

Note: This English version is a translation from the Thai Policy wording for understanding. The Thai version shall prevail in the event of discrepancies

Comprehensive Travel Insurance (Sell through electronic channel (online))

In reliance upon the statements that are contained in the insurance application which is an integral part of this **Policy**, and in consideration of the premium paid by the **Insured**, and subject to the general terms and conditions, insuring agreements, exclusions and attachments of this insurance **Policy**, **The Company** agrees to the Covered Person as follows:

Section 1: Definitions

Unless specified otherwise in this **Policy**, words or expressions to which specific meanings have been ascribed in any part of this **Policy** shall have such specific meanings whenever they are used in this **Policy**.

1. **"Policy"** refers to **Policy** schedule, benefits schedule, terms and conditions, insuring agreement, exclusions, attachment, endorsements, summary documents showing the terms and conditions, insuring agreement and exclusions, which are all regarded as being part of the insurance contract.

2. **"The Company"** refers to Chubb Samaggi Insurance PCL.

3. **"Insured"** refers to the person who is named as the Insured in the Policy schedule and/or the attachment and agrees to pay premium to **The Company**.

4. **"Covered Person"** refers to the **Insured** and/or any person who is named as the Covered Person in the Policy schedule and/or the attachment.

5. **"Accident"** refers to an event which happens separately from and independent of any other incident, and which happens suddenly due to an external cause and gives rise to a result which is not intended or anticipated by the **Covered Person**.

6. **"Injury"** refers to bodily injury caused directly by an **Accident**.

7. **"Sickness"** refers to a symptom, irregularity, illness, or disease contracted by the **Covered Person**.

8. **"Loss or Damage"** refers to:

1) **Injury** suffered by the **Covered Person** or a third person which generates coverage according to insuring agreements under this Policy.

2) **Sickness** suffered by the **Covered Person** or a third person which generates coverage according to insuring agreements under this Policy.

3) **Loss or Damage** either partial or total to the property of the **Covered Person** or a third person which generates coverage according to insuring agreements under this Policy.

9. **"Doctor"** refers to a person who holds a medical sciences degree and is legally registered with the Medical Council and licensed to provide medical services and surgery locally. This shall exclude Doctor who is named as the Covered Person or his/her family members unless specifically approved by **The Company**.

10. **"Inpatient"** refers to a person who needs medical treatment in a **Hospital** and, according to a **Doctor's** diagnosis, must remain hospitalized for at least 6 consecutive hours or more and be registered as an in-patient.

11. “Hospital” refers to 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 law on medical facilities in that locality.

12. “Medical Facility” refers to 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 law on medical facilities in the locality.

13. “Clinic” refers to a modern medical facility that is permitted by law to provide medical treatment and diagnoses by **Doctors**, but cannot accommodate overnight patients.

14. “Medical Standards” refers to international rules or practices of modern medical providers for creating suitable treatment plans that are based on medical necessity and appropriateness, taking into account the conclusions drawn from the **Injury** or **Sickness** record, medical findings, diagnosis results and other pertinent information (if any).

15. “Necessary and Reasonable Expenses” refers to medical treatment costs and other expenses that correspond to the amounts normally charged to general patients for similar services by the **Hospital, Medical Facility** or **Clinic** where the **Covered Person** has been admitted.

16. “Medical Necessity” refers to medical services provided under the following conditions:

1) The services correspond with the diagnosis, and the treatment is consistent with the treated person’s **Injury** or **Sickness**;

2) There are clear medical indications according to current medical standards;

3) The services must not be solely for the convenience of the treated person or his/her family or the treatment provider; and

4) The services must be medical services provided in accordance with medical standards and suitable for caring for the patient based on the patient’s needs in light of the **Injury** or **Sickness**.

17. “AIDS” refers to Acquired Immune Deficiency Syndrome and shall include HIV (Human Immune-deficiency Virus) virus epidemics, Encephalopathy Dementia, Malignant Neoplasm or any infection or Sickness that reveals an HIV positive blood test result. **“Opportunistic Infections”** shall include, but are not limited to, Pneumocystis Carinii Pneumonia, Organism of Chronic Enteritis, virus, and/or Disseminated Fungi Infection. **“Malignant Neoplasm”** shall include Kaposi’s sarcoma, Central Nervous System Lymphoma, and/or other severe disease which is presently known to be a symptom of Acquired Immune Deficiency Syndrome, or which causes sudden death, Sickness, or disability to infected persons.

