



ประกันภัยอุบัติเหตุส่วนบุคคล
Personal Accident Insurance

Personal Accident Insurance My Pa Policy

Sell through Telesales Channel

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Remark: 1. The English version is a translation of the original in Thai for information purpose only.
In case of a discrepancy, the Thai original shall prevail.
2. The insured will be covered for the coverages where the sum insured is stated in the
insured's policy schedule only.

Personal Accident Insurance My PA Policy (Sell through Telesales Channel)

Upon acceptance of the statements in the insurance application which constitutes an integral part of this Insurance Policy and in consideration of the premium payable by the Insured under the provisions, general terms and conditions, insuring agreements, exclusions, and endorsement attached to the Insurance Policy, the Company hereby undertake to the Insured as follows:

Section 1. Definitions

Words or expressions to which specific meanings have been attached in any part of this Insurance Policy shall bear such specific meaning wherever they appear, unless otherwise stated in this Insurance Policy.

Insurance Policy	refers to	policy schedule, term and conditions, insuring agreement, exclusions, endorsed document, application, policy renewal certification, insurance endorsement and coverage summary of this Insurance Policy which considered as a part of the Insurance Policy
Company	refers to	AXA Insurance Public Company Limited
Insured	refers to	a person named as Insured in the policy schedule and/or endorsements as a person is covered under this Insurance Policy
Accident	refers to	an event which happens suddenly from external means giving rise to a result which is not intended or anticipated by the Insured.
Injury	refers to	bodily injury which is caused directly and solely from an accident and is independent from other causes
Any Loss or Injury	refers to	bodily injury suffered by the Insured as a result of an accident which causes death, dismemberment, loss of sight, disability or injury
Deductible	refers to	the amount of loss which is first borne by the Insured in each accident
Physician	refers to	a person obtaining a medical degree and licensed to practice modern medicine with the Medical Council who can render medical treatment and surgery within the territory he/she is licensed
Nurse	refers to	a person licensed to perform nursing duties with the nurse council
Hospital	refers to	a legally constituted institution which is open for medical treatment and can provide overnight accommodation to its patient and provided with sufficient facilities and medical personnel and full range of services especially rooms for major surgery and duly permitted to registered as hospital pursuant to related law of such territory
Medial Facility	refers to	a legally constituted medical facility which is open for medical treatment and can provide overnight accommodation to its patient and duly permitted to registered as medical facility pursuant to related law of such territory

Clinic	refers to	any conventional clinic permitted by the law and managed by a medical doctor where medical examination can be performed but no overnight patient can be accepted.
Medical Standard	refers to	international rules or practices of conventional medical service that creates suitable treatment for the patient according to the medical necessity and correspondent with the summary from the injury and sickness background, finding, autopsy result or others (if any)
Necessary and Reasonable Medical Charges	refers to	the charge for health care that is consistent with the average rate or charge for identical or similar services in the hospital, medical facility, or clinic the Insured receives treatment.
Medical Necessity	refers to	medical treatment which meets the following conditions: 1) in accordance with the diagnosis, and treatment for such injury of the patients; 2) in accordance with medical indication of modern medicine; 3) not primarily for the convenience of the patient or his/her family or treatment provider and 4) in accordance with generally accepted standard to care for the patients, and considered appropriate for the treating patient's injury.
Policy Year	refers to	a period of one year from the first inception date or the subsequent annual anniversary thereafter.
Terrorism	refers to	an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

Section 2. General Terms and Conditions

2.1 Insurance Contact

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

In case of the Insured has already known but provided false statement in the declaration as mentioned in first paragraph, 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 cannot deny acceptance of responsibility except where there has been material misrepresentation in the aforementioned documents submitted by the applicant.

2.2 No Dispute or Objection of Invalidity of the Insurance Contract

The Company shall not dispute or object to invalidity of this insurance contract when the Insurance Policy has been in force for 2 consecutive Policy Years or more from the initial effective date unless the premium payment is not made.

