



Roojai Have Fun Group Domestic Travel 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.

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.
Company	means	Roojai Insurance Public Company Limited
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.
Insured	means	The person named as the Insured in the insurance policy schedule which is the person who is covered under this insurance policy.
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.
Injury	means	Physical injury as a direct result of an accident which occurs independently and independently of any other event.



Illness	means	A symptom, irregularity, illness, or disease contracted that occurs with the Insured suddenly or suddenly and unpredictably. It occurs during the period in which this policy takes effect, provided that it clearly appears that it occurred by itself and independently of any other cause.
Deductible	means	An amount of damage for which the Insured agrees to be liable in the event of a loss or damage.
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.
Nurse	means	A person who has been licensed to practice nursing by law.
Inpatient	means	A person who is required to receive medical treatment in a hospital or medical facility for at least 6 hours consecutively and registered as an inpatient by diagnosis and advice of the physician based on indication which are medical standards and appropriate time period for treatment of such injury or sickness, including the case of an inpatient who dies after being admitted for less than 6 hours.
Outpatient	means	A person receiving medical services in the outpatient department or in the emergency room of the hospital, medical facility or clinic who based on the diagnosis and indications which are medical standards for treatment, does not need to be admitted as an inpatient.
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.
Medical 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.



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.
Medical standards	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).
Necessary and reasonable expenses	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.
Medical necessity	means	Medical services provided under the following conditions: 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.
Pre-existing conditions	means	Any disease (including complications), symptom or abnormality of the covered person occurring within 12 months prior to the departure date of each trip with sufficient indication for a general person to seek for diagnosis, care or treatment, or for which a physician shall provide diagnosis, care or treatment.



AIDS	means	Acquired Immune Deficiency Syndrome, which is caused by HIV (Human Immunodeficiency Virus) infection, and shall include opportunistic infection, malignant neoplasm, infections or any sickness that reveals an HIV positive blood test result. Opportunistic infection shall include, but is not limited to, pneumocystis carinii pneumonia, organism or chronic enteritis, viruses and/or disseminated fungi infection. Malignant neoplasm shall include, but is not limited to, Kaposi's sarcoma, central nervous system lymphoma, and/or other severe diseases presently known as symptoms of acquired immune deficiency syndrome, or which causes sudden death, sickness, or disability to infected persons. AIDS shall include HIV (Human Immuno-Deficiency Virus), encephalopathy dementia, and the outbreak of virus.
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.
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.
Providing emergency assistance services (Emergency Assistance Provider)	means	Company or legal entity or a representative of the emergency services provider that has been authorized by the company to provide emergency assistance during travel and services to the Insured as specified in this insurance contract.



Section 2 General terms and conditions

2.1 Insurance contract

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.

2.2 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.

2.3 Notification of Insured Persons and Participation in Insurance

The policyholder must notify the company of the names of the Insured persons and the insurance period prior to travel. In the event of any loss or damage that leads to a claim for benefits, and if the names of the Insured persons are found to be inaccurate, the responsibility to provide proof lies with the policyholder and/or the Insured persons.

Coverage for the Insured persons will commence on the date specified in the insurance policy schedule and/or certificate of insurance. The company will issue the insurance policy schedule and/or certificate of insurance along with a summary of terms, coverage, and exclusions under the insurance policy to each insured person as confirmation that they are covered under the policy.



2.4 Insurance period

The duration of each trip of this insurance policy. the Insured will be covered only for the beginning and ending within the Insured period specified as follows:

2.4.1 Coverage per trip (Single Trip)

The period covered under this insurance policy shall commence from the time the Insured departs from their residence for the purpose of the journey, or as specified in the insurance policy schedule, and shall continue until the Insured returns to their usual residence or until the end of the insurance period, whichever occurs first (unless otherwise stated in this insurance policy). The maximum duration of each insurance coverage period shall **not exceed 90 days**.

2.4.2 Annual Coverage (Annual Trip)

In the case of annual coverage to cover multiple trips with each insurance period, **the maximum travel time is not more than 90 days** and/or one trip coverage is guaranteed for up to 365 days.

The insurance coverage period may be extended or otherwise specified depending on each coverage agreement or attached endorsement.

2.5 Notifications and claims for compensation

The Insured, the beneficiary, or representatives of such persons must inform the company in case of any loss or damage without delay. In the event of death, the company must be notified immediately. If it is not possible to notify the Company immediately due to a reasonable necessity, it should be done as soon as possible.

In claiming compensation for the Insured, the beneficiary or his/her representative shall submit evidence or documents as specified under the insuring agreement and/or its attachments. Each item and other additional documents as required by the Company must be submitted within the specified period at their own expense.

Failure to submit documents or evidence within such period will not invalidate the claim if there are reasonable grounds for not being able to submit within the specified period but have been submitted as soon as practicable.



2.6 Medical examinations

The Company has the right to examine the insured's medical history and diagnosis as necessary for this insurance and has the right to perform an autopsy in case of necessity and not against the law at the expense of the company.

In the event that the Insured does not allow the company to check medical history and diagnosis of the Insured for consideration of the compensation payment, the company can deny protection to the insured.

2.7 Compensation payment

The Company shall provide compensation within 15 days from the date on which the Company has received a complete and correct set of evidence of Loss or Damage. Compensation for death will be paid to the beneficiary while other types of compensation will be paid to the Insured person.

In case a reasonable doubt that the said claim was not made in accordance with the insuring agreement in this Policy, the period specified for claim compensation investigation may be extended as necessary but not exceed than 90 days from the date the company received the documents.

If the Company cannot settle the claim within the specified time limit, the Company is liable to pay interest at 15 percent per annum of the amount due accrued from the due date of the compensation.

2.8 Premium payment and premium return

2.8.1 The Policyholder and/or the Insured must pay the premium promptly and the insurance policy shall start the coverage on the date specified in the schedule.

2.8.2 In the case of coverage on a single trip (Single Trip), cancellation of the insurance policy after the Company has issued the insurance policy will not return the premium. Unless the Insured is not approved for a visa with confirmation from the embassy and the Insured must notify the Company before the protection date.

2.8.3 In the case of annual coverage (Annual Trip), the Insured or the company may exercise the right to cancel the insurance policy according to the conditions specified as follows:



1. The Company can cancel this insurance policy by sending a written notice of not less than 15 days by registered mail to the Policyholder and/or the Insured at the last address notified to the Company. In this case, the company will return the premium to the Policyholder and/or the Insured by deducting premiums for the period that this insurance policy has been in force and issued in proportion.
2. The Policyholder and/or the Insured can cancel this insurance policy by notifying the company in writing and has the right to receive the premium back after deducting premiums for the period that this policy has been in force and then issued according to the short-term premium rates according to the 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

The termination of the insurance policy under the conditions in this Article, whichever is done by any party must be the entire termination whole coverage only. It is not possible to choose to cancel any part of the coverage during the insurance year.



2.9 Dispute Resolution by Arbitration

In case of an argument, dispute, or claim under this Policy between a person who is entitled to claim under the Policy and the Company, if that person wishes to settle the dispute by way of arbitration, the Company shall comply and allow the case to be decided by an arbitrator according to the Arbitration Regulations of the Office of the Insurance Commission on arbitration.

2.10 Jurisdiction and Governing Law

This insurance policy provides coverage only for losses or damages occurring within Thailand and is subject to the laws and interpretation of the Kingdom of Thailand.

2.11 Precedent Condition

The company shall not be liable to pay any compensation under this insurance policy unless the insured, the beneficiary, or their representative, depending on the circumstances, has fully complied with the insurance contract and the conditions of this policy.

