



Personal Accident Insurance Policy PA Special

(Sell through telephone channel)

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 summarising 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. Accident | means | An event which happens suddenly due to an external cause and gives rise to a result which is not intended or anticipated by the covered person. |
| 5. Injury | means | Physical injury as a direct result of an accident which occurs independently and independently of any other event. |
| 6. Any Loss or Injury | means | Bodily injury suffered by the Insured because of an accident which causes death, dismemberment, loss of sight, disability or injury |



7.	Deductible	means	An amount of damage for which the Insured agrees to be liable in the event of a loss or damage.
8.	Physician	means	A person who graduated with a degree in medicine and is legally registered with the Medical Council and licensed to practice as a medical professional in the locality in which medical services or surgical services are provided.
9.	Nurse	means	A person who has been licensed to practice nursing by law.
10.	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.
11.	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.
12.	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.
13.	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).



- | | | | |
|-----|---|-------|---|
| 14. | Necessary and Reasonable Medical Charges | means | Medical treatment costs and/or any reasonable expenses compared expenses to amounts that general patient are normally charged for similar services by the hospital, medical facility or clinic from general patients of the hospital, medical facility or clinic where the covered person has received treatment. |
| 15. | Medical Necessity | means | <p>Medical services provided under the following conditions:</p> <ol style="list-style-type: none"> 1. the services must correspond with the diagnosis and treatment based on the injury or sickness of service recipients. 2. there are clear medical indications based on current medical practice standards. 3. the services must not be solely for the convenience of the service recipients, their families, or the service provider; and 4. the services must be medical services provided in accordance with the appropriate standards for caring for patients, based on the patient's needs with respect to the injury or sickness of the person receiving treatment. |
| 16. | 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. |
| 17. | Terrorism | means | Any action using force or violence and/or involving threat by any person or group of persons, regardless of whether such action is taken alone, on behalf of, or in relation to any organisation or government, with an aim for results involving politics, religions or cults, or similar purposes, and to cause the government and/or the public or any part of the public to be in panic. |



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. Policy Amendment

This insurance policy amendment shall be valid only when the Company agrees to the amendment, and it shall take effect once the Company has recorded the amendment in the insurance policy or issued it as an endorsement or rider, signed by an authorized representative of the Company.

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, coverage under this policy will be considered continuous from the previous installment, and the Company will not restart the period for contesting the validity of the insurance contract.

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 74 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 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.

7.7 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 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 policy is renewed and the Insured pays the premium within the 30-day grace period, the Company will not restart the period for contesting the validity of the insurance contract. If the Insured fails to pay the premium within the grace period, coverage under this policy will be deemed terminated from the last premium due date. In the event of a claim during the grace period and the premium has not yet been paid, the Company will deduct the unpaid premium from the compensation payable under this policy.

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. 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.

10. Report of Accident

The Insured, the beneficiary or the representative of the said person, whichever the case may be, must report the accident to the Company without delay. In the event of death, an immediate notice must be made to the Company unless it can be proved that the circumstances make it impossible to do so and the notification is given to the Company as soon as possible.

11. Misstatement of Age or Gender

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

11.1 **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.

11.2 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.

12. 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.

13. 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.



14. Proof of Loss and claiming

In claiming for compensation, the Insured, the beneficiary or the representative of the said person, whichever the case may be, must provide all necessary evidence as required by the Company at their own expense to the Company.

For death or disability claims, the evidence stated above must be given to the Company within 30 days from the date of death or the commencement of the disability. For other types of compensation, the evidence must be furnished within 180 days from the date of accident. Nevertheless, non-compliance within the specified time shall not jeopardize the right to claim if it can be proved that there is reasonable explanation why a claim could not be made in a timely manner and that the claim was filed as soon as possible.

15. Murder by the Beneficiary

If the Insured is intentionally murdered by the beneficiary, the Company will not pay compensation under the coverage specified in this insurance policy. In cases where there is only one beneficiary, the Company will refund the paid premium—after deducting the portion corresponding to the period during which the policy was in effect—to the estate or legal heirs of the Insured.

However, if there is more than one beneficiary, and any of them did not participate in the intentional killing of the Insured, the Company will pay compensation to the non-involved beneficiary(ies) according to the proportion specified. In this case, the Company will not refund the premium.

