishes and has the opinion that the dispute should be settled by arbitration, the Company agrees and shall make a ruling by the arbitrator under the regulations of the Office of Insurance Commission (OIC) regarding the arbitration.

18. Fraudulent Compensation Claims

The Company shall not be liable for any claim for compensation arising out of fraud, and the Company has the right to terminate this Policy immediately. In case the claim for compensation under this Policy is a fraud by any means or by a person who is the Insured or any person acting on behalf of the Insured exploit any fraudulent methods or tools to obtain benefits under this Policy.

19. Prerequisites

The Company shall be liable to pay compensation under this Policy when the Insured, beneficiary, or representatives of the said persons, as the case may be, has fully complied with the terms and conditions under the Contract of the Insurance and the conditions under the Policy.

20. Currency

The premium and various benefits payable under this Policy shall be made in Thai currency.

21. Governing Law

This Policy is subject to regulations and legal interpretation of Thailand

22. Free Look Period

In the event that the Insured wishes to terminate this Policy for any reason, the Insured is able to return the policy to the Company within **30** days from the date of receiving the Policy from the Company. In such a case, it shall be deemed that this Policy is ineffective from the start date of the insurance period as specified in the Schedule. The Company shall not be liable for any loss or damage incurred under this Policy and the Company shall return the premium in full according to the methods mutually agreed upon with the Insured.

Section 3 Protection Agreement

While this Policy is in effect under the regulations, general terms and conditions, the insuring agreement, exclusions and attachments of this Policy, and in return for the premium that the Insured shall pay, in the event that the Insured suffers loss or damage from an accident, the Company shall afford the coverage specifically stated in the insuring agreement attached herein, and according to the sum insured specified in the Schedule and/or the Renewal Certificate only.

Insuring Agreement

Compensation during hospitalization due to injury or illness

Coverage

While this Policy is in effect, the Company shall pay compensation, and benefits to the Insured for the coverage category with the sum insured as specified in the Policy schedule and/or the Renewal Certificate. However, when summing up the compensation payment period for all categories of the coverage, the Company shall compensate the total amount of not more than **365** days per any admission for medical treatment, and the Insured shall not be able to claim the compensation/benefits for the hospitalization or admits to the medical facilities for any day at the same time for more than one category of the coverage.

1. Category of admission as an inpatient in hospitals in Thailand

It is agreed that in case the Insured suffers an injury or illness and is diagnosed by a physician to admit to the hospital or in a medical facility located in Thailand as an inpatient to receive medical treatment according to medical necessity and medical standards.

The Company shall pay the compensation/benefits on a daily basis according to the number of days the hospital or medical facility charges for the room rate after the number of insuring days is overdue (if any) with the compensation/benefits per day and the period of compensation for the hospitalization in the normal inpatient room or in the intensive care unit (ICU/CCU) in each case as specified in the Schedule and/or the renewal certificate.

The Insured shall not claim compensation for normal inpatient room expenses or the intensive care unit (ICU/CCU) on any day at the same time and any other coverage the Insured receives from the government's welfare or other government bodies including other insurers which shall not cause loss of rights to receive benefits of this Policy.

2. Category of admission as an inpatient in hospitals in foreign countries

It is agreed that in case the Insured suffers an injury or illness and has been diagnosed by a physician

to admit to a hospital or medical facility located in a foreign country as an inpatient to receive medical treatment according to medical requirements and medical standards.

The Company shall pay the compensation/benefits on a daily basis according to the number of days the hospital or medical facility charges for the room rate after the number of insuring days is overdue (if any) with a daily compensation/benefits and the period of compensation for hospitalization in the normal inpatient room or in the intensive care unit (ICU/CCU) in each case as specified in the Schedule and/or the Renewal Certificate.

The Insured shall not claim compensation for normal inpatient room expenses or the intensive care unit (ICU/CCU) on any day at the same time and any other coverage the Insured receives from the

government's welfare or other government bodies including other insurers which shall not cause loss of rights to receive benefits of this Policy.

In the case of inpatient treatment that does not require hospitalization (Day Case)

This insurance affords the coverage including daily compensation. In the event that the Insured is injured or sick by which the examination is carried out surgery or procedures according to the medical necessity and shall be examined as an inpatient. However, due to the evolution of medicine, medical examinations do not require to admit to a hospital, the Company then shall pay daily compensation for 1 day for medical examinations incurred from surgical or procedural examinations mentioned below in which the Insured shall be considered as an inpatient who is admitted as an inpatient under the coverage of daily compensation in the insuring agreement.

- (1) Dissolution of gallstones (ESWL: Extracorporeal Shock Wave Lithotripsy)
- (2) Coronary Angiogram / Cardiac Catheterization
- (3) Extra Capsular Cataract Extraction with Intra Ocular Lens
- (4) Laparoscopic surgery (Laparoscopic) of all kinds
- (5) All types of endoscope examinations
- (6) Surgery or Sinus Operations
- (7) Excision Breast Mass
- (8) Bone biopsy
- (9) Amputation of fingers or toes
- (10) Liver Puncture / Liver Aspiration
- (11) Bone Marrow Aspiration
- (12) Lumbar Puncture
- (13) Pleural puncture (Thoracentesis / Pleuracentesis / Thoracic Aspiration / Thoracic Paracentesis)
- (14) Abdominal Paracentesis / Abdominal Tapping
- (15) Curettage (Curettage, Dilatation & Curettage, Fractional Curettage)
- (16) Cervical biopsy (Colposcope, Loop diathermy)
- (17) Treatment of Bartholin's Cyst (Marsupialization of Bartholin's Cyst).
- (18) Gamma knife treatment

(The Company can specify such treatments additionally as appropriate for treatment under new technologies)

In cases where two or more medical examinations are required (whether inpatient or outpatient) with the same cause or disease by which the time interval between each time shall not be more than **90** days shall also be considered the same treatment.