2.12 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 do so and return the policy to the company within 15 days from the date of receipt of the policy. If the policy was issued electronically, the Insured is not required to return the physical policy. 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

Insurance under this insurance policy does not cover loss or damage caused by or as a result of causes or occurring at the following times (unless specifically stated in the insuring agreement):

- 3.1 Attempted suicide or self-injury.**
- 3.2 War, invasion, malicious acts by foreign enemies, or acts of hostility similar to war (whether war has been declared or not), civil war, uprising, rebellion, riot, strike, terrorism, revolution, coup, declaration of martial law, or any event that leads to the proclamation or maintenance of martial law.**
- 3.3 Terrorism.**
- 3.4 Unlawful intentional acts by the Insured, seizure or destruction by customs or other competent officials, or violation of government regulations.**
- 3.5 Radiation or radioactive emission from nuclear fuel or from any nuclear waste due to the combustion of nuclear fuel and from any process of nuclear fission that proceeds on its own.**
- 3.6 Radioactive explosion or nuclear components or any other potentially dangerous goods explosion in nuclear processes.**
- 3.7 While the Insured is on duty as a soldier policeman or volunteer and engage in war operations or suppression.**
- 3.8 While occurring in a country or territory excluded from coverage as specified in the insurance policy schedule and any attached endorsements (if any).**
- 3.9 While occurring around the oil rig offshore natural gas drilling rig or underground mines.**

Section 4 Insuring Agreement

Subject to the rules, general terms and conditions, exclusions, insuring agreements, and attachments of the Policy, and in consideration for the premium paid by the Policyholder and/or the Insured, the Company agrees to provide coverage in accordance with the insuring agreements as follows:



Insuring Agreement

Loss of life, dismemberment, loss of sight, or total permanent disability due to accident

Additional definitions

Dismemberment means Severance of a limb, at or above the wrist or ankle joints, from the body, and shall include total loss of usability of the aforesaid organ where there is a clear medical indication that it will never be able to function again.

Loss of sight means Total blindness that is incurable.

Total Permanent Disability means Disability to the extent of permanent inability to perform any function in own occupation or any other occupation or inability to perform at least 3 activities of daily living by oneself.

Activities of daily living means the ability to perform 6 routine activities of daily living which are medical indicators for assessing patients who cannot perform such activities for themselves. These 6 activities are:

1. Transferring: The ability to move oneself from a chair to a bed and back again without assistance from other persons or tools.
2. Mobilizing: The ability to walk or move oneself, for example, from one room to another room without assistance from other persons or tools.
3. Dressing: The ability to get dressed or undressed by oneself without assistance from other persons or tools.
4. Bathing: The ability to clean oneself and get in and out of the bathroom by oneself without assistance from other persons or tools
5. Eating: The ability to feed oneself without assistance from other persons or tools.
6. Toileting: The ability to get on and off the toilet including getting in and out of the bathroom without assistance from other persons or tools



Coverage

This insurance covers loss or bodily injury of the Insured person caused by travel accident leading to death of the Insured person, dismemberment, loss of sight, or total permanent disability within 180 days commencing from the date of accident or injury requiring the Insured person to attend continuous treatment as Inpatient in Hospital or medical centre and subsequently dies at any time, the Company will compensate as follows:

1. 100% of the sum insured	In case of death.
2. 100% of the sum insured	In case of total permanent disability and such total permanent disability existed for not less than 12 consecutive months commencing from the date of accident or there is any clear medical indication that the Insured person is becoming total permanent disability.
3. 100% of the sum insured	For both hands from wrist joints or feet from ankle joints or both sights.
4. 100% of the sum insured	One hand from the wrist joint and one foot from the ankle joint.
5. 100% of the sum insured	One hand from the wrist joint and one sight.
6. 100% of the sum insured	One foot from the ankle joint and one sight.
7. 60% of the sum insured	One hand from wrist joint.
8. 60% of the sum insured	One foot from ankle joint.
9. 60% of the sum insured	One sight.

The Company shall pay compensation under this clause only for one of the highest items.

Throughout the period of insurance, the Company shall compensate for the consequence arising in accordance with this insuring agreement, in aggregate not exceeding the amount specified in the policy schedule. If the Company has not yet paid out the full sum insured, the Company shall continue to provide coverage until the expiry of the period of insurance only in the amount of the remaining sum insured.



Claim for loss of life, dismemberment, loss of sight, or total permanent disability due to accident

The Insured, the beneficiary, or the representative of the said person must inform the Company and submit the following documents and evidence to the Company within 30 days from the date of loss of life, dismemberment, loss of sight, or total permanent disability at his or her out-of-pocket expenses.

1. In case of dismemberment, loss of sight or total permanent disability due to accident

- 1.1 Claim form designated by the company
- 1.2 Medical report confirming loss of dismemberment, sight, or total permanent disability (if any)
- 1.3 Copy of passport and/or proof of travel of the insured
- 1.4 Copy of ID card of the insured
- 1.5 Documents or evidence as Company needs as needed (if any)

2. In the event of death due to an accident

- 2.1 Claim form designated by the company
- 2.2 Death certificate
- 2.3 Copy of autopsy report
- 2.4 Copies of police diaries
- 2.5 Copy of ID card and a copy of the house registration stamped " death " of the insured
- 2.6 Copy of passport and/or proof of travel of the insured
- 2.7 Copy of ID card and a copy of the beneficiary's house registration
- 2.8 Documents or evidence as required by the company as necessary (if any)

Failure to submit documents or evidence within the specified time limit will not deprive the covered person of the right to claim if it can be proven that there is a reasonable ground for failing to submit such evidence within the specified time limit and the submission has been made as soon as possible.



Additional exclusions (applicable only to loss of life, dismemberment, loss of sight, or total permanent disability due to accident)

Insurance under this insuring agreement does not cover loss of life, dismemberment, loss of sight, or total permanent disability due to accident arising from or as a result of the following reasons:

1. Actions of the Insured while under any of the following conditions:

(1) While under the influence of drugs or narcotics to the extent of being unable to maintain consciousness; or

(2) While under the influence of alcohol, with an alcohol level in the body at the time of examination equivalent to a blood alcohol level of 150 milligram percent or more; or

(3) While under the influence of alcohol until unable to maintain consciousness if there is no measurement or in the event that the level of alcohol cannot be measured.

2. Exposure to germs and parasites, except for infectious diseases, tetanus, or hydrophobia which was caused by the wound received from an accident.

3. Miscarriage, except for miscarriage as a direct result of an accident.

4. While the Insured participates in boat racing, horse racing, all kinds of ski races including jet skis, skating, boxing, parachuting, paramotor racing, parachuting, and gliding while taking off or landing or riding in a balloon, bungee jumping, diving that requires an air tank and an underwater breathing apparatus (except for parachuting and diving that requires an air tank and breathing apparatus under water to save lives).

5. While the Insured is going up or down or while traveling in an aircraft that is not registered to carry passengers and is not a commercial airline.

6. While the Insured is driving or performing duties as a crew member of any aircraft.

7. While the Insured joins the quarrel or is involved in provoking a quarrel.

8. While the Insured commits a serious crime or while being arrested or escaping arrest.



Insuring agreement

Medical expense due to accident or sickness

Additional Definitions

Alternative medicine means Diagnosis medical treatment or disease prevention by methods of Thai traditional medicine, Thai folk medicine, Chinese medicine or other methods that are not modern medicine.