16. Change of Occupation

If the Insured suffers an injury while under a remunerated occupation which is considered more hazardous than which had been previously declared to the Company, the Company shall pay the compensation equal to the coverage amount of which the previously paid premium can buy for the new occupation.

If the Insured changes occupation to one which the Company considers as less hazardous than which had been previously declared, the Company will reduce the premium and refund it to the Insured on a pro rata basis as from the date the Company received such evidence of change.



17. 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).

18. 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.

19. Currency

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

20. Governing Law

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

21. 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 30 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 Does Not Cover:

3.1 Any Loss or Injury arising from/ or in consequence of the following causes:

3.1.1 Action of the Insured while under the influence of alcohol, addictive drugs, narcotic drugs to the extent of being unable to control one's mind.

The term “under the influence of alcohol” in case of having a blood test refers to a blood/alcohol level of 150mg percent and over.

3.1.2 Suicide or attempted suicide or self-inflicted injury.

3.1.3 Infections except pyogenic infections, tetanus, or rabies from a wound or cut suffered because of an accident.

3.1.4 Medical treatment or surgical treatment except the necessary treatment for the injury which is covered under this Insurance Policy and occurring within the period of this Insurance Policy.

3.1.5 Miscarriage and abortion

3.1.6 Dental care or root canal treatment except dental treatment which is given within 7 days from the date of accident.

3.1.7 Replacement or new sets of dentures, dental crowns, artificial denture

3.1.8 Food Poisoning

3.1.9 Backache because of Disc herniation, Spondylolisthesis, Degenerative disc disease, Spondylosis, Defect or Pars interarticularis (Spondylolysis) except if there is a fracture or dislocation of spine because of an accident.

3.1.10 War, invasion, act of foreign enemies or warlike whether declared or not, or civil war, insurrection, rebellion, riot, strike, civil commotion, revolution, coup d'état, martial law announcement or incident causing the announcement or maintenance of martial law.

3.1.11 Terrorism



- 3.1.12 Radiation or radioactivity from any nuclear fuel or any nuclear refuse arising from the combustion of nuclear fuel and any process of self-sustaining nuclear fission/fusion.**
- 3.1.13 The radioactive toxic explosive or other hazardous property of any explosive nuclear assembly or nuclear component thereof.**
- 3.2 Loss or injury which occurs (except the coverage extension is endorsed for extended cover):-**
- 3.2.1 While the Insured is racing of all kinds of car or boat, horse racing, ski racing including jet-ski, skate racing, boxing, parachute jumping (except for the purpose of life saving), boarding or traveling in a hot-air balloon, gliding, bungee jumping, or diving with oxygen tank and breathing equipment under water.**
- 3.2.2 While the Insured is riding or traveling on a motorcycle**
- 3.2.3 While the Insured is boarding or traveling in an aircraft which has no license for carrying passengers or does not operate as a commercial aircraft**
- 3.2.4 While the Insured pilots or works as a crew in any aircraft**
- 3.2.5 While the Insured is taking part in a brawl or taking part in inciting a brawl.**
- 3.2.6 While the Insured is committing a felony or while the Insured is being arrested, under arrest, or escaping the arrest**
- 3.2.7 While the Insured serves as a soldier, police, or a volunteer and participates in war or crime suppression. If the time served is more than 30 days, the Company shall refund the premium from the date of service until such service is ended. After such time, the Insurance Policy shall become effective again until the expiry date on the policy schedule.**

Section 4: Insuring Agreements

Subject to the insuring agreement, exclusions, general terms and conditions, and attached endorsements of this Insurance Policy, the Company agrees to give following coverage in consideration for the premium paid as attached.



Insuring Agreement

Loss of Life, Dismemberment, Loss of Sight or Total Permanent Disability (P.A.1)

Additional Definitions

Dismemberment	refers to	the loss of body organ from the wrist joint or ankle joint and shall inclusively mean total loss of usage of such organs with clear medical indication that such organ will never be able to function at any time in the future.
Loss of Sight	refers to	complete blindness, which is permanently incurable.
Total Permanent Disability	refers to	disability to the extent of being unable to perform the normal duty in the Insured's regular occupation or any other occupation totally and permanently and such permanent disability prevent the Insured to perform 3 or more activities of daily living by himself/herself. Activities of Daily Living (ADL) means the ability to perform 6 types of daily self-care activities which is a term used in healthcare to assess the patient. The Activities of Daily Living consist of 1) The ability to move such as the ability to move from chair to bed without the help of other person or equipment. 2) The ability to walk or move such as the ability to move from one room to another without the help of other person or equipment.



