



Cancer Insurance Policy

(Sell through electronic channel (Online))

Based on the statements in the insurance application that form part of this policy, and considering the premium to be paid by the Insured person and subject to the rules, general terms and conditions, exclusions, insuring agreements, and attachments of this policy, the Company agrees with the Insured as follows:

Section 1 Definitions

Unless specified otherwise in this policy, words or expressions to which specific meanings have been described in any part of this policy shall have such specific meanings whenever they appear in this policy.

- | | | | |
|----|---------------------|-------|---|
| 1. | Policy | means | Policy schedule, General terms and conditions, Insuring agreement, General exclusion, Documents attached to the insurance policy insurance, Application form, Endorsement, Certificate, Document summarizing the conditions, coverage, exclusions under this insurance policy which is considered part of the insurance contract. |
| 2. | Company | means | Roojai Insurance Public Company Limited |
| 3. | Policyholder | means | The person or organization named as the policyholder in the policy schedule and/or certificate of insurance, who arranges the insurance for the benefit of the insured. |
| 4. | 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. The Physician shall not be the Insured, the spouse of the Insured or a family member of the Insured. |
| 5. | Nurse | means | A person who has been licensed to practice nursing by law. |



- | | | | |
|-----|-------------------------------|-------|---|
| 6. | Hospital | means | Any medical facility that provides medical services, can accommodate overnight patients, has an adequate number of medical personnel and facilities and a complete range of services, particularly a major operating room, and is registered as a hospital in accordance with the laws on medical facilities in that locality. |
| 7. | Medial Facility | means | Any medical facility that provides medical services, can accommodate overnight patients, and is permitted to be registered as a medical facility in accordance with the laws in that locality. |
| 8. | Clinic | means | A modern medical facility that is permitted by laws to provide medical services and diagnoses by a physician but cannot admit patients for an overnight stay. |
| 9. | Medical Standard | means | International rules or practices of modern medical providers which give rise to suitable treatment plans that are based on medical necessity and correspond with the conclusions drawn from the injury or sickness record, medical findings, diagnosis results and other information (if any). |
| 10. | Waiting Period | means | The period during which the Insured is not covered under this insurance policy |
| 11. | Pre-existing Condition | means | <p>Any of the following conditions:</p> <ol style="list-style-type: none"> 1. Any type of cancer that was diagnosed prior to the effective date of the first policy year. 2. Any signs, symptoms, or bodily abnormalities that were either self-recognized by the Insured, led to medical consultation or treatment, or were directly or indirectly related to any type of cancer, and which occurred prior to the effective date of the first policy year. <p>Such conditions must be of sufficient significance that a reasonable person to seek medical advice, diagnosis, care, or treatment.</p> |



- | | | | |
|-----|--------------------|-------|--|
| 12. | Policy Year | means | A period of one year commencing on the effective date of the policy or commencing on the anniversary of the policy in subsequent years. |
| 13. | Diagnosis | means | Diagnosis confirmed by a licensed physician and/or pathologist, based on the patient's medical history, physical examination, X-ray imaging, and other diagnostic procedures, which may include microscopic or histopathological examination of tissue, with the date of diagnosis clearly specified. |
| 14. | AIDS | means | <p>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 the blood test result reveals as the positive of HIV.</p> <p>Opportunistic microorganism infection shall include, but is not limited to Pneumocystis or Chronic Enteritis, Virus, and/ or Disseminated Fungi Infection.</p> <p>Malignant Neoplasm shall include, but is not limited to Kaposi's Sarcoma, Central Nervous System Lymphoma and/ or any critical illness which is known as Acquired Immune Deficiency Syndrome, or causes to sudden death, sickness, or disability.</p> <p>Acquired Immune Deficiency Syndrome (AIDS) shall include Human Immunodeficiency Virus (HIV), Encephalopathy Dementia and dispersion of Virus.</p> |



Section 2. General Terms and Conditions

1. Insurance Contact

This Insurance Contract is executed based on the reliance on the statement declared by policyholder and/or the Insured in the Application Form and additional declaration (if any) duly signed by policyholder and/or the Insured as evidence to accept such insurance according to the Insurance Contract; this Policy is thus issued by the Company as evidence.