Coverages

While the Insured is covered under this insurance policy, if the Insured suffers an injury due to an accident or a sudden and unforeseeable illness occurring during the insurance period that requires medical treatment—whether as an inpatient or outpatient.

The company will reimburse the necessary and reasonable medical expenses incurred, based on medical necessity and standards, up to the actual amount paid but not exceeding the sum insured as specified in the insurance policy schedule.

If the Insured requires follow-up treatment after the insurance period ends, they must receive such treatment within 48 hours after the end of the insurance period. The company will continue to provide coverage and reimburse actual medical expenses, but not exceeding -% of the sum insured.

Covered medical expenses include the following:

1. Medical practitioner fees, such as General medical consultations, General medical consultations, Anesthesiologist fees, Dental practitioner fees, and other professional medical practitioner fees.
2. Medication and intravenous nutrition, blood and blood component services, including costs for separation, preparation, and analysis, laboratory and pathology tests, radiological diagnostics, other specialized diagnostic procedures, including physician interpretation, use or provision of medical equipment and instruments outside the operating room, medical consumables (Medical Supplies 1), operating room fees and equipment (excluding the cost of hiring a private nurse during inpatient hospitalization).



3. Emergency ambulance services, for transporting the Insured to or from a hospital or medical facility due to medical necessity.

4. Discharge medication, as medically necessary, for up to 14 days.

5. Intensive care unit or standard private room fees, including meals provided by the hospital or medical facility and daily nursing care.

6. Other medical-related expenses, such as nursing services, medical services, and medical procedures.

If the Insured has already received compensation from government welfare, other benefits, or another insurance policy, the company will only be responsible for the remaining unpaid portion of the medical and nursing expenses.

Limitation

1. Room rates for inpatients no more than **per day – baht**. However, this limitation does not apply in the case of being admitted in an intensive care unit (I.C.U.) according to medical standards.

Claims for medical expense incurred in Thailand due to accident or sickness

The Insured, the beneficiary, or the representative of the said person must submit the following documents or evidence to the Company within 30 days from the date of discharge from the Hospital or a medical facility or a clinic at their own expense

1. Claim form designated by the Company
2. Copy of the Insured's passport and/or proof of travel
3. Copy of the Insured's identification card
4. Medical report stating important symptoms diagnostic results and treatment
5. Original receipt showing expenses or a summary of the statements and receipts

The receipt listing the expenses must be the original receipt. And the company will return the original receipt certifying the amount paid. in order for the Insured to claim the missing part from other insurers but if the Insured receives compensation from the welfare of the state or any other welfare or from other insurance, the Insured shall submit a copy of the receipt certifying the amount paid from the welfare of the state or other agencies to claim the lack of the company.



Failure to submit evidence within the said period does not lose the right to claim, if it can be demonstrated that there are reasonable grounds for failing to submit evidence within the specified period, but delivered as soon as possible.

Additional exclusions (applicable only to medical expense incurred in Thailand due to accident or sickness)

Insurance under this insuring agreement does not cover benefits, medical treatment due to injury, or illness arising out of or in consequence of the following reasons:

- 1. Conditions that were before the Insured (Pre-existing Conditions).**
- 2. Treatment or correction of congenital defects.**
- 3. Treatment for rest, health, or relaxation, such as massages, recovery therapies, or health check-ups. Any medical treatment that is not related to injury or illness.**
- 4. Treatment of diseases or conditions related to psychosis, stress, or insanity, including drug addiction or genetic disease.**
- 5. AIDS, venereal, or sexually transmitted diseases.**
- 6. Any treatment related to pregnancy including childbirth, miscarriage, pregnancy complications, resolving infertility problems (including investigation and treatment), sterilisation, or contraception.**
- 7. Medical treatment that is not a modern treatment, including alternative medicine (Alternative Treatment), such as acupuncture, natural therapy by massage and acupressure (Chiropractic), etc.**
- 8. All types of prosthetic devices such as walking sticks, glasses, hearing aids, speech devices, and pacemakers.**
- 9. Surgery involving unnecessary injuries or illnesses arising for profit or fraudulent use of an insurance policy.**
- 10. Beauty treatments include acne, melasma, freckles, dandruff, weight loss, hair transplant, or treatments to correct body defects. Cosmetic surgery, except for cosmetic surgery that needs to be done as a result of an accident in order for the organs to be able to return to their original function.**
- 11. Expenses related to dental services except to relieve injuries from accidents but does not include restorations, orthodontics, crowns, scaling, fillings or dentures; or Medical expenses for treatment necessary for natural pronunciation due to accidental dental treatment.**



12. Vaccination against diseases except for rabies vaccination after an animal attack and tetanus vaccination after an injury.
13. Medical expenses incurred by the Insured's physician or the Insured's father, mother, spouse or child.
14. Actions of the Insured while under any of the following conditions:
 - 14.1 While under the influence of drugs or narcotics to the extent of being unable to maintain consciousness;
or
 - 14.2 While under the influence of alcohol, with an alcohol level in the body at the time of examination equivalent to a blood alcohol level of 150 milligram percent or more; or
 - 14.3 While under the influence of alcohol to the extent that he is unable to regain consciousness. In the event that there is no measurement or in the event that the level of alcohol cannot be measured.
15. Exposure to pathogens and parasites, except for tetanus or rabies infection caused by wounds from an accident.
16. While the Insured participates in boat racing, horse racing, all kinds of ski races including jet skis, skating, boxing, parachuting, paramotor racing, parachuting, and gliding while taking off or landing or riding in a balloon, bungee jumping, diving that requires an air tank and an underwater breathing apparatus (except for parachuting and diving that requires an air tank and breathing apparatus under water to save lives).
17. Injuries that occur while the Insured is going up or down or while riding in an aircraft that is not registered to carry passengers and is not a commercial airline.
18. Injury incurred while the Insured participates in an altercation or is involved in provoking a quarrel.
19. Injuries that occur while the Insured commits a serious crime or while being arrested or escaping arrest.
20. When the Insured is not in a condition suitable for travel or travel contrary to the advice of a licensed physician.
21. Injuries that occur while the Insured is driving or performing duties as a crew member of any aircraft.
22. Back pain caused by disc herniation, spinal disc herniation (Spondylolisthesis) degenerative disc herniation (Degenerative disc disease) degenerative spine (Spondylosis) and conditions with fractures (Defect) or pathology in the spinal column Pars . Interarticularis (Spondylolysis) unless there is a fracture (Fracture) or dislocation (Dislocation) of the spine due to an accident.



Insuring agreement

Emergency medical evacuation and repatriation to domicile

Coverages

While the Insured is covered under this insurance policy, if the Insured suffers an injury or sudden and unforeseeable illness during the insurance period while traveling within Thailand, and it becomes medically necessary to transport the Insured using a method deemed appropriate by the emergency assistance provider for proper medical treatment or repatriation to their home, the company will reimburse the actual expenses incurred for emergency medical evacuation or repatriation directly to the emergency assistance provider. This reimbursement will not exceed the sum insured as specified in the insurance policy schedule. The method, form of transportation, and destination for emergency medical evacuation shall be determined by the emergency assistance provider. This includes transportation by air, sea, land, or any other medically appropriate means in accordance with medical necessity and standards.

The specified coverage amount applies to expenses for services arranged and/or provided by the emergency assistance provider for transportation or medical treatment, including necessary medical equipment costs resulting from the insured's emergency medical evacuation as described herein.