In the event of the Company's acknowledgement of any information which may lead to termination of the insurance contract but the Company does not exercise its right to do so within one month from the date of such acknowledgement, the Company shall not be able to nullify validity of the insurance contract in this case.

2.3 Completeness of the contract and changes in the Insurance Policy

This Insurance Policy together with the insuring agreements and endorsements are forming part of the insurance contract. Any changes of wordings in the contract must be approved by the Company and noted in the Insurance Policy or endorsement before such changes shall be valid.

2.4 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.

2.5 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 evidences 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.

2.6 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.

2.7 Indemnification

The compensation shall be paid by the Company within 15 days after receipt of complete and proper proof of loss. Compensation for death will be paid to the beneficiary while other types of compensation will be paid to the Insured.

In case it is doubtful that such above mentioned claim is not in compliance with the insuring agreement in the Insurance Policy, the prescribed period may be extended as deemed necessary but shall not exceed 90 days commencing from the date Company received complete documents.

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

2.8 Beneficiary

The Insured can specify his/her beneficiary in the Insurance Policy. Upon the Insured's death, the benefit will be paid to such named beneficiary. However, if no beneficiary is named on the Insurance Policy, the benefit will go to the estate of Insured or the Insured's legal heir.

In case that there is only one beneficiary named in the Insurance Policy and the beneficiary died before or at the same time of the Insured, the Insured must inform the Company in writing for the change of beneficiary. If this is not done or cannot be done, the Company will pay compensation to the estate of Insured or the Insured's legal heir upon the Insured's death.

In case the Insured named more than one person as beneficiary and any beneficiaries die before the Insured or at the same time of the Insured, the Insured must inform the Company in writing for the change of beneficiary or the change of the benefits to the rest beneficiaries. If this is not done or cannot be done, the Company will pay compensation in the part of dead beneficiary to the rest of persons named as beneficiary equally upon the Insured's dead.

2.9 The Insured being murdered by beneficiary

If the Insured is intentionally killed by the beneficiary, the Company will not pay compensation under this Insurance Policy. In the event that there is only one beneficiary, the Company shall return the premium to the estate or legal heir of the Insured by deducting the premium for the period the Insurance Policy has been in force.

However, if there is more than one beneficiary and if other beneficiaries did not participate in the murder of the Insured. The Company shall pay compensation to the beneficiary who does not participate in the murder of the Insured as per the specify proportion. In this case, the company will not return the insurance premium.

2.10 Declaration of Age or Gender Discrepancy

In case the Insured declare wrong age or gender which result in

- 2.10.1 The Company receives less premium than designated premium rate. The sum insured that the Insured will receive under this Insurance Policy will be the amount that such paid premium can purchase based on the actual age and gender accordingly. If the actual age or

gender of the Insured is not eligible to get coverage under this Insurance Policy, the Company will refund the premium and not pay any compensation.

- 2.10.2 The Company receive premium more than designated premium rate. The Company will refund the excess amount to the Insured. However, the Company will not apply this condition for retrospective premium adjustment for the insured period in the past Policy Year.

2.11 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.

2.12 Premium Payment

2.12.1 Annual Premium Payment

The annual premium payment shall be due and paid by the Insured immediately or before coverage begins. The coverage shall become effective on the effective date specified in the Policy Schedule upon premium payment

2.12.2 Premium Payment on month basis as per specify in policy schedule.

- 1) The first premium payment shall be due and paid by the Insured immediately or before coverage begins. The coverage shall become effective on the effective date specified in the Policy Schedule
- 2) For the following premium payment, the Insured must pay within 30 days from the due date of the premium payment. If the premium is paid then the coverage under this Insurance Policy shall be continue from the previous period in which the premium has been paid. The Company will not take the period which the premium has not been paid to re-start counting the period the Company can exercise the right to dispute or object of Invalidity of the insurance contract.