- 3) The ability to dress such as the ability to put on and take off clothes without the help of other person or equipment.
- 4) The ability to clean such as the ability to wash body in a bath or shower including the ability to get to and from the bathroom without the help of other person or equipment.
- 5) The ability to eat food such as the ability to eat food without the help of other person or equipment.
- 6) The ability to excrete such as the ability to get to and from the toilet, using it appropriately, and cleaning oneself without the help of other person or equipment.

Coverage

This Insurance Policy covers any Loss or Injury of the Insured arising from bodily injury, which is caused by an Accident, resulting in the Loss of Life, Dismemberment, Loss of Sight or Total Permanent Disability of the Insured within 180 days from the date of Accident or Injury causes the Insured to receive continuous medical treatment as in-patient in the Hospital or Medical Facility 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 below:

1	100% of the sum insured	For Loss of Life
2	100% of the sum insured	For Total Permanent Disability which continue not less than 12 months after the Accident or if there is any medical indication that the Insured suffers a Total 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 in one 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 shall compensate only one item of loss which has the highest amount.

The total compensation for this insuring agreement shall not exceed the maximum sum insured stated in the policy schedule. If the Company has not paid up to such maximum amount of sum insured, the remaining benefit is still valid until the expiry of the insurance period.

Claiming for Death Benefit

The beneficiary must submit the following documents to the Company within 30 days from the date of death at their own expense.

1. Company's claim form
2. Copy of death certificate
3. Copy of autopsy report, certified by the authorized personnel
4. Copy of the police's daily report, certified by authorized officer
5. Copy of Identity Card and house registration of the Insured stating the Insured is "Deceased"
6. Copy of Identity Card and house registration of the beneficiary
7. Other Necessary Documents (if any)

Failure to submit the required evidence within the specified period shall not result in the loss of the right to claim, if it can be demonstrated that there was a valid reason for the delay and the evidence was submitted as soon as reasonably possible.



Claiming for Permanent Total Disability, Loss of Organs or Sight

The Insured and/or the beneficiary must submit the following documents to the company within 30 days from the date the physician certifies permanent total disability or loss of organ(s), at their own expense:

1. Company's claim form
2. Medical report confirming permanent total disability, loss of organ(s), or sight
3. Other necessary documents (if any)

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



Insuring Agreement

Loss of Life, Dismemberment, Loss of Sight, Loss of Hearing, Loss of Speech or Permanent Disability (P.A. 2)

Additional Definitions

Dismemberment refers to the loss of body organ from the wrist joint or ankle joint and shall inclusively mean total loss of usage of such organs with clear medical indication that such organ will never be able to function at any time in the future.

Loss of Sight refers to complete blindness, which is permanently incurable.

Total Permanent Disability refers to disability to the extent of being unable to perform the normal duty in the Insured's regular occupation or any other occupation totally and permanently and such permanent disability prevent the Insured to perform 3 or more activities of daily living by himself/herself.

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

- 1) The ability to move such as the ability to move from chair to bed without the help of other person or equipment.
- 2) The ability to walk or move such as the ability to move from one room to another without the help of other person or equipment.



- 3) The ability to dress such as the ability to put on and take off clothes without the help of other person or equipment.
- 4) The ability to clean such as the ability to wash body in a bath or shower including the ability to get to and from the bathroom without the help of other person or equipment.
- 5) The ability to eat food such as the ability to eat food without the help of other person or equipment.
- 6) The ability to excrete such as the ability to get to and from the toilet, using it appropriately, and cleaning oneself without the help of other person or equipment.

Partial Permanent Disability refers to disability to the extent of being unable to perform the normal duty in the Insured's regular occupation permanently but being able to perform other work for remuneration.