The emergency assistance provider shall determine the method, form of transportation, and destination for the emergency medical evacuation. This may include transportation by air, sea, land, or any other medically appropriate means, based on medical necessity.

The emergency assistance service providers are according to the attached documents.

Claims for emergency medical evacuation and repatriation to domicile

The Insured, the beneficiary, or the representative of the said person as the case may submit the following documents or evidence to the Company within 30 days from the date of the incident at their own expense.

1. Claim form designated by the company
2. Copy of passport and/or proof of travel of the insured
3. Documents or evidence as required by the company as necessary (if any)

Failure to submit evidence within the said period does not lose the right to claim, if it can be demonstrated that there are reasonable grounds for failing to submit evidence within the specified period, but delivered as soon as possible.



However, if the Insured or beneficiaries have pre-paid for service-related expenses that were not approved and managed by the emergency service providers, and it was not possible to notify the emergency service providers in advance, the Company will reimburse the actual the actual cost incurred, but not more than the cost under the same circumstances as specified by the emergency assistance service provider, but not exceeding the sum insured as specified in the insurance policy schedule. This is provided there is a justifiable reason for the expenses, and they were incurred during an emergency medical situation.



Insuring agreement

Repatriation of body or ashes to domicile

Coverages

While the Insured is covered under this insurance policy, if the Insured dies within 30 days from the date of injury or sudden and unforeseeable illness occurring during the insurance period while traveling within Thailand.

The company will reimburse funeral expenses and other necessary costs related to the handling of the remains. These may include the cost of a coffin, embalming, cremation at the place of death, and the cost of transporting the remains or ashes back to the insured's home. Such arrangements must be carried out by an emergency assistance provider authorized by the company, and expenses will be billed directly to the company. The reimbursement will not exceed the sum insured as specified in the insurance policy schedule.

The emergency assistance service providers are according to the attached documents .

Claim for repatriation of body or ashes to domicile

The Insured, the beneficiary, or the representative of the said person must submit the following documents or evidence to the Company within 30 days from the date of discharge from the date of the incident at their own expense.

1. Claim form designated by the company
2. Copy of passport and / or proof of travel of the insured
3. Documents or evidence as required by the company as necessary (if any)

Failure to submit evidence within the said period does not lose the right to claim, if it can be demonstrated that there are reasonable grounds for failing to submit evidence within the specified period, but delivered as soon as possible.

However, if the Insured or beneficiaries have pre-paid for service-related expenses that were not approved and managed by the emergency service providers, and it was not possible to notify the emergency service providers in advance, the Company will reimburse the actual the actual cost incurred, but not more than the cost under the same circumstances as specified by the emergency assistance service provider, but not exceeding the sum insured as specified in the insurance policy schedule. This is provided there is a justifiable reason for the expenses, and they were incurred during an emergency medical situation.



Insuring agreement

Hospital visitation

Additional definitions

Family member	means	Fathers, mothers, grandfathers, grandmothers, grandmothers, children, daughters, spouses, and brothers or sisters of the same father and/or mother of the Insured and parents of the spouse.
Underage	means	20 years of age and below.

Coverages

If the Insured is hospitalized as an inpatient in a hospital or medical facility in Thailand for more than 5 consecutive days, and their medical condition prevents them from being transported back to their home, and no adult family member is present with the Insured.

The company will reimburse actual travel expenses for up to two family members of the Insured to visit the Insured in Thailand. Covered travel includes economy class airfare, first-class train fare, or sea transportation, as medically necessary.

An authorized assistance provider will arrange round-trip economy class air tickets, first-class train tickets, or passenger ship tickets for up to two family members of the Insured to visit the Insured during hospitalization. The reimbursement will not exceed the maximum sum insured as specified in the insurance policy schedule.

Additional conditions (applicable only to hospital visitation)

1. The Insured's medical condition makes it impossible to move according to the order from the treating physician, the Insured must not be moved.
2. The Insured does not have a family member who has reached the age of majority with the Insured at the time of being admitted to a hospital or medical facility.



Claims for hospital visitation

The Insured, the beneficiary, or the representative of the said person must submit the following documents or evidence to the Company within 30 days from the date of the incident at their own expense.

1. Claim form designated by the company.
2. Copy of passport and/or proof of travel of the insured
3. Documents or evidence as required by the company as necessary (if any)

Failure to submit evidence within the said period does not lose the right to claim, if it can be demonstrated that there are reasonable grounds for failing to submit evidence within the specified period, but delivered as soon as possible.



Insuring agreement

Trip cancellation

Additional definitions

Serious injury or serious illness	means	Insured and/or family member must be treated by a licensed medical practitioner under the law, and serious injury or serious illness that results in the Insured and/or family members have been certified by a physician as it is life threatening, and it is not appropriate to travel or continue travelling for that journey.
Family member	means	Fathers, mothers, grandfathers, grandmothers, grandmothers, children, daughters, spouses, and brothers or sisters of the same father and/or mother of the Insured and parents of the spouse.

Coverages

While the Insured is covered under this insurance policy, this insurance provides coverage for loss or damage arising from the cancellation of the Insured's trip **which occurs within 30 days before departure (except the cause under item 3) which is caused by:**

1. Death or serious injury or serious illness of the Insured and/or family members which causes the Insured to be unable to travel according to the itinerary.
2. Unexpected strikes, riots, or civil wars, which are events beyond the control of the Insured, making it impossible to travel according to the schedule.
3. When the Insured's permanent residence is severely damaged by fire, floods, or similar natural disasters such as typhoons or earthquakes **within 7 days prior to the departure date prevent the Insured from traveling on time.**
4. Received a summons to testify at court or received a warrant from the court.



The company will pay compensation to the Insured for loss or damage of cancellation of travel incurred after the insurance policy has been in force, such as travel deposit advance ticket purchase and/or accommodation and meals that the Insured has paid in advance and/or expenses for which the Insured is legally liable only for loss or damage which is not reimbursed by any other source. The company will compensate according to the actual loss or damage up to the sum insured specified in the insurance policy schedule.

This Insuring agreement coverage shall begin on the date of the Insured purchases this insurance policy.

In the event that the Insured has already made a claim for compensation under this insuring agreement, this insurance policy is the end of the coverage.

Claims for trip cancellation

The Insured, the beneficiary, or the representative of the said person must submit the following documents or evidence to the Company within 30 days from the date of the incident at their own expense.

1. Claim form designated by the company
2. Certificate from the insured's airline
3. Copy of passport and/or proof of travel of the insured
4. Copy of the Insured's identification card
5. Medical certificate if the Insured intends to cancel the trip due to Serious injury or severe sickness of the Insured and/or Family members.
6. Copy of death certificate if the Insured intends to cancel the trip due to the death of the Insured and/or family members.
7. Documents or evidence as required by the company as necessary (if any).