If the company is still unable to collect such premiums, the coverage under this Insurance Policy will be expired on the last date of coverage which the premium has been paid.

- 3) In the event that there is a claim for any amount of compensation during the grace period and the Company has not received the premium payment. The Company will deduct insurance premiums equal to the premiums that have not been received for that payment due out of the compensation payable under this Insurance Policy and pay the rest of compensation to the Insured or beneficiary.

2.13 Cancellation of Insurance Policy

2.13.1 In case of Annual Premium Payment

- 1) The Company may cancel this Insurance Policy by giving written notice not less than 30 days in advance by registered mail to the Insured at the last known address as declared to the Company or by any other means that the Insured

gives consent to. If there is clear evidence to the Company that the Insured has committed an insurance fraud in order for oneself or others to benefit from this Insurance Policy. The Company will not pay for any claim compensation from such action.

In such event, the Company shall refund the premium to the Insured by deducting the premium for the insurance period that has been in force proportionally.

Unless the Insured cancels the Insurance Policy under 2) and the Company has paid the maximum benefit amount per Policy Year (if any) as specified in the table of benefit. In this case, the Company will not refund the premium.

- 2) The Insured may cancel this Insurance Policy by giving written notice to the Company and shall be entitled to receive a refunded premium after deducting premium for the period that the Insurance Policy has been in force according to the Short Period Schedule below.

Short Period Schedule

Period (not over/month)	% of annual premium
1	15
2	25
3	35
4	45
5	55
6	65
7	75
8	80
9	85
10	90
11	95
12	100

Cancellation of the Insurance Policy under this condition regardless of which party initiate the cancellation, it must be the termination of the entire Insurance Policy only. Cancellation of part or some provisions hereof shall not be allowed.

2.13.2 In case of Premium Payment in accordance with General Terms and Conditions item 2.12

- 1) The Company may cancel this Insurance Policy by giving written notice not less than 30 days in advance by registered mail to the Insured at the last known address as declared to the Company or by any other means that the Insured gives consent to. If there is clear evidence to the Company that the Insured has committed an insurance fraud in order for oneself or others to benefit from this Insurance Policy. The Company will not pay for any claim compensation from such action.

In such event, the Company shall refund the premium to the Insured by deducting the premium for the insurance period that has been in force proportionally. However, for the Insurance Policy with 1-month premium payment, the Insurance Policy will be expired on the last date of coverage period which the premium has been paid. The Company will not have to refund the premium to the Insured.

Unless the Insured cancels the Insurance Policy under 2) and the Company has paid the maximum benefit amount per Policy Year (if any) as specified in the table of benefit. In this case, the Company will not refund the premium.

- 2) The Insured may cancel this Insurance Policy by giving written notice to the Company and shall be entitled to receive a refunded premium after deducting premium for the period that the Insurance Policy has been in force proportionally. However, for the Insurance Policy with 1-month premium payment, the Insurance Policy will be automatically expired on the last date of coverage period which the premium has been paid. The Company will not have to refund the premium to the Insured.

2.14 Automatic Termination of the Insurance Contract

This Insurance Policy shall be automatically terminated if any occurrence of the following event, whichever occur first

- 2.14.1 On the expiry date specified in the Policy Schedule (In case of no Insurance policy renewal)
- 2.14.2 In the Policy Year that the Insured has reached the age of **(as specified in the Policy Schedule)** years
- 2.14.3 When the Insured does not pay premium according to General Terms and Condition item 2.12
- 2.14.4 When the Insured dies from the cause which is not covered under the Insurance Policy
- 2.14.5 When the Insured is imprisoned by any lawful authority

For automatic termination under event 2.14.4 or 2.14.5, the Company will refund the premium to the Insured or beneficiary by deducting the premium for the insurance period that has been in force proportionally.