In case of policyholder and/or the Insured has already known but provided false statement in the declaration or already known 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 execute insurance contract. In this regard, this insurance contract shall become void pursuant to Section 865 of Civil and Commercial Code, and the Company is entitled to terminate this insurance contract.

The Company shall not deny its liability based on any declaration other than the declarations made in the documents in accordance with paragraph one.

2. Validity of the Insurance Contract and Change of Wording in the Insurance Contract

This insurance Policy, together with the insuring agreements and attachments, forms part of the insurance contract. Any change of wording in the insurance contract must be approved by the Company and recorded in the Policy or attachments before such change becomes valid.

3. Incontestability of the Insurance Contract

The Company shall not dispute or contest the validity or completeness of this insurance contract once the policy has been continuously in force for two (2) years from the initial effective date, except in cases of non-payment of premiums.

If the Company becomes aware of any information that could void the insurance contract but does not exercise its right to void the contract within one (1) month from the date such information is known, the Company shall no longer have the right to contest the validity of the insurance contract in such case.



4. Incontestability of the Insurance Contract

The Company shall not dispute or contest the validity or completeness of this insurance contract once the policy has been continuously in force for two (2) years from the initial effective date, except in cases of non-payment of premiums.

If the Company becomes aware of any information that could void the insurance contract but does not exercise its right to void the contract within one (1) month from the date such information is known, the Company shall no longer have the right to contest the validity of the insurance contract in such case.

5. Premium Payment and Commencement of Coverage

5.1 Annual Premium Payment

The annual premium must be paid immediately or before the coverage begins by the Insured. Coverage will become effective on the date specified in the insurance policy schedule.

5.2 Monthly Premium Payment (as specified in the policy schedule)

5.2.1 The first installment of the premium must be paid immediately or before the coverage begins by the Insured. Coverage will become effective on the date specified in the insurance policy schedule.

5.2.2 For subsequent installments, the Insured must pay the premium within **30** days from the due date of the installment. If the premium is paid, the coverage under this insurance policy shall be considered continuously from the previous period, and 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 Company is unable to collect the premium, coverage under this policy will be deemed terminated on the last day that the previously paid premium provided coverage.

5.2.3 In the event of a claim during the grace period, and the Company has not yet received the premium payment, the Company will deduct the unpaid premium for that installment from the compensation payable under this policy and pay the remaining amount to the Insured or the beneficiary.



6. Policy Cancellation

6.1 In Case of Annual Premium Payment

6.1.1 The Company has the right to cancel this insurance policy by sending a written notice at least 30 days in advance via registered mail to the Insured at the last known address provided to the Company, or through other methods agreed upon by the Insured. If there is clear evidence that the Insured has acted fraudulently to gain benefits from this insurance, the Company shall not be liable for any claims arising from such actions.

In such cases, the Company will refund the premium to the Insured after deducting the portion of the premium corresponding to the period during which the policy was in effect.

6.1.2 The Insured may cancel this insurance policy by notifying the Company in writing. The Insured is entitled to a refund of the premium after deducting the portion corresponding to the period during which the policy was in effect, based on the short-term premium rate table specified 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



Cancellation of the insurance policy under this clause, whether initiated by either party, must apply to the entire policy. Partial cancellation of any individual coverage agreement is not permitted.

6.2 In Case of Premium Payment According to General Conditions and Clause 5.2

6.2.1 The Company has the right to cancel this insurance policy by sending written notice at least 30 days in advance via registered mail to the Insured at the last known address provided to the Company, or through other methods agreed upon by the Insured. If there is clear evidence that the Insured has acted fraudulently to gain benefits from this insurance, the Company shall not be liable for any claims arising from such actions.

In such cases, the Company will refund the premium to the Insured after deducting the portion corresponding to the period during which the policy was in effect. However, in the case of monthly premium payments, the policy will terminate on the last day that the paid premium provides coverage, and the Company will not refund any premium to the Insured.

6.2.2 The Insured may cancel this insurance policy by notifying the Company in writing. The Insured is entitled to a refund of the premium after deducting the portion corresponding to the period during which the policy was in effect. However, in the case of monthly premium payments, the policy will automatically terminate on the last day that the paid premium provides coverage, and the Company will not refund any premium to the Insured.