Failure to submit evidence within the said period does not lose the right to claim, if it can be demonstrated that there are reasonable grounds for failing to submit evidence within the specified period. but delivered as soon as possible



Additional exclusions (applicable only to trip cancellation)

Insurance under this insuring agreement does not cover travel cancellation benefits caused by or as a result of the following reasons:

- 1. Any loss or damage caused by the control or government regulations.**
- 2. AIDS, venereal, or sexually transmitted diseases.**
- 3. Cancellation of travel that the Insured knows in advance before applying for this insurance.**
- 4. Cancellation of travel due to pre-existing conditions.**
- 5. Bankruptcy, lack of liquidity to pay off debts, or the lack of payment of debts of the travel agency or the transport operator causing the cancellation of the trip.**
- 6. Any loss or damage that is covered under other valid insurance policies or government projects or to receive compensation from other sources, such as hotels, airlines, travel agencies, or any other operators related to travel, food, and accommodation.**
- 7. Getting this insurance in less than 7 days before departure (except in the case of death or serious injury resulting from an accident of the Insured or family member).**
- 8. Cancellation of travel due to financial situation or changing the travel plans of the Insured or family member.**
- 9. Travel cancellation due to mental illness or any type of mental illness.**
- 10. Business loss or damage, business obligations, or obligations of the Insured or a member of the insured's family.**
- 11. Loss or damage to the Insured's travel privileges.**
- 12. Cancellation of travel due to illegal actions of the Insured or the Insured is subject to criminal prosecution.**
- 13. Cancellation of the trip that the Insured did not notify the travel agency, tour manager, flight carrier, or accommodation as soon as it becomes necessary to postpone or cancel the arranged trip. Unless it can be proven that there is a reasonable necessity preventing immediate notification, the Company must be notified as soon as possible.**



Insuring agreement

Trip curtailment

Additional definitions

Serious injury or serious illness	means	Insured and/or family members must be treated by a licensed medical practitioner under the law, and serious injuries or severe illness that results in the Insured and/or family members have been certified by a physician as life threatening, and it is not expedient to travel or continue traveling for that journey.
Family member	means	Fathers, mothers, grandfathers, grandmothers, grandmothers, children, daughters, spouses, and siblings of the same father and/or mother of the Insured and parents of the spouses.

Coverages

While the Insured is covered under this insurance policy, if the insured's travel days are reduced after starting the trip and the Insured must return to Thailand early due to the following reasons:

1. the Insured suffers a serious injury or serious illness, where it is confirmed by a physician that further travel may endanger life and prevent further travel.
2. Family member unexpected death or serious injury or serious illness prevents the Insured from travelling.
3. Natural disasters such as typhoons or earthquakes causing the Insured to be unable to continue travelling as scheduled.
4. Strikes, riots, or unforeseen political disturbances that are beyond the insured's control; or
5. Quarantine as recommended by a doctor.

The Company shall pay compensation to the Insured for expenses paid in advance by the Insured as a deposit or in advance for unused travel or accommodation costs or penalties for reducing the number of travel days which the Insured is not reimbursed from other sources, and includes additional travel expenses from having to return early by plane, land or boat (economy class fares where possible). The compensation will be based on the actual expenses, but not more than the sum assured as specified in the insurance policy schedule.



Claims for trip curtailment

The Insured, the beneficiary, or the representative of the said person as the case may submit the following documents or evidence to the Company within 30 days from the date of the incident at their own expense.

1. Claims form designated by the company
2. Certificate from the insured's airline
3. Copy of the insured's passport and/or proof of travel
4. Copy of the insured's identification card
5. Medical certificate in case of need reduce the number of travel days due to serious injury or serious illness of the Insured and/or family members.
6. Copy of death certificate in case of wanting to reduce the number of travel days due to the death of assured and/or family member.
7. Other evidence requested by the Company as necessary.

Failure to submit evidence within the said period does not lose the right to claim, if it can be demonstrated that there are reasonable grounds for failing to submit evidence within the specified period, but delivered as soon as possible.

Additional exclusions (applicable only to trip curtailment)

Insurance under this insuring agreement does not cover the benefit of reducing the number of travel days arising from or as a result of the following reasons:

- 1. Reduction of travel days due to the Insured's mental disorder, insanity, nervous system disease.**
- 2. AIDS or a blood test showing positive for HIV and other diseases associated with AIDS.**
- 3. Venereal disease or any disease sexually transmitted.**
- 4. Reducing the number of travel days due to any reason that the Insured knows in advance before applying for this insurance.**
- 5. Reducing the number of days travel due to Pre-existing Conditions.**
- 6. Reduction of travel days due to illegal acts of the Insured or the Insured is subject to criminal prosecution.**



Insuring agreement

Flight delay

Coverages

While the Insured is covered under this insurance policy, if their travel by plane is delayed **by at least 4 consecutive hours** from the scheduled time stated in the itinerary, and they cannot enter or leave the airport due to:

1. Unfavourable travel conditions.
2. Malfunction, failure, damage, or breakdown of the mechanical or electrical systems of aircraft equipment.
3. Protests or strikes by employees of transport operators, airlines, or airports.

The Company will pay compensation for the delayed travel according to the sum insured to the Insured **for delayed travel every 4 hours of the delay** as specified in the insurance policy schedule, but not exceeding the sum insured as specified in the insurance policy schedule.

Claims for flight delay

The Insured, the beneficiary, or the representative of the said person as the case may submit the following documents or evidence to the Company within 30 days from the date of the incident at their own expense.

1. Claims form designated by the company
2. Copy of passport and/or proof of travel of the insured
3. Airfare and boarding pass, or boat or train ticket, or evidence indicating the duration of the journey.
4. Certificate from the person responsible for the trip, including the date of the incident, reason, and duration of the delay.
5. Documents or evidence as required by the company as necessary (if any).

Failure to submit evidence within the said period does not lose the right to claim, if it can be demonstrated that there are reasonable grounds for failing to submit evidence within the specified period, but delivered as soon as possible.



Additional exclusions (applicable only to flight delay)

Insurance under this insuring agreement does not cover benefits for flight delays caused by or due to the following reasons:

1. The Insured does not check the ticket before boarding the plane at the time specified in the itinerary provided to the Insured and cannot obtain a written representation from the carrier or its agent responsible for the number of hours delayed and the cause of the delay.
2. Damage that the Insured does not have a written notice from the airline, or the ticket dealer specifying the reason for the delay and the duration of the delay.
3. The delay was due to the strike, labour protest, or in the case of industrial disputes of air transport operators or of the airport incurred before or in progress while the Insured purchases the insurance.
4. Delays arising from the cancellation of the carrier's services by order or advice from the relevant regulators or from the government of that country.
5. The Insured's arrival at the airport is later than the time specified for ticket checking before boarding (unless the delay is caused by a strike or industrial dispute of the aircraft carrier or of the airport).
6. Delays or changes to the booked travel caused by government regulations or laws, including error, neglect, or breach of contract by service providers that are part of the trip, whether booked by the travel agent or tour operator who booked the trip.
7. Loss or damage to the Insured's travel privileges.
8. Damages compensated by the airline or airport.
9. The Insured who has not notified the travel agency/tour operator or transport or accommodation provider. As soon as the Insured knows that it was necessary to delay travel from the travel itinerary provided, unless it is proved that there is reasonable necessity, it cannot be immediately notified to the Company but notified as soon as possible.



Insuring agreement

Missed connection flight

Coverages

While the Insured is covered under this insurance policy, if the Insured misses a confirmed domestic connecting flight at a transfer point due to the delay of the incoming flight, and no alternative flight is available **within 4 hours** from the scheduled arrival time of the incoming flight, the company will compensate for the missed connection.

Compensation will be paid for **every 4-hour delay**, based on the sum insured specified in the insurance policy schedule, but not exceeding the maximum sum insured stated in the schedule.

Claim for missed connection flight

The Insured, the beneficiary, or the representative of the said person as the case may submit the following documents or evidence to the Company within 30 days from the date of the incident at their own expense.

1. Claim form designated by the company
2. Copy of passport or proof of travel of the Insured
3. Airfare and boarding pass, or proof of travel period
4. Certificate from the person who is responsible for that trip with the date of the incident, reason and time of delay.
5. Documents or evidence as required by the company as necessary (if any).