- 2.14.6 Each coverage under this Insurance Policy will be terminated when the Company has paid maximum benefit specified in each insuring agreement in the Policy Schedule. The Company will continue to cover only for sum insured of the remaining coverage until the end of the insurance period.
- 2.14.7 This Insurance Policy and all insuring agreement under this Insurance Policy will expire at 23.59 Thailand time on the expiry date of the Insurance Policy.

2.15 Policy Renewal

The Insurance Policy can be renewed based on the consideration of the Company as follow

- 2.15.1 In the event that the Company agrees to renew the Insurance Policy, the Company still remain the right to

- 1) Adjusting premium rates to suit the level of risk and increasing age of the Insured and
 - 2) Changes in insurance terms and conditions of the Insurance Policy's insuring agreement in the renewal year as needed. The Company must notify the insured regarding the important change of conditions under this Insurance Policy
- 2.15.2 If the Insurance Policy is renewed and the Insured pays the premium within the 30 days grace period, The Company will not take the period which the premium has not been paid to re-start counting the period the Company can exercise the right to dispute or object of Invalidity of the insurance contract.
If the Insured does not pay the premium within the grace period, it shall be deemed that the coverage under this Insurance Policy expires from the date of the last premium payment.
In the event that there is a claim for any amount of compensation during the grace period and the Company has not received the premium payment. The Company will deduct insurance premiums equal to the premiums that have not been received for that payment due out of the compensation payable under this Insurance Policy.
- 2.15.3 The Company can refuse to renew the Insurance Policy by giving written notice not less than 30 days in advance before the expiry date as specified in Policy Schedule.

2.16 Automatic Renewal

Subject to the general terms and conditions of this Insurance Policy, if the premium is paid upon the due date then the Insurance Policy will be automatically renewed. The renewal document will not be issued, and the original Insurance Policy will be proof of complete coverage. Unless there is a request for to change anything in the Insurance Policy.

2.17 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).

2.18 Precedent Condition

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.

2.19 The right to cancel the policy (Free look Period)

If the Insured wants to cancel the Insurance Policy for whatever reason, the Insured has the right to cancel the Insurance Policy and return the Insurance Policy documents to the Company within 30 days from the date of receiving the Insurance Policy from the Company. In such case, it shall be deemed that the Insurance Policy is not effective since the start date specified in the policy schedule. The Company, therefore, shall not be liable for any loss or damage occurred under this Insurance Policy. The Company will return all premium received to the Insured in accordance with

the agreed procedures. The Insured will not be entitled to any premium refund if the request for free look cancellation is filed after a claim has been made.

Section 3. General Exclusions

This Insurance Policy does not cover

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

- 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
- 2) Suicide or attempted suicide or self-inflicted injury.**
- 3) Infections except pyogenic infections, tetanus, or rabies from a wound or cut suffered as a result of an accident.**
- 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.**
- 5) Miscarriage and abortion**
- 6) Dental care or root canal treatment except dental treatment which is given within 7 days from the date of accident**
- 7) Replacement of or new sets of dentures, dental crowns, artificial denture**
- 8) Food Poisoning**
- 9) Backache as a result of Disc herniation, Spondylolisthesis, Degenerative disc disease, Spondylosis, Defect or Pars interarticularis (Spondylolysis) except if there is a fracture or dislocation of spine as a result of an accident**
- 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 any incident causing the announcement or maintenance of martial law.**
- 11) Terrorism**
- 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.**
- 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):-

- 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.**
- 2) While the Insured is riding or traveling on a motorcycle**
- 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**
- 4) While the Insured pilots or works as a crew in any aircraft**
- 5) While the Insured is taking part in a brawl or taking part in inciting a brawl.**
- 6) While the Insured is committing a felony or while the Insured is being arrested, under arrest, or escaping the arrest**
- 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	<p>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.</p> <p>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</p> <ol style="list-style-type: none">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

Claiming for Total Permanent Disability or Dismemberment

The Insured must submit the following documents to the Company within 30 days from the date of the Physician's diagnosis of Total Permanent Disability or Dismemberment at their own expense.