7. Automatic Termination of the Insurance Contract

Coverage under this insurance policy shall automatically terminate upon the occurrence of any of the following events, whichever comes first:

- 7.1 On the date the insurance policy expires as specified in the policy schedule and/or the renewal certificate.
- 7.2 In the policy year when the Insured reaches the age of...**65**...years.
- 7.3 When the Insured fails to pay the premium in accordance with the general conditions and Clause 5.
- 7.4 Upon the death of the Insured from a cause not covered by the policy.
- 7.5 When the Insured is imprisoned in a jail or correctional facility.

For termination under Clause 7.4 or 7.5, the Company will refund the premium to the Insured or the beneficiary after deducting the portion corresponding to the period during which the policy was in effect. However, in the case of monthly premium payments, termination under Clause 7.4 or 7.5 shall be deemed to occur on the monthly premium due date, and no premium refund will be provided by the Company.



7.6 The Company will return all premiums already charged to the Insured in the case when happen the appearance or awareness of the symptoms of Cancer in any type at first within the period of no coverage (Waiting Period) **90** days from the date of this insurance policy first effective.

7.7 Coverage under each benefit of this policy shall terminate once the Company has paid compensation up to the maximum insured amount specified in the policy schedule for that particular benefit. The Company will continue to provide coverage for the remaining benefits until the end of the insurance period.

7.8 This insurance policy and all coverages under it shall terminate at 24:00 (midnight) Thailand time on the policy expiration date.

8. Renewal of the Insurance Policy

This insurance policy may be renewed, subject to the Company's discretion, as follows:

8.1 If the Company agrees to renew the policy, it reserves the right to:

8.1.1 Adjust the premium rate to reflect the Insured's increased age and risk level **(For the Insured who select the 5-year guaranteed option, the premium shall remain fixed at the rate applicable in the first policy year. The premium will be adjusted every five (5) years upon policy renewal to reflect the Insured's increasing age.)** and

8.1.2 Modify the insurance terms and coverage conditions as necessary. The Company must notify the Insured of any material changes to the policy terms.

8.2 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 coverage under this insurance policy shall be terminated from the date of the last premium payment due. In case of compensation within the grace period and the Insured has not paid the premium, the Company shall deduct the pending premium from the compensation that the Company will pay as specified in the Schedule.

8.3 The Company may decline to renew the policy by providing written notice to the Insured at least 30 days prior to the expiration date specified in the policy schedule.



9. Automatic Renewal

Subject to the general terms and conditions of this insurance policy, payment of the premium when due shall constitute automatic renewal of this insurance policy. No renewal document will be issued, and the original insurance policy shall serve as valid evidence of continued coverage, unless a request for change has been made.

10. Medical Examination

The Company has the right to require a medical examination and diagnosis records of the Insured as deemed necessary for claim consideration and entitled to perform autopsy, if necessary, by the expenses of the Company, and such autopsy is necessary and within the limit of law.

In case the Insured, beneficiary or their representative, as the case maybe, does not allow the Company to review a medical examination and diagnosis records for process of claim consideration, the Company has the right to decline the claim for compensation from the Insured.

11. Diagnosis

Cancer must be diagnosed by a licensed physician and/or pathologist authorized to practice medicine in a hospital or medical facility located within the territory of Thailand. The diagnosis must primarily be based on microscopic examination of tissue samples taken while the patient is alive. The diagnosing physician and/or pathologist must follow diagnostic principles in accordance with the definition of cancer, after examining and studying the histopathological structure of the tumor, tissue, or suspicious samples. In cases where the physician determines that a tissue biopsy cannot be performed due to potential life-threatening complications for the Insured, or where another medically appropriate diagnostic method is available, such alternative methods may be used.

The Company reserves the right to verify pathological evidence through a physician appointed by the Company, at the Company's own expense. Diagnosis based solely on symptoms or general physical examination shall not be considered a valid cancer diagnosis under the terms of this insurance contract. All diagnostic and treatment procedures for cancer that are eligible for claim under this insurance policy must be conducted within hospitals or medical facilities located in Thailand.



12. Misstatement of Age or Gender

If the Insured's age or gender is misstated from the actual facts:

12.1 **If the Company receives a lower premium than required**, the Insured amount payable under this policy will be adjusted to reflect the amount of coverage that the paid premium could have purchased based on the correct age and gender. If the correct age or gender disqualifies the Insured from coverage under this policy, the Company will not pay any compensation but will refund the premium already paid.