Failure to submit evidence within the said period does not lose the right to claim, if it can be demonstrated that there are reasonable grounds for failing to submit evidence within the specified period, but delivered as soon as possible.



Additional exclusions (applicable only to the missed flight connection benefit coverage agreement)

Insurance under this insuring agreement does not cover the benefit of missed connecting flight arising from or as a result of the following reasons:

- 1. As a result of the Insured failing to travel to the starting point of the first departure for any reason.**
- 2. Delays arising from the termination of the carrier's services by instructions from the relevant regulators or from government of any country.**
- 3. The Insured does not report to the airline within the specified time.**
- 4. Damage that the Insured does not have a written notice from the airline or the ticket dealer specifying the reason for the delay and the duration of the delay of the airline.**
- 5. Delays arising due to strikes or protest which has begun or announced prior to the issuance date of the insurance policy or the date specified in the travel ticket or the date of confirmation of the trip, whichever comes first.**
- 6. In the event that the connecting flight does not take place at the same airport as the previous flight or the duration of the flight schedule between the previous flights and connecting flights less than 3 hours apart.**



Insuring agreement

Personal liability

Additional definitions

Third party means Any person who is not a relative residing with the insured, employee of the Insured while in the process of hiring and partners of insured.

Coverages

This insurance provides coverage for statutory liability to third parties of the Insured due to accidents occurring within the Insured period as specified in the insurance policy schedule.

The Company on behalf of the Insured person shall compensate the actual amount the Insured person has to be legally responsible for which deducts the deductible (if any) but not exceeding the sum insured stated in the schedule for the result of the damage as following:

1. Death or bodily injury of a third party resulting from an accident by the Insured.
2. Loss or damage of third party property resulting from an accident by the Insured.

Additional conditions (applicable only to personal liability)

1. The duty of the Insured to claim compensation

In the event of an event which may cause a claim for compensation under this insuring agreement, the Insured must

- 1.1 Notify the company without delay.
- 1.2 Refer to the Company immediately upon receipt of a subpoena or a court order or decree, which relates to the Insured being sued to be legally liable to a third party under this insuring agreement.
- 1.3 the Insured must not act as an agreement to pay or accept liability to a third party or another person or the victim or acts that may cause or cause litigation or fight the lawsuit without the written consent of the company, unless the Company does not deal with such claim in a reasonable time from the date of notification from the insured.
- 1.4 Submit details and help as needed for the company to agree to pay compensation or defend any claim or file a lawsuit.



2. The duty of the Insured to manage protection

the Insured must prevent or provide reasonable protection to prevent accidents and must comply with the provisions of laws and regulations of government officials.

3. Duty to maintain the company's rights for subrogation

At the expense of the Company, the Insured must do everything necessary or as requested by the Company, both before or after receiving compensation from the Company, in order to maintain the Company's right to subcontract Claim for damages from third parties.

4. Company's rights

The company has the right to take action against the lawsuit and has the right to compromise on behalf of the Insured against any claim.

5. Liability Average

If, at the time of the incident resulting in a claim for compensation, other insurance also covers the same liability, the Company will be liable for damages litigation, and other expenses not more than the Company's ratio for the amount to be paid in relation to that liability.

Claim for personal liability

The Insured, the beneficiary, or the representative of the said person as the case may submit the following documents or evidence to the Company within 30 days from the date of the incident at their own expense.

1. Claim form designated by the company.
2. Copy of passport or proof of travel of the insured
3. Copy of the insured's identification card
4. Copy of the police's daily record at the scene of the accident
5. Documents or evidence as required by the company as necessary (if any).

Failure to submit evidence within the said period does not lose the right to claim, if it can be demonstrated that there are reasonable grounds for failing to submit evidence within the specified period, but delivered as soon as possible.



Additional exclusions (applicable only to personal liability)

Insurance under this insuring agreement does not cover benefits, liability to third parties caused by or as a result of the following reasons:

1. Deductible liability that the Insured is liable for as specified in the policy schedule (if any).
2. Loss or damage includes injury to a person other than a third party.
3. Loss or damage to property belonging to the Insured or in possession or statutory control of the Insured.
4. Loss or damage related to liability arising from contracts entered into by the Insured. If there is no such contract, the Insured's liability will not arise.
5. Loss or damage related to relating to the Insured who acted intentionally, intentionally or illegally by the insured
6. Loss or damage due to the ownership or possession of motorised vehicles including any machinery or vehicle pushed or dragged by engines, aircraft, firearms, pets, land, or buildings, or caused by negligence in its supervision.
7. Commercial, professional liability, or deficiencies in doing business.
8. Loss or damage resulting from the Insured's actions while being in a state of mental disorder, nervous system disorder, insanity, including while the Insured is involved in a quarrel or is involved in provoking a quarrel.
9. Loss or damage related to the Insured which is done intentionally malicious intent or illegal actions.
10. Criminal prosecution costs.
11. Damages imposed as punitive damages or multiplicative damages.
12. Loss or damage of equipment rented or leased.



Insuring agreement

Baggage delay

Coverage

While the Insured is covered under this insurance policy, this insurance provides coverage in the event of the Insured's luggage being delayed during the insurance period due to mistake or sent to the wrong place or temporary loss of the carrier **for more than 4 hours** after the Insured arrives at the baggage claim point at the destination.

The Company shall pay compensation for baggage delay to the Insured for luggage delay **every 4 hours of delay** but not exceeding the total sum insured as stated in the policy schedule.

Claim for baggage delay

The Insured, the beneficiary, or the representative of the said person as the case may submit the following documents or evidence to the Company within 30 days from the date of the incident at their own expense.

1. Claims form designated by the company
2. Copy of the insured's passport or proof of travel
3. Copy of the insured's identification card
3. Certificate from the airline of the insured
4. Copy of the police's daily record at the scene of the accident
5. Documents or evidence as required by the company as necessary (if any).

Failure to submit evidence within the said period does not lose the right to claim, if it can be demonstrated that there are reasonable grounds for failing to submit evidence within the specified period, but delivered as soon as possible.



Additional exclusions (applicable only to baggage delay)

Insurance under this insuring agreement does not cover baggage delay benefits arising from or due to the following reasons:

1. the Insured does not report immediately to the commercial airline or carrier to the delay of the luggage.
2. Confiscation, detention, or customs detention by immigration checkpoint and/or airport officials or government or police in that country.
3. The Insured's inability to provide Confirmation Letter or a written confirmation letter from the airline or the carrier on the date and time of receipt of the delayed luggage back,
4. Delay of baggage while in Thailand or after the Insured person completes the specified trip, in the evidence showing the trip at that time.



Insuring agreement

Damage or loss of baggage and/or personal effects

Additional definitions

Baggage	means	Baggage that the Insured takes with them on the trip.
Personal effects	means	The insured's property taken with them on the trip.
Souvenir	means	Symbolic thing or as a memorial to an event, place, or thing sold or given as a souvenir.
Decorations	means	Items such as rings, bracelets, necklaces, bracelets, earrings, pendants and watches worn as body jewelry.
Valuables	means	Jewelry of gold, silver or other precious metals, wool, watches and precious stones or precious stones.
Stealth	means	Theft by force of mayhem or the threat of sudden use of mayhem to a) facilitate the theft or removal of such property; or b) to hand over such property; or c) confiscate the property, or d) conceal the commission of the offence; or e) escape from arrest Theft means taking the property of another person or which others are owned by others in a fraudulent manner.
Robbery	means	Robbery by jointly committing three or more offenses.
Pair or set (Pair or set)	means	Various assets which look the same or is a coupling device or is used together.