1. Company's claim form
2. Attending Physician's summary certifying the Insured has suffered from Total Permanent Disability or Dismemberment

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.

Remark: The Company will not sell Insuring Agreement (P.A.1) Loss of Life, Dismemberment, Loss of Sight or Total Permanent Disability together in the same plan/package as Insuring Agreement (P.A.2) Loss of Life, Dismemberment, Loss of Sight, Loss of Hearing, Loss of Speech or Permanent Disability.

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	<p>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.</p> <p>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</p> <ol style="list-style-type: none">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 authorized personnel
4. Copy of the police's daily report certified by authorized officer
5. Copy of identity card and house registration stating the Insured is "Deceased"
6. Copy of identity card and house registration of the beneficiary

Claiming for Permanent Disability or Permanent Dismemberment

The Insured must submit the following documents at their own expense within 30 days of diagnosis by a physician that the Insured suffers from Total Permanent Disability or Permanent Dismemberment.

1. Company's claim form
2. Attending Physician's Summary certifying the Insured has suffered from permanent disability or permanent Dismemberment.

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.

Remark: The Company will not sell Insuring Agreement (P.A.2) Loss of Life, Dismemberment, Loss of Sight, Loss of Hearing, Loss of Speech or Permanent Disability together in the same plan/package as Insuring Agreement (P.A.1) Loss of Life, Dismemberment, Loss of Sight or Total Permanent Disability .

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 shall compensate on weekly basis for the amount **specified in the policy schedule** throughout the period of disability, less Deductible or number of initial days for which the Insured shall be liable by him/herself 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.

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 shall compensate on weekly basis for the amount **specified in the policy schedule** throughout the period of disability, less Deductible or number of initial days for which the Insured shall be liable by him/herself 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.

Insuring Agreement

Medical Expense due to Accident

Additional Definitions

Room and Board	refers to	charges for room and board for patient, meals, nursing fee, and hospital daily service provided by the Hospital or Medical Facility daily.
In-patient	refers to	a person who require 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.

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.

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 specified in the Policy Schedule)** Baht
This limitation does not apply to hospitalization in intensive care unit (I.C.U.) according to the medical necessity.
2. Not cover 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 tissue 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.

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 as a result of the following:

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

Schedule of Broken Bone, Burns, Scalds and Internal Injury	
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%

Schedule of Broken Bone, Burns, Scalds and Internal Injury	
Indemnities	Percentage of the Sum Insured
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	
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%
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%

Schedule of Broken Bone, Burns, Scalds and Internal Injury	
Indemnities	Percentage of the Sum Insured
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%
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 specified in the Policy Schedule)** times of the income compensation during the hospitalization

but not exceeding **(as specified in the Policy Schedule)** days. However, the aggregate income compensation payable by the Company during hospitalization shall not exceed **(as specified in the Policy Schedule)** days per each Injury.

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

This Insurance Policy will cover including Hospital Income Benefit. In the event that the Insured is injured and required examination or treatment by surgery or procedure based on medical necessity as an inpatient. However, it is not necessary to be hospitalized due to medical advancement. It is deemed that the Insured has undergone medical examination or treatment as an inpatient and the Company shall compensate 1-day benefit under Insuring Agreement: Hospital Income Benefit for surgery and procedure as follow

1. ESWL : Extracorporeal Shock Wave Liththotripsy
2. Coronary Angiogram / Cardiac Catheterization
3. Extra Capsular Cataract Extraction with Intra Ocular Lens
4. All kind of Laparoscopic
5. All kind of Endoscope
6. Sinus Operations
7. Excision Breast Mass
8. Bone Biopsy
9. Amputation of fingers or toe
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. Marsupialization of Bartholin's Cyst
18. Gamma knife

(The Company can specify more treatment/examination as appropriate according to new technologies)

In case it is required to do the treatment/examination for 2 times or more(whether as inpatient or outpatient) with the same cause or disease and the interval between each treatment/examination is not over **(as specified in the Policy Schedule)** days, it is considered to be the same treatment/examination.