12.2 **If the Company receives a premium higher than the required rate**, the excess premium will be refunded to the Insured. However, the Company will not apply this clause retroactively to adjust premiums for any previous policy year.

13. Beneficiary under the Insurance Policy

The Insured may designate a beneficiary. In the event of the Insured's death, the Company will pay any compensation under the terms of this insurance policy to the designated beneficiary. If no beneficiary is named, the Company will pay the compensation to the Insured's estate or legal heirs.

If the Insured designates only one beneficiary and that beneficiary dies before or at the same time as the Insured, the Insured must notify the Company in writing to change the beneficiary. If the Insured does not or cannot notify the Company of such a change, the Company will pay the compensation to the Insured's estate or legal heirs upon the Insured's death.

If the Insured designates more than one beneficiary and any of them dies before or at the same time as the Insured, the Insured must notify the Company in writing to change that beneficiary or to adjust the distribution among the remaining beneficiaries. If the Insured does not or cannot notify the Company of such a change, the Company will distribute the deceased beneficiary's share equally among the remaining beneficiaries upon the Insured's death.

14. Claim Payment

The Company will pay compensation within 15 days from the date it receives complete and accurate evidence of the loss or damage. In the case of death, the compensation will be paid to the beneficiary. Other types of compensation will be paid to the Insured.



If there is reasonable doubt that the claim does not comply with the coverage terms of the policy, the specified payment period may be extended as necessary, but not exceeding 90 days from the date the Company receives all required documents.

If the Company fails to complete the payment within the specified period, it shall be liable to pay interest at a rate of 15% per annum on the amount due, starting from the due date of the payment.

15. Notification and Claim Submission

The Insured, the beneficiary, or their representative, as the case may be, must notify the Company of any illness without delay. In the event of death, the Company must be notified immediately, unless it can be proven that there was a reasonable cause preventing such notification. In such case, notification must be made as soon as reasonably possible.

16. Submission of Supporting Documents for Claims

In the event of a claim under this insurance policy, the Insured, the beneficiary, or their representative, as the case may be, shall submit the required supporting documents to the Company as deemed necessary, at their own expense.

The required documents include:

- a. The claim form prescribed by the Company
- b. A medical report specifying the key symptoms, diagnosis, and treatment of cancer
- c. Laboratory results of tissue examination
- d. A copy of the Insured's national identification card
- e. In cases where the Company requests additional documents beyond those listed above, the Company must issue a written notice to the claimant specifying all additional documents required, along with the reasons and necessity for such request.

Failure to submit the required documents within the specified period shall not result in the forfeiture of the right to claim, if it can be demonstrated there was a reasonable cause for the delay, and the documents were submitted as soon as reasonably possible.



17. Pre-existing Condition

The Company shall not pay any benefits under this insurance policy for cancer (including symptoms or physical abnormalities that were self-recognized by the Insured, led to medical treatment, or were related to or resulted from cancer, including complications arising from cancer) that had not been cured prior to the first effective date of this insurance policy, unless:

17.1 The Insured has disclosed such condition to the Company, and the Company has accepted the risk without applying any exclusion to such coverage; or

17.2 The cancer (including symptoms or abnormalities related to or resulting from cancer, including complications) did not manifest, was not diagnosed or treated by a physician, and the Insured did not consult or visit a physician regarding such condition during the five (5) years prior to the first effective date of this insurance policy and during the three (3) years following the first effective date of this insurance policy..

18. Waiting Period

The Company shall not pay any benefits under this insurance policy for symptoms or physical abnormalities that were self-recognized by the Insured, led to medical treatment, or were related to or resulted from cancer or complications arising from cancer, if such symptoms occur within ninety (90) days from the first effective date of this insurance policy as specified in the policy schedule.

19. Arbitration

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

20. Precedent Conditions

The Company shall not be liable to compensate the Insured or other party under this Insurance Policy unless the Insured, beneficiary or representative or such person has complied with the insurance contract and the Conditions of this Insurance Policy.



21. Fraudulent claims for compensation

The Company shall not be liable for claims for compensation arising from fraud or dishonesty. The Company may exercise its right to terminate the Policy immediately if the claim stipulated in this Policy is fraudulent in any way by the Insured or the person acting on behalf of the Insured. The Company will return the insurance premium to the Insured by deducting the premium for the period in which this Policy has been in force.