Coverage

While the Insured is covered under this insurance policy, if the Insured's baggage and/or personal belongings incurred loss or damage from one of the following events during the insurance period:



1. While baggage and/or personal belongings of the Insured are under the supervision of hotel staff or other accommodation where the Insured has stayed, or the carrier, and such loss or damage shall be certified in writing by responsible person. or

2. Stealth, robbery, or any action in a violent manner or by coercion by another person against the Insured to take baggage and/or personal belongings.

The Company will pay compensation for the loss or damage of each piece of luggage and/or personal belongings (Single Limit) or property which is a pair or set (Pair or Set) that has been damaged in all, or property which is a pair or set (Pair or set), which has been partially damaged but no longer works.

The Company will be paid according to the amount of actual loss or damage not exceeding the amount insured as specified in the insurance policy schedule.

Additional exclusion (applicable only to damage or loss of baggage and/or personal effects)

1. Company compensation and limitation of liability methods

The Company has the right to consider paying compensation in one of the following ways:

- 1.1) Paid for the real value at the time of loss or damage to that property which considers the depreciation of such assets Limit amount per piece (Single Limit) or each pair or set (Pair or set). **The maximum is not more than 5,000 baht and not more than the total amount of sum insured** as specified in the insurance policy schedule; **or**
- 1.2) Repairs based on actual loss or damage; **or**
- 1.3) Procurement of similar assets to replace

2. The duty of the Insured to claim compensation

In the event of loss or damage, the Insured must comply with the following:

- 2.1) the Insured must notify the hotel, local carrier, or police of the damage as soon as possible, unless the Insured is unable to do so due to necessity or is in the event of an incident and makes it impossible for the insured.
- 2.2) the Insured must follow every step of the process for the Insured's personal belongings to be taken care of with reasonable care.
- 2.3) the Insured shall be liable for any deductible for any loss or damage in the sum insured as specified in the insurance policy schedule of each loss or damage and every loss or damage.



2.4) The Insured, the beneficiary, or the representative of the said person must submit the following documents or evidence to the Company within 30 days from the date of the incident at their own expense.

2.4.1 Books, documents, or any other evidence issued by the carrier or the hotel, specifying the details of the damage. In the event that the damage is under the control of the hotel staff or other places of residence where the Insured has stayed or shipping company.

2.4.2 Property Irregularity Report issued by the carrier hotel manager by specifying the details of the damage. In the event that the damage is under the control of the hotel staff or other places of residence where the Insured has stayed or shipping company.

2.4.3 A report or daily record of a local police officer at the scene of the accident. In the event of being compelled, threatened, or subjected to violence to snatch your luggage and/or personal belongings inside it.

Failure to submit evidence within the said period does not allow the company to deny liability

3. Other insurance and liability averages

If at the time the damage occurred and it appears that the Insured was insured for the damage. The same applies to other insurance companies whether by the Insured himself or by any other person acting on behalf of the insured. The company will jointly compensate the compensation not more than the average amount according to the amount that the company has been insured against the total sum insured, but not more than the sum insured which the company has been insured.

4. Subrogation

In the case that the Company has paid compensation according to the insurance policy, the Company will inherit the rights of the Insured that are protected against any person or any organisation only in the part that the Company has paid for compensation. In this regard, the Insured shall cooperate with the Company in the delivery of documents and take necessary actions to safeguard such rights and will not do anything which is detrimental to the rights of the Company.



Claims for damage or loss of baggage and/or personal effects

The Insured, the beneficiary, or the representative of the said person must submit the following documents or evidence to the Company within 30 days from the date of the incident at their own expense.

1. Claim form designated by the company
2. Copy of the Insured's passport or proof of travel
3. Copy of the Insured's identification card
4. Letter certifying loss or damage incurred by the hotel management or the management of the company carrier or airline. In case of loss or damage is under the control of the hotel staff or the shipping company or airline
5. List of lost or damaged items and their prices
6. A copy of the police report at the scene of the accident
7. Documents or evidence as required by the company as necessary (if any)

Failure to submit evidence within the said period does not lose the right to claim, if it can be demonstrated that there are reasonable grounds for failing to submit evidence within the specified period, but delivered as soon as possible.

Additional exclusions (Applicable only to damage or loss of baggage and/or personal effects)

Insurance under this insuring agreement It does not cover the benefit of loss or damage of baggage and / or personal belongings caused by or as a result of the following reasons:

- 1. Deductible that the Insured is liable for as specified in the policy schedule (if any).**
- 2. Pets, mechanical walking vehicles, motorcycles, boats, automobiles, any other vehicles, snow skis, household items, antiques, precious jewelry (such as diamonds, gold, silver, including goldware and silverware), contact lenses, wheelchairs for the disabled, dentures, fake arms and legs, stock certificates, travel documents (eg. passport, green card, visa, driver's license, travel or tourist ticket, passenger travel ticket), handbags, or bags of general use (not like luggage), wallet, money, cash, banknotes, coins or souvenirs, eyeglasses, food or supplements, golf equipment, and electronic devices (such as mobile phones, cameras, camcorders, tablets, portable computers (including accessories and data programs) including all kinds of peripherals).**



3. Loss or damage caused by wear, gradual deterioration, insect bites or gnawing, animals that destroy plants (such as rats), or deterioration in themselves or damage incurred because the Insured takes any action to make repairs cleaning or modification any property modification.
4. Loss or damage of equipment rented or leased.
5. Confiscation or detention under customs law, forfeiture by the transport government, possession of illegal goods, or doing any other actions that are contrary to the law.
6. Loss or damage to baggage or property indemnified from other sources, i.e. property insured under other insurance policies. Reimbursement from a hotel or a carrier or airline except for the amount of expenses that exceed the amount that can be reimbursed. The Company will compensate but not more than the maximum sum insured as stated in the policy schedule.
7. Lost luggage or personal property of the Insured sent in advance or souvenir and items sent by postal parcels without going together with the Insured.
8. the Insured forgets the luggage or personal property in any vehicle or public places, or attains loss or damage resulting from the Insured's negligence in taking reasonable precautions for the safety of that property.
9. Loss or damage of goods or product samples.
10. Loss or corruption of data recorded on program tapes, discs, memory cards, or anything else in the same way.
11. Loss or damage for unknown reasons.
12. Expenses that the Insured can claim from the carrier or airline.



Insuring agreement

Rental vehicle excess

Coverages

This insurance provides coverage for any deductible under a voluntary motor insurance policy for a rental vehicle used by the insured, in cases where the insured is legally liable for loss or damage occurring during the insurance period within Thailand.

Additional conditions (applicable only to rental vehicle excess)

1. Must be rented from a car rental company that has a car rental business license.
2. The car rental contract must require the Insured to purchase first-class car insurance for loss protection or damage to the rental car during the rental period.
3. the Insured must comply with all conditions of the car rental company under the lease agreement and the conditions of the insurer under the said insurance contract including the traffic laws, rules and regulations of Thailand.

Claims for rental vehicle excess

The Insured, the beneficiary, or the representative of the said person as the case may submit the following documents or evidence to the Company within 30 days from the date of the incident at their own expense.

1. Claim form designated by the company
2. Copy of passport and/or proof of travel of the Insured
3. Copy of ID card of the Insured
4. A copy of the local police report at the scene of the accident.
5. Documents or evidence as required by the company as necessary (if any)

Failure to submit evidence within the said period does not lose the right to claim, if it can be demonstrated that there are reasonable grounds for failing to submit evidence within the specified period, but delivered as soon as possible.