Claiming for Hospital Income Benefit

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

1. Company's claim form.
2. Physician's Report stating the symptoms, diagnosis and the treatment given.
3. Copy of receipt and invoice showing the itemized medical expenses or financial statement with a copy of the receipt certified true copy by the staff of the Hospital or Medical Facility

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.

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 follow:

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 route.

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 lift used in mining or construction site.

3. While the Insured is in public buildings during the opening hours for public access and such building is on fire, including the time when the Insured jumps from such building to escape from fire for life saving purpose.

The Company will compensate in the amount of 100% of the benefit to be paid under the Insuring Agreement P.A.1 or P.A.2 Coverage.

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 My PA Endorsement
Coverage Extension

(Specifically applicable to Personal Accident Insurance Policy My PA
(Sell through Telesales Channel) Only)

Company Code	P.A. 3.1			
Endorsement No.	Being a part of the Insurance Policy No.	Issued Date:		
Insured Name:	(As specified in the Policy Schedule)			
Effective Period: Start Date	at	hrs	End Date	at 23.59 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 My PA Endorsement
Coverage Extension

(Specifically applicable to Personal Accident Insurance Policy My PA
(Sell through Telesales Channel) Only)

Company Code				P.A. 3.2	
Endorsement No.	Being a part of the Insurance Policy No.			Issued Date:	
Insured Name:	(As specified in the Policy Schedule)				
Effective Period: Start Date	at	hrs	End Date	at 23.59 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)	

Additional Definitions

Dangerous Sports refers to racing of all kinds of cars or boat, horse racing, ski racing including jet-ski, skate racing, boxing, parachute jumping (except for the purpose of life saving), while boarding or travelling in a hot-air balloon, gliding, bungee jumping, diving with oxygen tank and breathing equipment under water.

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 My PA Endorsement
Coverage Extension

(Specifically applicable to Personal Accident Insurance Policy My PA
(Sell through Telesales Channel) Only)

Company Code	P.A. 3.3			
Endorsement No.	Being a part of the Insurance Policy No.	Issued Date:		
Insured Name:	(As specified in the Policy Schedule)			
Effective Period: Start Date	at	hrs	End Date	at 23.59 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	
	Being A Passenger of Non-Commercial Airline	
	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 My PA Endorsement
Coverage Extension

(Specifically applicable to Personal Accident Insurance Policy My PA
(Sell through Telesales Channel) Only)

Company Code				P.A. 3.5	
Endorsement No.	Being a part of the Insurance Policy No.			Issued Date:	
Insured Name:		(As specified in the Policy Schedule)			
Effective Period: Start Date		at	hrs	End Date	at 23.59 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 Terrorism	
	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 My PA Endorsement
Limitation of Liability

(Specifically applicable to Personal Accident Insurance Policy My PA
(Sell through Telesales Channel) Only)

Company Code		P.A. 5		
Endorsement No.	Being a part of the Insurance Policy No.		Issued Date:	
Insured Name:	(As specified in the Policy Schedule)			
Effective Period: Start Date	at	hrs	End Date	at 23.59 hrs.
Premium	Baht; Stamp Duty	Baht; Tax	Baht; Total	Baht

Limit of Liability: 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.