Coverage

This Insurance Policy covers Any Loss or Injury to the Insured arising from bodily injury, which is caused by an Accident, resulting in the Insured's Loss of life, Dismemberment, Loss of sight, Loss of Hearing, Loss of Speech or Permanent Disability within 180 days from the date of Accident or Injury causes the Insured to receive continuous treatment as an in-patient in the Hospital or Medical Facility as Inpatient 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 below:

1.	100% of the sum insured	for loss of life
2.	100% of the sum insured	for Total Permanent Disability which continues not less than 12 months after the accident or if there is any medical indication that the Insured suffers a Total 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 in one 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
10.	50% of the sum insured	for permanent loss of hearing or speech
11.	15% of the sum insured	for permanent loss of hearing in one ear
12.	25% of the sum insured	for loss of a thumb (two joints).
13.	10% of the sum insured	for loss of a thumb (one joint)
14.	10% of the sum insured	for loss of an index finger (three joints)
15.	8% of the sum insured	for loss of an index finger (two joints)
16.	4% of the sum insured	for loss of an index finger (one joint)
17.	5% of the sum insured	for loss of each finger (not less than two joints) other than a thumb and an index finger
18.	5% of the sum insured	for loss of a big toe
19.	1% of the sum insured	for loss of each toe (not less than one joint) other than a big toe

The Company shall compensate only one item of loss which has the highest amount. Unless, in the case of loss of fingers or toes according to items No. 12 to 19 and where the Insured cannot claim on items 1 to 9. In such event, the Company will compensate for the actual loss in each item but all items combined will not exceed the sum insured stated in the policy schedule.

In case a Partial Permanent Disability which could not be compensated under item no.2 to 19, and it is not either loss of taste or loss of smell, the Company will compensate in accordance with the opinion of the Company's appointed doctor and in no case will compensation exceed 50% of the sum insured specified in the policy schedule.

In the aggregate, the total compensation for this insuring agreement shall not exceed the sum insured stated on the policy schedule. If the Company has not paid up to such maximum amount of sum insured, the remaining benefit is still valid until the expiry of the insurance period.



Claiming for Death Benefit

The beneficiary must submit the following documents to the Company within 30 days from the date of death at their own expense.

1. Company's claim form
2. Copy of death certificate
3. Copy of autopsy report, certified by the authorized personnel
4. Copy of the police's daily report, certified by authorized officer
5. Copy of Identity Card and house registration of the Insured stating the Insured is "Deceased"
6. Copy of Identity Card and house registration of the beneficiary
7. Other Necessary Documents (if any)

Failure to submit the required evidence within the specified period shall not result in the loss of the right to claim, if it can be demonstrated that there was a valid reason for the delay and the evidence was submitted as soon as reasonably possible.

Claiming for Permanent Disability, Loss of Organs, Sight, Hearing, or Speech

The Insured and/or the beneficiary must submit the following documents to the company within 30 days from the date the physician certifies permanent disability or loss of organ(s), at their own expense:

1. Company's claim form
2. Medical report confirming permanent disability, loss of organ(s), sight, hearing, or speech
3. Other necessary documents (if any)

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



Insuring Agreement

Temporary Total Disability

Additional Definition

Temporary Total Disability refers to disability to the extent of being unable to perform any permanent work for a certain period of time.

Coverage

If the Injury causes the Insured to become a Temporary Total Disability within 180 days from the date of Accident, the Company will pay a weekly compensation in the amount specified in the insurance policy schedule for the duration of the disability (up to a maximum of 52 weeks), less any amount or number of days for which the insured is responsible, as specified in the policy schedule (if any).

The Company shall cease compensation immediately upon the Company's compensation under the Insuring Agreement on Loss of Life, Loss of Hands, Feet, Sight or Permanent Disability.

The payment of benefits for Temporary Total Disability shall be included in the compensation for Temporary Partial Disability (if any) for up to 52 weeks.

Claiming for Temporary Total Disability

The Insured and/or the beneficiary must submit the following documents to the company within 30 days from the date the physician certifies the temporary total disability, at their own expense:

1. Company's claim form
2. Medical report confirming temporary total disability
3. Other necessary documents (if any)

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



Insuring Agreement

Temporary Partial Disability

Additional Definition

Temporary Partial Disability refers to disability to the extent of partial inability to perform any permanent work for a certain period of time or consequences of recovered Temporary Total Disability but remain unable to perform all permanent work for a certain period of time.

Coverage

If the Injury causes the Insured to become Temporary Partial Disability within 180 days from the date of Accident, the Company will pay a weekly compensation in the amount specified in the insurance policy schedule for the duration of the disability (up to a maximum of 52 weeks), less any amount or number of days for which the insured is responsible, as specified in the policy schedule (if any).

The Company shall cease compensation immediately upon the Company's compensation under the Insuring Agreement on Loss of Life, Loss of Hands, Feet, Sight, Permanent Disability or Total Permanent Disability.