Additional exclusions (applies only to rental vehicle excess)

Insurance under this insuring agreement does not cover deductibles for Rental Cars arising from or as a result of the following reasons:

- 1. Loss or damage caused by driving of a rented vehicle in violation of the terms of the lease or loss or damage occurring outside of a public roadway or due to violations of national laws, rules and regulations.**
- 2. Loss or damage caused by wear and tear deterioration, damage from insects or animals biting or gnawing defect or damage that does not show a trace.**



Insuring agreement

Damage or loss of golf equipment

Additional definitions

Golf equipment	means	Golf club, golf bag, or golf carts.
Public place	means	Public or private places that are open or allow the general public to use the service according to the opening hours regardless of whether there is a fee charged or not.

Coverages

This insurance provides coverage as follows:

Loss or damage of golf equipment

This insurance provides coverage for golf equipment that the insured carries or purchases during the insurance period within Thailand. In the event of loss or damage to the golf equipment occurring in a public place during the insured's coverage period, the company will provide compensation.

Additional conditions (applicable only to damage or loss of golf equipment)

When the insured's golfing equipment is lost or damaged, the Insured must notify the police or any relevant authority such as hotel, airline, golf course or public golf practice that has the authority to supervise the lost or damaged site and must attach a written record of the said authority with the claim.

the Insured must take all possible actions to ensure that their golf equipment

- a) not be left unattended in a public place; and
- b) must take all reasonable means of protection to keep the device in a safe manner.

The Company shall compensate the Insured for actual loss or damage to golf equipment, but not exceeding the sum insured as stated in the policy schedule for one device or one pair or one set.

The Company may pay compensation or choose to provide a replacement or repair golf equipment by deducting wear and tear and depreciation expenses. In the event that the company estimates the damage that has already occurred and it is not worth repairing, the Company will compensate the Insured as if the device was lost.



Claims for damage or loss of golf equipment

The Insured, the beneficiary, or the representative of the said person as the case may submit the following documents or evidence to the Company within 30 days from the date of the incident at their own expense.

1. Claims form designated by the company
2. Copy of the insured's passport and/or proof of travel
3. Copy of the insured's identification card
4. Documents or evidence as required by the company as necessary (if any)

Failure to submit evidence within the said period does not lose the right to claim, if it can be demonstrated that there are reasonable grounds for failing to submit evidence within the specified period, but delivered as soon as possible.

Additional exclusions (applicable only to damage or loss of golf equipment)

Insurance under this insuring agreement does not cover golf equipment coverage benefits arising from or as a result of the following causes:

- 1. Loss or damage of golf balls and/or golf clubs during actual play on the golf course or practicing hitting on the training ground.**
- 2. Loss or damage caused by wear and tear, or damage caused by the repair process or while making repairs because of such damage.**
- 3. Any loss or damage resulting from willful acts or gross negligence of insured.**
- 4. Loss or damage resulting from foreclosure or withheld by customs or government officials.**
- 5. Loss or damage covered by any other insurance policy.**



Insuring agreement

Damage or loss of sport equipment

Additional definitions

Sports equipment	means	Surfboards, surf skates, ski equipment, scuba diving equipment, climbing equipment, cycling or mountain bike equipment.
Stealth	means	Theft by force of mayhem or the threat of sudden use of mayhem to a) facilitate the theft or removal of such property; or b) to hand over such property; or c) confiscate the property, or d) conceal the commission of the offence; or e) escape from arrest Theft means taking the property of another person or which others are owned by others in a fraudulent manner.
Robbery	means	Robbery by jointly committing three or more offenses.

Coverages

While the Insured is covered under this insurance policy, if the Insured's sports equipment incurred loss or damage from one of the following events during the insurance period:

1. While the sports equipment of the Insured is under the supervision of hotel staff or other accommodation where the Insured has stayed, or the carrier, and such loss or damage shall be certified in writing by responsible person; or
2. Stealth, robbery, or any action in a violent manner or by coercion from another person to the Insured to take sports equipment. For loss or damage, the Insured must notify the local police of the loss or damage within 24 hours of the incident. Claims for indemnification must include a report from the police officers.

The Company will pay compensation for loss or damage of individual sports equipment (Single Limit) or property which is a pair or set (Pair or set) that has been damaged entirely, or property which is a pair or set (Pair or set) which has been partially damaged but no longer works.



Compensation will be paid according to the amount of actual loss or damage not exceeding the amount insured as specified in the insurance policy schedule for which deducts the deductible (if any), which the Company will compensate as follows:

1. The Company will compensate the loss or damage of items not exceeding the amount per piece, pair, or a set, **with a maximum of 5,000 baht and not more than the total amount of sum insured** as specified in the insurance policy schedule; or

2. The company may pay in cash or choose to compensate by restoring or repairing in the event that the item's not older than 1 year.

3. The company may pay in cash or choose to compensate by restoring or repairing. The Company will deduct depreciation when it is recognised that wear and tear and depreciate in the event that such items over 1 year old.

No one insured may claim compensation in the insuring agreement of damage or loss of sport equipment and insuring agreements of damage or loss of baggage and/or personal effects (if any) can be concurrently incurred in the same event.

Claim for damage or loss of sport equipment

The Insured, the beneficiary, or the representative of the said person as the case may submit the following documents or evidence to the Company within 30 days from the date of the incident at their own expense.

1. Claim form designated by the company
2. Copy of the Insured's passport or proof of travel
3. Copy of the Insured's identification card
4. Letter certifying loss or damage incurred by the hotel management or the management of the company carrier or airline, in case of loss or damage is under the control of the hotel staff or the shipping company or airline.
5. Loss or damaged items and prices
6. A copy of the police report at the scene of the accident
7. Documents or evidence as required by the company as necessary (if any)



Failure to submit evidence within the said period does not lose the right to claim, if it can be demonstrated that there are reasonable grounds for failing to submit evidence within the specified period, but delivered as soon as possible.

Additional exclusions (applicable only to damage or loss of sport equipment)

Insurance under this insuring agreement does not cover loss or damage benefits of sports equipment caused by or as a result of the following reasons:

- 1. Deductible that the Insured is liable for as specified in the policy schedule (if any).**
- 2. Loss or damage caused by wear, gradual deterioration, insect bites or gnawing, animals that destroy plants, (such as rats), or deterioration in themselves or damage incurred because the Insured takes any action to make repairs cleaning or modification any property modification.**
- 3. Loss or damage of equipment rented or leased.**
- 4. Golf equipment.**
- 5. Confiscation or detention under customs law, forfeiture by the transport government, possession of illegal goods, or doing any other actions that are contrary to the law.**
- 6. Loss or damage to sports equipment that is indemnified from other sources, i.e. property insured under other insurance policies. Reimbursement from a hotel or a carrier or airline except for the amount of expenses that exceed the amount that can be reimbursed. The Company will compensate but not more than the maximum sum insured as stated in the policy schedule.**
- 7. Loss of sports equipment of the Insured sent in advance or sent by postal parcel which does not go together with the insured.**
- 8. The Insured forgets the sports equipment in any vehicle or public places or loss or damage resulting from the insured's negligence in taking care of and take reasonable precautions for the safety of that property.**
- 9. Loss or damage of goods or product samples.**
- 10. Loss or corruption of data recorded on program tapes, discs, memory cards, or anything else in the same way.**
- 11. Loss for unknown reasons.**
- 12. Expenses that the Insured can claim from the carrier or airline.**