22. Currency

Premiums and all benefits payable under this insurance policy shall be paid in the currency of Thailand.

23. Governing Law

This insurance policy shall be governed by and interpreted in accordance with the laws of Thailand.

24. Right to Cancel the Insurance Policy (Free look Period)

If the Insured wishes to cancel this insurance policy for any reason, they have the right to request cancellation and return the policy to the company within **15** days from the date of receipt of the policy. However, if the Company issued the policy to the Insured via electronic means, the Insured is not required to return the physical policy to the company. In such cases, the policy shall be deemed void from the start date of the insurance period as specified in the policy schedule. The Company shall not be liable for any loss or damage under this policy and will refund the full premium received to the Insured using the agreed method, without any deductions.



Section 3. General Exclusions

This insurance policy shall not cover or pay any benefits for cancer if it results from the following causes or occurs during the following periods:

- 1. The Company finds medical evidence indicating that the cancer is a pre-existing condition or a congenital condition.**
- 2. The initial manifestation or recognition of symptoms or abnormalities related to any type or classification of cancer occurs within the Waiting Period of 90 days from the first effective date of this insurance policy.**
- 3. Cancer that occurs in organs where the Insured had previously been diagnosed with a disease or still had symptoms of the disease and had not been completely cured prior to the commencement of coverage, including:**

3.1) Hepatitis B and/or C (both carrier and non-carrier types), cirrhosis, or chronic hepatitis

3.2) Pulmonary emphysema or chronic obstructive pulmonary disease (COPD)

3.3) Chronic cervicitis or chronic vaginitis

- 4. Cancer that occurs in organs where the Insured had previously had a tumor, lump, mass, or cyst that had not been surgically removed, or was surgically removed less than two (2) years prior to the first effective date of this insurance policy.**

However, if the Insured has been continuously covered under this insurance policy for at least two (2) years and is diagnosed with cancer for the first time thereafter, this exclusion shall not apply.

- 5. HIV infection, Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), secondary infections, and/or certain types of cancer that are found in conjunction with symptoms of HIV/AIDS or ARC.**
- 6. Cancer resulting from drug abuse, addiction to narcotics, or chronic alcoholism, including overdose or effects from excessive use of intoxicants or sedatives such as narcotics and alcohol, including treatment for nicotine addiction, or overdose of other substances, services, or consumables.**



7. Treatment of diseases, chronic conditions, or complications resulting from cosmetic or reconstructive surgery.
8. Exposure to radiation or radioactive contamination from nuclear fuel or nuclear waste resulting from combustion of nuclear fuel, or from any process of nuclear fission that continues its own.
9. Explosion of radioactive materials, nuclear components, or other hazardous substances capable of causing explosions in nuclear processes.
10. Any act of self-destruction or self-harm, attempted suicide or suicide, including intentional exposure to contagious diseases. This includes, but is not limited to, failure to follow appropriate preventive measures when in contact with individuals known to be suffering from mosquito-borne or respiratory illnesses.
11. Any treatment of conditions arising from pregnancy (including voluntary termination), miscarriage, childbirth (including caesarean section), or congenital internal or external diseases, defects, or other abnormalities as mentioned above.
12. Participation by the Insured in medical or pharmaceutical trials.



Section 4: Coverage Agreements

While this insurance policy is in force, and subject to the general terms and conditions, coverage agreements, exclusions, and any attached endorsements of the policy, and in consideration of the premium paid by the Insured, the Company agrees to provide coverage under the coverage agreements and endorsements attached to this insurance policy, only for the benefits with a sum insured specified in the policy schedule and/or attached endorsements.



Coverage Agreement

Cancer Insurance Policy

Definitions

Cancer	mean	Non-invasive cancer and/or invasive cancer
Non-invasive cancer / Carcinoma in Situ	mean	The initial occurrence of a tumor or cells confirmed by pathological examination to be cancerous, which have not invaded beyond the basement membrane, nor spread to adjacent tissues or other organs. This includes: 1. Prostate cancer, thyroid cancer, or urinary bladder cancer classified as T1 N0 M0 under the TNM Classification. 2. Chronic Lymphocytic Leukemia below RAI Stage 3. 3. Malignant Melanoma classified below Stage 2, according to the staging system of the American Joint Committee on Cancer. 4. Borderline tumors or tumors with low malignant potential.