Additional terms and conditions (applicable only to the insuring agreement of compensation during hospitalization due to injury or illness only)

Claims and Submission of damage evidence

The Insured, beneficiary or representative of the said persons, as the case may be, shall submit the following evidence to the Company within 30 days from the date of discharge from the hospital or a medical facility at their own expense.

1. Compensation Claim Form set by the Company
2. A medical report indicating important symptoms, diagnostic results, and medical treatment
3. Copy of receipt showing expenses and room charges
4. Copy of medical examination record
5. Documents or evidence as required by the Company as necessary (if any)

Failure to submit evidence within the said period shall not cause the Company to deny its liability.

Additional exceptions (applicable only to the insuring agreement for compensation during hospitalization due to injury or illness only)

This insurance does not cover damage caused by personal injury or illness (including complications), symptoms or disorders caused by

1. **Pre-existing Condition**
2. **Screening and treatment for congenital or developmental problems or genetic disease**
3. **Examination or surgery for cosmetic purposes or to solve skin problems, acne, blemishes, freckles, dandruff, hair loss or weight control, or elective surgery except for wound dressing caused by accident coverage.**
4. **Pregnancy, miscarriage, abortion, childbirth, pregnancy complications, resolving infertility problems (including investigations and treatment), sterilization, or contraception.**
5. **AIDS or venereal or sexually transmitted diseases.**
6. **Examination, treatment or prevention, the use of drugs or substances to slow down the aging process or hormone replacement therapy in perimenopause or menopause, sexual dysfunction in women or men, treatment of sexual dysfunction, and gender change.**
7. **General health check-up, request for hospitalization or a medical facility or requesting surgery, convalescence, or rehabilitation. or treatment by means of resting analysis to find any causes that are not directly related to hospitalization or medical facility or clinics, diagnosis of injuries or illnesses. Treatment or diagnosis for the cause which is not a medical necessity or is not a medical standard.**
8. **Eye examination, LASIK, cost of equipment to assist in vision or vision disorders treatment.**
9. **Treatment or surgery on teeth or gums, dentures, crowns, root canal treatments, fillings, orthodontics, scaling, tooth extraction, and dental implants except in the case of necessity due to**

accidental injury. However, this does not include dentures, crowns and root canal treatments or implants.

10. Treatment or treatment of addiction to narcotics, tobacco, alcohol, or psychotropic substances.

11. Examination and treatment of symptoms or diseases related to mental, psychiatric, or behavioral conditions or personality disorders including attention deficit hyperactivity, autism, stress, eating disorders, or anxiety.

12. Treatment which is still in the process of trial, examination or treatment of the disease or sleep apnea, examination or treatment of sleep disorders, snoring.

13. Vaccination or vaccination against disease except for vaccination against rabies after being attacked by an animal and tetanus vaccine after being injured.

14. Non-Current Treatment including alternative medicine.

15. Suicide, suicide attempt, self-harm, or attempting to injure one's own body, whether it is done by oneself or allow others to act whether they are in the middle of an unsound mind or not. This also includes accidents caused by the Insured's eating, drinking or injecting drugs or toxic substances into the body. Using more drugs than the doctor prescribes.

16. Injuries arising from the acts of the Insured while under the influence of alcohol, narcotics, or narcotics until being unable to maintain consciousness. The term "while under the influence of alcohol" means that in the event that the blood test is requested, the blood shall have an alcohol level of 150 milligrams percent and up.

17. Injuries incurred while the Insured joins a quarrel or contributes to the provocation of quarrels.

18. Injuries incurred while the Insured commits a serious crime or while being arrested or escaping the arrest.

19. Injuries incurred while the Insured is racing or boating, horse racing, ski racing of any kind, including jet skis, skating, boxing, and parachuting (except parachuting for life-saving) while going up or going down or riding in a balloon or glider, bungee jumping, diving that requires an air tank and underwater breathing apparatus.

20. Injuries occurred while the Insured is taking off or landing, or while boarding an unregistered aircraft carrying passengers and not operated by commercial airlines.

21. Injuries occurred while the Insured is driving or performing duties as a permanent employee on any aircraft.

22. Injuries occurred while the Insured serves as a soldier, police officer, or volunteer and engage in war operations or suppression.

23. Admit as an inpatient to a hospital or a medical facility caused by a dishonest act or with fraudulent intent or collusion between the Insured, his representative, or any person acting on behalf of the Insured for the benefit of this insurance fraudulently.

24. War, invasion, malicious acts of foreign enemies or acts of hostility like war whether war has been declared or not, or civil war which means war between people living in the same country, uprising, rebellion, riot, strike, people's disturbances to the point of the uprising against the government, revolutions, coups, declarations of martial law or any event which will cause the announcement or maintain martial law.

25. Terrorism

26. Radiation or radioactive emission from nuclear fuel or from any nuclear waste resulting from the combustion of nuclear fuel and from any method of nuclear fission which proceeded by itself.

27. Radioactive explosion or nuclear components or any other hazardous material that may explode in nuclear processes.