18. “Trip” refers to a journey of the Covered Person which commences when the Covered Person departs from Thailand and continues until the Covered Person returns to and arrives in Thailand.

19. “Overseas” refers to a territory outside Thailand.

20. “Authorized Company” refers to a juristic person who is appointed by **The Company** at any time to provide assistance, as stated in the insuring agreement or coverage document issued by **The Company** prior to the Trip.

21. “Strike or Work Stoppage” refers to the deliberate actions of protestors, or employees who are forbidden to work, in order to support the strike, or oppose the forbiddance, regardless of whether such actions threaten public peace or not.

22. “Riot” refers to the actions of a group of persons who have joined together to threaten public peace, regardless of whether or not it relates to politics.

23. “Civil Commotion” refers to a situation where several people join together to cause rebellion or unrest that falls within the scope of rising up against the government by committing acts of violence or threatening to commit acts of violence, or taking any action to cause a **Riot** in the country.

Section 2: General Terms and Conditions

1. Insurance Contract

This insurance contract arises from the fact that **The Company** relies upon the statements of the **Insured** in the insurance application as well as additional declarations (if any) that the **Insured** has signed in evidence of his/her acceptance of the insurance contract and as a precondition of the issuance by **The Company** of this **Policy**, summary document of the general terms and conditions, insuring agreement and exclusions.

In the event that the **Insured** knowingly provides false statements in the declarations mentioned in paragraph one, or knowingly conceals about relevant facts which, if made known to **The Company**, might motivate **The Company** to demand a higher premium or refuse to execute the insurance contract, this insurance contract shall become void in accordance with section 865 of the Civil and Commercial Code, whereupon **The Company** will be entitled to terminate the insurance contract.

The Company shall not attempt to avoid liability by referring to any declaration other than the declaration(s) made by the **Insured** in the documents mentioned in paragraph one.

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

This insurance **Policy**, together with the insuring agreement and attachment, are forming part of the insurance contract. Any change of wording in the **Policy** must be approved by **The Company** and noted down in the endorsement before such change will be valid.

3. Period of Insurance

Period of each **Trip** of the Covered Person which begins and ends according to the period of insurance:

3.1 For Single **Trip** coverage: The coverage starts 2 hours prior to the departure from Thailand and continues until the **Covered Person** travels back to his/her place of residence in Thailand or within 2 hours upon arrival to Thailand or until expiry date of period of insurance, whichever is earlier (unless specified otherwise in this **Policy**).

3.2 For Annual **Trip** coverage to cover multiple **Trips**: the coverage for each **Trip** starts and ends as mentioned in 3.1, subject to the maximum duration of journey for each **Trip** not exceeding 90 days.

However, the period of insurance shall be extended if an event under the coverage of this **Policy** occurs.

4. Report and Claim

The **Covered Person**, the beneficiary, or the representative of the said person, as the case may be, must report **Loss or Damage Injury or Sickness** to **The Company** without delay. In the event of death, an immediate notice must be made to **The Company** unless it can be proven that immediate notice was not practicable but was given as soon as possible.

5. Medical Examination

The Company has the right to examine the Covered Person's medical record or diagnosis records, or to request that the **Covered Person** undergo a physical examination as many be necessary for this insurance. **The Company** also has the right to conduct an autopsy, if necessary and within the limits of the law, at **The Company's** expense.

6. Compensation Payment

The Company shall provide compensation within 15 days after receiving 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 **Covered Person**.

This, however, will not apply to the following exemptions:

- 1) For the insuring agreement of emergency medical evacuation benefits, emergency medical evacuation, return of the minor child to Thailand, visiting patient, emergency mobile phone call, and expenses for repatriation of mortal remains to Thailand will be paid directly to the indicated **Authorized Company**. In case that the **Authorized Company** or its representative provides the medical service provider with a pledge (guarantee) payment for emergency treatment of the **Covered Person**, The Company will indemnify the cost directly to the medical service provider while the **Covered Person** shall be compensated for treatment expenses paid earlier, up to a limit of the insured amount as stated in the **Policy** schedule.
- 2) For Third Party Liability and Legal Expenses Benefit, **The Company** shall indemnify on behalf of the **Covered Person** to a third party according to the amount the **Covered Person** has legal liability against such third party, up to a limit of the insured amount as stated in the **Policy** Schedule.

If there is a reasonable doubt that the claim was not made in accordance with insuring agreement in this **Policy**, the period of time specified for claim compensation investigation may be extended if necessary but in no event shall this period last more than 90 days after all documents are received by **The Company**.