The payment of benefits for Temporary Total Disability shall be included in the compensation for Temporary Partial Disability (if any) for up to 52 weeks.



Claiming for Temporary Partial Disability

The Insured and/or the beneficiary must submit the following documents to the company within 30 days from the date the physician certifies the temporary partial disability, at their own expense:

1. Company's claim form
2. Medical report confirming temporary partial disability
3. Other necessary documents (if any)

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



Insuring Agreement

Medical Expense due to Accident

Additional Definitions

Room and Board	refers to	charges for room and board for patients, meals, nursing fee, and daily hospital service provided by the Hospital or Medical Facility daily.
In-patient	refers to	a person who requires medical treatment in Hospital or Medical Facility continuously not less than 6 hours and is registered as an in-patient based on diagnosis and advice of physician in accordance to Medical Standard for the period the suitable for such injury, including the circumstance that “in-patient” die before six (6) hours after hospitalized.
Alternative Medicine	refers to	a variety of therapeutic or preventive health care practices, such as traditional Thai or Chinese herbal medicine, and similar which is not considered as modern medicine.

Coverage

If the Insured sustains injury and requires him/her to receive medical treatment by legally licensed physician or requires treatment by licensed nurse within 52 weeks from the date of accident, the Company shall compensate the Insured according to the actual medical expenses incurred which are customary and reasonable medical charges according to the medical necessity and medical standard. Such medical expenses include expenses of room and board, observe room, medical charges, and nurse fee. Nevertheless, the total amount paid will not exceed the amount specified in the policy schedule, less the deductible (if any).

If the Insured receives compensation from government or other welfare or from other insurer, the Company is responsible only for the excess amount, over that which is covered under the welfare or other insurer's policy.



Claiming for Medical Expense due to Accident Benefit

The Insured must submit the following documents within 30 days commencing from the discharge date from Hospital, Medical Facility or the outpatient treatment date from clinic at their own expense:

1. Company's claim form.
2. Physician's Report stating the symptoms, diagnosis and the treatment given.
3. Receipt and invoice showing the itemized medical expenses.
4. Other necessary documents (if any)

The original receipt must be presented. The Company will return the original receipt if it is not fully paid marking the amount already paid, so that the Insured can claim the balance from other insurers. If the Insured receives reimbursement from the government, welfare or other insurer, the Insured may submit a copy of the receipt together with the original statement showing the amount paid by the government or other welfare and claim the balance from the Company.

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

Overseas Medical Treatment

If the medical expenses due to accident covered under this Insurance Policy are in foreign currency, the Company will reimburse the expenses in Thai Baht using the exchange rate as at the specified date on the receipt.

Limitation

1. Maximum limit of room and board per day is ... **(as stated in policy schedule)** ... Baht

This limitation does not apply to hospitalization in intensive care unit (I.C.U.) according to medical necessity.

2. Not covering special nursing care, supporting devices (except crutches) wheelchairs, artificial organ/ prosthesis outside the body, alternative medicine, acupuncture.



Insuring Agreement

Broken Bone, Burns, Scalds and Internal Injury

Additional Definitions

Broken Bone Benefit	refers to	benefits as shown in the Schedule of Broken Bone Indemnities attached to this insuring agreement.
Bone	refers to	compact, cancellous, spongy bone but exclude other tissues not indicated in the Schedule of Broken Bone Indemnities i.e. cartilaginous bone and disc.
Hairline Fracture, Incomplete Fracture, Green Stick Fracture	refers to	fracture without complete separation.
Complete Fracture	refers to	a fracture in which the bone is broken completely across, and no connection is left between the pieces
Compound Fracture	refers to	compound fracture of bone where the bone breaks through the skin.
Compression Fracture	refers to	compressed fracture of vertebrae resulting from falling down the high level
Multiple Fracture	refers to	fracture of the same bone for more than one point.
Skull	refers to	part of bone incorporating skull but excluding Maxillar, Mandible, Zygomatic Bone, and Nasal Bone.
Rule of Nines	refers to	the system applied by the Physician to assess the percentage of body surface affected by burns. In this system, the head and each arm are considered as 9% of the body skin. The front and the back of the torso are 18%, each leg is 18% and the area between the anus and



		base of the reproductive organ including the reproductive organ is the remaining 1%.
Third Degree Burns	refers to	full thickness skin destruction due to burns. (epidermis and dermis).
Thoracotomy	refers to	an operation on organs within the chest cavity. This term normally excludes the heart but for the purpose of this Insurance Policy, the heart is included.
Pre-existing Condition	refers to	any injury, symptom or medical condition that occurred or was present prior to the policy effective date.
Osteoporosis	refers to	porosity and brittleness of the bones due to loss of protein from the bone matrix.
Pathologic Fracture	refers to	any fracture in an area where pre-existing disease has caused weakening of the bone.