Excludes:

All types of skin cancer (except the above-mentioned malignant melanoma), and tumors classified pathologically as pre-malignant lesions.

Invasive Cancer	mean	The occurrence of a tumor or cells confirmed by pathological examination to be cancerous, which have invaded beyond the basement membrane or spread to adjacent tissues or other organs. This includes leukemia, lymphoma, bone marrow cancer, and choriocarcinoma.
------------------------	------	---

Excludes:

1. Prostate cancer, thyroid cancer, or urinary bladder cancer classified as T1N0M0 under the TNM Classification.
2. Chronic Lymphocytic Leukemia below RAI Stage 3.
3. Non-invasive cancer / Carcinoma in Situ.
4. Any skin cancers, except malignant melanoma classified as Stage II or higher, according to the staging system of the American Joint Committee on Cancer.



5. Borderline tumors or tumors with low malignant potential.
6. Tumors classified pathologically as pre-malignant lesions (e.g., CIN I, CIN II, CIN III).
7. Cancer in HIV-positive patients.
8. Recurrent or metastatic cancer that first occurred before the policy became effective or within 90 days after the policy became effective.

Coverage

It is agreed that during the period this insurance policy is in force, and after the completion of the Waiting Period of **90** days from the initial effective date of the policy, if the Insured is diagnosed for the first time with any type and stage of cancer, whether it is Non-invasive Cancer / Carcinoma In Situ or Invasive Cancer as defined in the policy, the Company shall pay compensation according to the sum insured specified under this coverage section in the policy schedule or renewal certificate to the Insured. In the event of the Insured's death, the Company shall pay the compensation to the beneficiary or legal heirs.

The cancer diagnosis must comply with the general terms and conditions and the diagnosis requirements outlined in this insurance policy.

General Terms and Additional Conditions

Automatic Termination of Coverage

Coverage under this insurance agreement shall automatically terminate upon the occurrence of any of the following events, whichever comes first:

1. The appearance or awareness of cancer symptoms, or a confirmed diagnosis of cancer, within the **Waiting Period of 90 days** from the initial effective date of the cancer insurance coverage under this policy. In such case, the Company shall refund all premiums already collected to the Insured.
2. Once the Company has paid compensation under the cancer insurance coverage agreement up to **the sum insured specified in the policy schedule** or renewal certificate, to the Insured or the beneficiary.

In such cases, where the right to receive benefits under this coverage has ended in accordance with the conditions stated, it shall be deemed that the Company has fully paid the compensation under this coverage.



Cancer Benefit Claim Submission

The Insured must submit the following documents to the Company within 30 days from the date of receiving the cancer diagnosis, at their own expense:

1. The claim form prescribed by the Company
2. A copy of the national identification card
3. A medical report specifying the key symptoms, diagnosis, and treatment
4. Laboratory results of tissue examination
5. In cases where the Company requests additional documents beyond those listed above, the Company must issue a written notice to the claimant specifying all additional documents required, along with the reasons and necessity for such request.

Failure to submit the required documents within the specified period shall not result in the forfeiture of the right to claim, if it can be demonstrated that there was a reasonable cause for the delay, and the documents were submitted as soon as reasonably possible.



Cancer Insurance Policy Endorsement

Other types of skin cancer

(Applicable only as an endorsement to the Cancer Insurance Policy)

Company Code

Endorsement No.		Issued Date:	
Being a part of the Insurance Policy No.			
Insured Name: As specified in the Policy Schedule			
Beneficiary Name:		Relationship:	
Effective Period: Start Date	at hrs	End Date	at 24.00 hrs.
Sum Insured:	Baht		
Premium:	Baht; Stamp Duty:	Baht; Tax:	Baht; Total Baht

Definition

Skin Cancer mean Any Skin Cancers

Extension of Coverage

It is agreed that this insurance policy is extended to cover skin cancer, if the Insured is diagnosed for the first time with skin cancer as defined in the additional definitions, after the completion of the Waiting Period of **90** days from the initial effective date of this insurance policy.

The Company shall pay compensation according to the sum insured specified in the policy schedule and/or renewal certificate to the Insured. The diagnosis of such condition must comply with the definition outlined in Clause 11: Diagnosis.