Personal Accident Insurance Policy My PA Endorsement
Coverage Extension to Dental Expenses
(Specifically applicable to Personal Accident Insurance Policy My PA
(Sell through Telesales Channel) Only)

Company Code				P.A.6	
Endorsement No.	Being a part of the Insurance Policy No.			Issued Date:	
Insured Name:	(As specified in the Policy Schedule)				
Effective Period: Start Date	at	hrs.	End Date	at 23.59 hrs.	
Sum Insured:	Baht				
Premium	Baht; Stamp Duty		Baht; Tax	Baht; Total	Baht

Coverage

If the Insured sustains Injury and requires to received treatment for

1. Dental care or root canal treatment which is given within 7 days from the date of Accident
2. Replacement of or new sets of dentures, dental crowns, artificial denture

The Company shall compensate the actual dental expenses incurred up to the amount specified in this endorsement for each accident. 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.

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 My PA Endorsement
Coverage Extension for Extra Cash Relief
(Specifically applicable to Personal Accident Insurance Policy My PA
(Sell through Telesales Channel) Only)

Company Code

Endorsement No.	Being a part of the Insurance Policy No.	Issued Date:
Insured Name:	(As specified in the Policy Schedule)	
Effective Period: Start Date	at hrs	End Date at 23.59 hrs.
Sum Insured:	Baht	
Premium	Baht; Stamp Duty	Baht; Tax Baht; Total Baht

It is agreed that this Insurance Policy shall extend the coverage to the following Injury.

If the Insured sustains loss of life resulting from an Accident which is covered under this Insurance Policy, the Company shall pay Extra Cash Relief up to the amount state in the policy schedule on top of benefit covered under Insuring Agreement Loss of Life, Dismemberment, Loss of Sight or Total Permanent Disability (P.A.1) or Insuring Agreement Loss of Life, Dismemberment, Loss of Sight, Loss of Hearing, Loss of Speech or Permanent Disability (P.A. 2) within 10 working days after received the validated Death Certificate issued by the lawful authority from the beneficiary of Insured.

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 My PA Endorsement
Coverage Extension for Funeral Expense or Funeral Arrangement Expenses arise from
Death due to Illness

(Specifically applicable to Personal Accident Insurance Policy My PA
(Sell through Telesales Channel) Only)

Company Code

Endorsement No.	Being a part of the Insurance Policy No.	Issued Date:
Insured Name:	(As specified in the Policy Schedule)	
Effective Period: Start Date	at hrs	End Date at 23.59 hrs.
Sum Insured:	Baht	
Premium	Baht; Stamp Duty	Baht; Tax Baht; Total Baht

Additional Definitions

Funeral Expenses or Funeral Arrangement Expenses refers to any expenses related to funeral arrangement which also include coffin, cremation and burial cost, as well as other necessary expenses for such purpose which are paid by the Company to the Beneficiary in case of the Insured's death from Illness

Illness refers to any symptom, abnormality, illness, or disease contracted by the Insured

Coverage Extension

It is hereby agreed that during the effective period of this endorsement, the mentioned Insurance Policy extend the coverage to Funeral Expenses or Funeral Arrangement Expenses in case of the Insured's death from Illness incurred during the period this endorsement is in force. The Company agrees to pay the Funeral Expenses or Funeral Arrangement Expenses to the Beneficiary in the amount indicated herein but not exceeding the maximum amount of as specified in the Policy Schedule which is considered as appropriate actual funeral expenses in the current situation.

Terms and Conditions

1. The waiting period of this coverage extension endorsement is **(as specified in the Policy Schedule)** days from the initial effective date. If the Insured dies from Illness within **(as specified in the Policy Schedule)** days from the initial effective date, the Funeral Expenses or Funeral Arrangement Expenses shall not be paid, but the Company shall refund the premium in part of this endorsement to the Beneficiary without deduction of any costs.
2. The Insured who renews this Insurance Policy within 30 days from the expiry date of the coverage shall be covered for Funeral Expenses or Funeral Arrangement Expenses continuously. However, if the renewal is made after 30 days from the expiry date of the coverage, the waiting period shall be recounted for the coverage extension of Funeral Expenses or Funeral Arrangement Expenses in case of Death from Illness.