Coverage

If the Insured sustains any Injury from accident which result in loss or damage as stated in the Schedule of Broken Bone Indemnities within 30 days from the date of accident, the Company shall pay an amount equal to the percentage of the Sum Insured of Broken Bones, upon proof of fracture or dislocation of the bone by X-Ray.

Benefits Payment Conditions

Upon receipt of the proof of fracture according to the claim notification condition, the Company shall pay the benefit under the following conditions.

1. The benefit paid will not exceed 100% of broken bones sum insured and limited to one payment for each bone during each Policy Year.
2. If a specific loss is less than 100% of sum insured, coverage will continue for the balance of sum insured for the remaining period in that Policy Year



3. Broken bones benefit shall immediately terminate upon payment of the 100% of the broken bones sum insured.
4. The Company shall not pay the benefits hereunder if the Company is required to compensate the full amount of sum insured for Loss of Life or Dismemberment or Total Permanent Disability.
5. In the event of dismemberment when the Company is required to compensate for the loss of any organ under Insuring Agreement P.A.1 or P.A.2., then no further benefit will be paid under this insuring agreement for that same organ.

However, the above fracture shall not include fracture of bones not listed in the Schedule of Broken Bone Indemnities.

Claiming for Broken Bone, Burns, Scalds and Internal Injury Benefit

The Insured and/or the beneficiary must submit the following documents to the company within 30 days from the date of discharge from the hospital, medical facility, or the date of treatment at a clinic, at their own expense:

1. Company's claim form.
2. Medical report indicating the main symptoms, diagnosis, and treatment.
3. X-ray results in case of a claim for bone fracture benefits.
4. Copy of the receipt showing the breakdown of expenses, or a copy of the treatment summary along with a copy of the receipt.
5. Other necessary documents (if any).

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



Specific Exclusions (apply only to Insuring Agreement for Broken Bone, Burns, and Internal Injury)

This Insuring Agreement for Broken Bone shall not cover Any Loss or Injury caused by or because of the following:

1. Osteoporosis or Pathologic Fracture
2. Pre-existing condition
3. Pathologic Fracture caused by any congenital disease

Schedule of Broken Bones Indemnities	
Indemnities	Percentage of the Sum Insured
1. Fracture of Bones	
1.1 Hip or Pelvis (except Femur or Coccyx)	
Multiple fractures with one point of Compound Fracture and one point of Complete Fracture	60%
Compound Fracture	30%
Multiple fractures with at least one point of Complete Fracture	15%
Complete Fracture	12%
1.2 Thigh or Heel	
Multiple Fracture with one point of Compound Fracture and one point of Complete Fracture	30%
Compound Fracture	24%
Multiple Fracture with at least one point of Complete Fracture	15%
Complete Fracture	12%
1.3 Lower Leg, Skull, Clavicle, Ankle, Elbow, Upper and Lower Arm, excluding Colles Fracture	



Schedule of Broken Bones Indemnities	
Indemnities	Percentage of the Sum Insured
Multiple Fracture with one point of Compound Fracture and one point of Complete Fracture	24%
Compound Fracture	15%
Multiple Fracture with at least one point of Complete Fracture	12%
Depressed fracture in need of surgery	7.2%
Complete Fracture	6%
1.4 Colles fracture of Lower Arm and Radius and Ulna Fracture	
Compound Fracture	12%
Complete Fracture	6%
1.5 Scapula, Patella, Sternum, hand (except finger and wrist), feet (except toe and heel)	
Compound Fracture	12 %
Complete Fracture	6%
1.6 Vertebral Column (except Coccyx)	
Compression Fracture	12%
Bone Fracture in need of Surgery	12%
Bone Fracture Causing Permanent Loss of Nervous System Functions	8%
Complete Fracture	6%
1.7 Mandible	
Multiple Fracture with one point of Compound Fracture and one point of Complete Fracture	15%
Compound Fracture	12%