Automatic Termination of Coverage

Coverage under this endorsement shall automatically terminate upon the occurrence of any of the following events, whichever comes first:

1. When the Company has paid compensation for skin cancer under this endorsement.



2. When the Company has paid compensation under the coverage agreement for Non-invasive Cancer or Invasive Cancer as specified in the policy schedule and/or renewal certificate, this extension of coverage shall be deemed terminated. The Company shall not refund any premium for the remaining insurance period under this policy and shall not extend skin cancer coverage again upon policy renewal.

The Company's liability shall not exceed the sum insured specified in this endorsement and/or the policy schedule and/or renewal certificate. If any statement in this endorsement conflicts with the wording in the main insurance policy, the wording in this endorsement shall prevail.

All other terms and exclusions in the main insurance policy shall remain in effect.

Claim Submission

The Insured must submit the following documents to the Company within 30 days from the date of diagnosis, at their own expense:

1. The claim form prescribed by the Company
2. A copy of the national identification card
3. A medical report specifying the key symptoms, diagnosis, and treatment
4. Laboratory results of tissue examination
5. In cases where the Company requests additional documents beyond those listed above, the Company must issue a written notice to the claimant specifying all additional documents required, along with the reasons and necessity for such request.

Failure to submit the required documents within the specified period shall not result in the forfeiture of the right to claim, if it can be demonstrated that there was a reasonable cause for the delay, and the documents were submitted as soon as reasonably possible.



Cancer Insurance Policy Endorsement Chemotherapy and/or Radiation Therapy

(Applicable only as an endorsement to the Cancer Insurance Policy)

Company Code

Endorsement No.	Issued Date:
Being a part of the Insurance Policy No.	
Insured Name: As specified in the Policy Schedule	
Beneficiary Name:	Relationship:
Effective Period: Start Date	at hrs End Date at 24.00 hrs.
Sum Insured:	Baht
Premium:	Baht; Stamp Duty: Baht; Tax: Baht; Total Baht

Additional Definition

Necessary and Reasonable Expenses mean Medical expenses and/or any other expenses that are considered appropriate and customary when compared to the charges imposed by hospitals, medical facilities, or clinics for general patients receiving similar services at the facility where the Insured is treated.

Coverage

During the period this insurance policy is in force, and after the completion of the Waiting Period of **90** days as specified in this endorsement, the policy is extended to cover cancer treatment by chemotherapy and/or radiation therapy, provided that such treatment occurs after the date the Insured is diagnosed by a physician with a type of cancer covered under the cancer insurance coverage agreement. This coverage applies only to the benefit category for which a sum insured is **specified in the policy schedule**.

The Company shall pay compensation for necessary and reasonable expenses incurred for chemotherapy and/or radiation therapy, based on the actual amount paid, but not exceeding the sum insured specified in the policy schedule, renewal certificate, or this endorsement.



If the Insured has already received reimbursement from government welfare, other benefits, or other insurance, the Company shall only be liable for the remaining uncovered portion of the medical and nursing expenses.

Claim Submission for Cancer Treatment by Chemotherapy and/or Radiation Therapy

The Insured must submit the following documents to the Company within 30 days from the date of each chemotherapy and/or radiation therapy session, at their own expense:

1. The claim form prescribed by the Company
2. A medical certificate confirming chemotherapy and/or radiation therapy
3. The original receipt showing itemized expenses, or a summary statement with the receipt
4. A signed copy of the national identification card
5. In cases where the Company requests additional documents beyond those listed above, the Company must issue a written notice to the claimant specifying all additional documents required, along with the reasons and necessity for such request.

Receipts showing itemized expenses must be original receipts. The Company will return the original receipt with a certified payment amount so that the Insured may claim the remaining amount from other insurers. However, if the Insured has already received reimbursement from government welfare or other benefits, the Company allows the Insured to submit a certified copy of the receipt showing the amount paid by the government or other entity to claim the remaining amount from the Company.

Failure to submit the required documents within the specified period shall not result in the forfeiture of the right to claim, if it can be demonstrated that there was a reasonable cause for the delay, and the documents were submitted as soon as reasonably possible.

If any statement in this endorsement conflicts with the wording in the main insurance policy, the wording in this endorsement shall prevail.

All other terms and exclusions in the main insurance policy shall remain in effect.