Claims for Funeral Expenses or Funeral Arrangement Expenses

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

1. Death Certificate
2. Medical Report
3. Copy of Identity Card and house registration of the Insured stating the Insured is "Deceased"
4. Copy of Identity Card and house registration of the Beneficiary

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.

Summary of Personal Accident Insurance My PA Policy (Sell through Telesales Channel)

Important of General Terms and Conditions

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.

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 evidences 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.

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.

Indemnification

The compensation shall be paid by the Company within 15 days after receipt of complete and proper proof of loss. Compensation for death will be paid to the beneficiary while other types of compensation will be paid to the Insured.

In case it is doubtful that such above mentioned claim is not in compliance with the insuring agreement in the Insurance Policy, the prescribed period may be extended as deemed necessary but shall not exceed 90 days commencing from the date Company received complete documents.

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

The right to cancel the policy (Free look Period)

If the Insured wants to cancel the Insurance Policy for whatever reason, the Insured has the right to cancel the Insurance Policy and return the Insurance Policy documents to the Company within 30 days from the date of receiving the Insurance Policy from the Company. In such case, it shall be deemed that the Insurance Policy is not effective since the start date specified in the policy schedule. The Company, therefore, shall not be liable for any loss or damage occurred under this Insurance Policy. The Company will return all premium received to the Insured in accordance with

the agreed procedures. The Insured will not be entitled to any premium refund if the request for free look cancellation is filed after a claim has been made.

General Exclusions

This Insurance Policy does not cover

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

- 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
- 2) **Suicide or attempted suicide or self-inflicted injury.**
- 3) **Infections except pyogenic infections, tetanus, or rabies from a wound or cut suffered as a result of an accident.**
- 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.**
- 5) **Miscarriage and abortion**
- 6) **Dental care or root canal treatment except dental treatment which is given within 7 days from the date of accident**
- 7) **Replacement of or new sets of dentures, dental crowns, artificial denture**
- 8) **Food Poisoning**
- 9) **Backache as a result of Disc herniation, Spondylolisthesis, Degenerative disc disease, Spondylosis, Defect or Pars interarticularis (Spondylolysis) except if there is a fracture or dislocation of spine as a result of an accident**
- 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 any incident causing the announcement or maintenance of martial law.**
- 11) **Terrorism**
- 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.**
- 13) **The radioactive toxic explosive or other hazardous property of any explosive nuclear assembly or nuclear component thereof.**

2. Loss or injury which occurs (except the coverage extension is endorsed for extended cover):-

- 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.**
- 2) **While the Insured is riding or traveling on a motorcycle**
- 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**
- 4) **While the Insured pilots or works as a crew in any aircraft**
- 5) **While the Insured is taking part in a brawl or taking part in inciting a brawl.**
- 6) **While the Insured is committing a felony or while the Insured is being arrested, under arrest, or escaping the arrest**
- 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.

Insuring Agreements

- Loss of Life, Dismemberment, Loss of Sight or Total Permanent Disability (P.A.1)
- Loss of Life, Dismemberment, Loss of Sight, Loss of Hearing, Loss of Speech or Permanent Disability (P.A.2)
- Temporary Total Disability
- Temporary Partial Disability
- Medical Expense due to Accident
- Broken Bone, Burns, Scalds and Internal Injury
- Hospital Income Benefit
- Public Accident

Endorsements

- Coverage Extension to Riding or Traveling on a motorcycle
- Coverage Extension to Dangerous Sports
- Coverage Extension to Being a Passenger of Non-Commercial Airline
- Coverage Extension to Terrorism
- Limitation of Liability: Murder and Assault
- Coverage Extension to Dental Expenses
- Coverage Extension for Extra Cash Relief
- Coverage Extension for Funeral Expense or Funeral Arrangement Expenses arise from Death due to Illness

Note: Coverage details and other conditions in accordance with the insurance policy approved by the Office of Insurance Commission (OIC), the company can choose insuring agreements and/or endorsements to make an insurance plan.