Schedule of Broken Bones Indemnities	
Indemnities	Percentage of the Sum Insured
Multiple Fracture with at least one point of Complete Fracture	9.6%
Complete Fracture	4.8%
1.8 Rib or Ribs, Cheekbones, Coccyx, Maxilla, Nose, Toe or Toes, Finger or Fingers	
Multiple Fracture with one point of Compound Fracture and one point of Complete Fracture	9.5%
Compound Fracture	7.2%
Multiple Fracture with at least one point of Complete Fracture	4.8%
Complete Fracture	2.4%
2. Third Degree Burns or Scalds according to the Rule of Nines	
At least 27% of the body surface	60%
At least 18% of the body surface	35%
At least 9% of the body surface	20%
At least 4.5% of the body surface	10%
3. Dislocation requiring surgery under anesthesia	
Vertebral column or back diagnosed by radiography (except herniated disc)	48%
Hip joint	30%
Knee joint	15%
Wrist or elbow bone	12%
Ankle, shoulder blade (Acromion) or collarbone (Clavicle)	6%
Finger, toe or jawbone	2.4%



Schedule of Broken Bones Indemnities	
Indemnities	Percentage of the Sum Insured
4. Injury to Internal Organ by Hitting or Crashing	
Internal Injuries resulting in open abdominal or Thoracic surgery (excluding Hernia)	15%
Brain hit or crashed to the extent of collapse and medical checkup shows nervous abnormality bruises in the brain through radiography	25%

The Company will pay only one payment for any surgery of No. 3 or 4 above for each Policy Year.



Insuring Agreement

Hospital Income Benefit

Additional Definition

Inpatient refers to a person who requires medical treatment in Hospital or Medical Facility continuously not less than 6 hours and is registered as an in-patient based on diagnosis and advice of physician in accordance to Medical Standard for the period the suitable for such injury, including the circumstance that “in-patient” die before six (6) hours after hospitalized.

Coverage

In case of any Injury causing the Insured to be hospitalized, the Company shall pay the income compensation during hospitalization in the amount indicated in the policy schedule.

In the event that it is Medical Necessity that the Insured get admitted to the intensive care unit (I.C.U.), the Company shall pay the income compensation during hospitalization in the amount of ... **(as stated in policy schedule)** ... times of the income compensation during the hospitalization but not exceeding ... **(as stated in policy schedule)** ... days. However, the aggregate income compensation payable by the Company during hospitalization shall not exceed ... **(as stated in policy schedule)** ... days per injury and throughout the Policy Period.

If the insured suffers an injury or sudden, unforeseen illness that requires medical treatment through surgery or procedures as an inpatient, but due to medical advancements, the treatment no longer requires hospitalization, the company will pay daily compensation of one (1) day for such treatment involving surgery or procedures, as specified below.

1. ESWL: Extracorporeal Shock Wave Lithotripsy
2. Coronary Angiogram / Cardiac Catheterization
3. Extra Capsular Cataract Extraction with Intra Ocular Lens



4. Laparoscopic
5. Endoscope
6. Sinus Operations
7. Excision Breast Mass
8. Bone Biopsy
9. Amputation
10. Liver Puncture/Liver Aspiration
11. Bone Marrow Aspiration
12. Lumbar Puncture
13. Thoracentesis/Pleuracentesis /Thoracic Aspiration/Thoracic Paracentesis
14. Abdominal Paracentesis/Abdominal Tapping
15. Curettage, Dilatation & Curettage, Fractional Curettage
16. Colposcope, Loop diathermy
17. Bartholin's Cyst (Marsupialization of Bartholin's Cyst)
18. Gamma knife

Claiming for Hospital Income Benefit

The insured and/or the beneficiary must submit the following documents to the company within 30 days from the date of discharge from the hospital, medical facility, or the date of treatment at a clinic, at their own expense:

1. The claim form as specified by the company
2. A medical report indicating key symptoms, diagnosis results, and treatment
3. A copy of the receipt showing itemized expenses, or a copy of the treatment summary along with the receipt
4. Other necessary documents (if any).

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



Insuring Agreement

Public Accident

Additional Definitions

Public Building refers to buildings either public or private owned, which is open for public access during specified hours with or without charges

Coverage

If the Insured sustains Injury and it is covered under P.A.1 or P.A.2 and the Accident arise from the cause as follows:

1. While the Insured is a passenger and the Accident occurred to the train, sky train, underground train powered by engine or electricity, public buses for mass transportation legally registered to provide land transportation on designated route. This also includes vans for mass transportation legally registered to travel on designated routes.
2. While the Insured is a passenger in a public lift used for transportation of people or things from floor to floor. This does not include lifts used in mining or construction sites.
3. While the Insured is in public buildings during the opening hours for public access and such buildings are on fire, including the time when the Insured jumps from such building to escape from fire for life saving purposes.
4. While the insured is a passenger and an accident occurs involving a registered commercial aircraft, passenger ship, cruise ship, or ferry.

The company will pay an additional benefit of up to ...% (maximum not exceeding 300%) of the benefit amount payable under coverage agreement P.A.1 or P.A.2.



Claiming for Public Accident

The insured and/or the beneficiary must submit the following documents to the company within 30 days from the date the insured becomes eligible to claim public accident benefits, at their own expense:

1. The claim form and supporting documents for compensation under coverage agreement P.A.1 or P.A.2
2. Evidence showing that the incident occurred while the Insured was a passenger using public transportation or while in a public building
3. Other necessary documents (if any).

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



Section 5: Endorsement

If anything specified in this clause is contrary to the Insurance Policy, this clause shall prevail.

All other term and conditions of this Insurance Policy remain unaltered.



Personal Accident Insurance Policy PA Special Endorsement

Riding or Traveling on a motorcycle

(Specifically applicable to Personal Accident Insurance Policy PA Special)

Company Code

P.A. 3.1

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.	
Premium	Baht; Stamp Duty		Baht; Tax		Baht; Total Baht

Coverage Extension: It is hereby agreed that during the effective period of this endorsement, the mentioned Insurance Policy has been extended to cover Any Loss or Injury caused by, arising from, or occurring during the specified time as defined below, and only the insuring agreement where the sum insured is stated.

Insuring Agreement	Coverage Extension	
	Riding or Traveling on a motorcycle	
	Sum Insured (Baht)	Premium (Baht)
(As specified in the Policy Schedule)		

The maximum liability of the Company shall not exceed the sum insured as stated in this endorsement.

If anything specified in this endorsement is contrary to the Insurance Policy, this endorsement shall prevail.

All other term and conditions of this Insurance Policy remain unaltered.



Personal Accident Insurance Policy PA Special Endorsement

Dangerous Sports

(Specifically applicable to Personal Accident Insurance Policy PA Special)

Company Code

P.A. 3.2

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.
Premium	Baht; Stamp Duty		Baht; Tax		Baht; Total	Baht

Coverage Extension: It is hereby agreed that during the effective period of this endorsement, the mentioned Insurance Policy has been extended to cover Any Loss or Injury caused by, arising from, or occurring during the specified time as defined below, and only the insuring agreement where the sum insured is stated.

Insuring Agreement	Coverage Extension	
	Dangerous Sports	
	Sum Insured (Baht)	Premium (Baht)
(As specified in the Policy Schedule)		

Dangerous Sports refer to:

All types of motor racing or boat racing, horse racing, all types of skiing including jet skiing, skating competitions, boxing, parachuting (except for life-saving purposes), while ascending, descending, or riding in a balloon or glider, bungee jumping, and scuba diving that requires the use of an air tank and underwater breathing apparatus.



The maximum liability of the Company shall not exceed the sum insured as stated in this endorsement.

If anything specified in this endorsement is contrary to the Insurance Policy, this endorsement shall prevail.

All other term and conditions of this Insurance Policy remain unaltered.



Personal Accident Insurance Policy PA Special Endorsement

Limitation of Liability

(Specifically applicable to Personal Accident Insurance Policy PA Special

Company Code

P.A. 5

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.
Premium	Baht; Stamp Duty	Baht; Tax	Baht; Total	Baht

Coverage Extension: It is hereby agreed that if the Injury suffered by the Insured is a result of murder or physical assault, the sum insured in **the Insuring Agreement P.A.1 or P.A.2** shall be reduced to be... **(As specified in the Policy Schedule)** ...Baht.

If anything specified in this endorsement is contrary to the Insurance Policy, this endorsement shall prevail.

All other term and conditions of this Insurance Policy remain unaltered.