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

If the treatment is in a **Hospital, Medical Facility, or Clinic** outside Thailand, The Company will pay benefit based on a foreign exchange rate of the date stated in medical treatment receipts.

7. Payment of Premium and Cancellation of Policy

7.1 The **Insured** must pay the premium promptly or prior to the coverage commencement.

7.2 For Single Trip insurance, if the **Policy** is cancelled after it is issued, the **Covered Person** will not be entitled to a premium refund, except in cases where the **Covered Person** is denied a visa. Evidence from the embassy must be presented

and the **Insured** must inform **The Company** before the date on which the coverage comes into effect.

7.3 In case of Annual Trip, the **Insured** or **The Company** may cancel the **Policy** under the following conditions:

- 1) The Company may cancel this Policy by giving written notice no less than 15 days in advance by registered mail to the Insured at the last known address as declared to The Company. Any notice sent to the last known address as given earlier shall be taken as having duly sent in such event. The Company will refund the premium to the Insured after deducting a partial premium for effective period of this Policy on a pro-rata basis.
- 2) The Insured may cancel this Policy by giving advance written notice to The Company and The Company will refund the premium to the Insured after deducting a partial premium for the effective period of this Policy according to a short period premium rate under following schedule:

Short Period Schedule

| Insurance 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 |

In the event of cancellation, the whole **Policy** will be terminated. It is not possible to cancel some or part of the insurance coverage during the **Policy's** year.

8. Automatic Termination

8.1 This **Policy** shall be automatically terminated immediately if:

- 1) The **Insured** dies. If such death is not covered under this **Policy**, **The Company** will refund the premium to beneficiary after deducting a proportionate amount thereof for the period during which this **Policy** is in effect.
- 2) The **Insured** fails to pay premium prior to the effective date of the **Policy**.

8.2 The coverage under this **Policy** for any **Covered Person** shall be terminated upon the occurrence of any of the following events, whichever occurs first:

- 1) When any **Covered Person** dies. If such death is not covered under this **Policy**, **The Company** will refund the premium to the **Insured** or beneficiary after

deducting a proportionate amount thereof for the period during which this **Policy** is in effect.

2) When this **Policy** is terminated as per clause 8.1.

9. Company's ASSISTANCE CARD

The **Covered Person** is required to carry his/her **Company** ASSISTANCE CARD with him/her at all times.

10. Right of Recovery

In the event that a claim is approved or **the Authorized Company** or its representative pays for a medical claim when **The Company** is not in fact liable according to the Policy, **The Company** or the **Authorized Company**, or a representative of the **Authorized Company**, as the case may be, has the right to recover the amount paid under the claim from the **Covered Person**.

11. Arbitration

In case of an argument, dispute, or claim under this **Policy** between a person who is entitled to claim 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.

12. Conditions Precedent

The Company may not liable for compensation under this **Policy** unless the **Covered Person**, the beneficiary, or the representative of the said person, as the case may be, has fully complied with the insurance contract and the conditions of this insurance **Policy**.

13. Governing Law

This **Policy** shall be governed by and interpreted in accordance with Thai law.

14. Fraudulent Claim

If any claim under this **Policy** shall be, in any respect, fraudulent or if any fraudulent means or devices shall be used by the **Covered Person** or anyone acting on his/her behalf to obtain a benefit under this **Policy**, **The Company** shall be under no liability in respect of such claim and shall be entitled to terminate this **Policy** immediately without the obligation to comply with general terms and conditions, Clause 7. **Payment of Premium and Cancellation of Policy**.

15. Currency

Premiums and benefits payable under this **Policy** shall be in Thai Baht.

16. Limit of Claim and Limit of Liability throughout the Insurance Term

Throughout the insurance term, total compensation for the claims under each insuring agreement cannot exceed the maximum amount of the sum insured stated on the **Policy** schedule.

Section 3: General Exclusions

This Policy does not cover any Injury, Sickness, Loss, or damage arising from/or as a result of the following causes or that which occurs at the time as follows:

- 1. Suicide or attempted suicide or self-inflicted Injury.**
- 2. War, invasion, act of foreign enemies, warlike operations (whether war is declared or not), civil war, uprising, insurrection, Riot, Strike or Work Stoppage, Civil Commotion, revolution, coup d'état, proclamations of martial law, or any events or causes which lead to the proclamation or maintenance of martial law.**
- 3. Radiation or radioactivity from any nuclear fuel or nuclear waste produced by the combustion of nuclear fuel or any process of self-sustaining nuclear fission/fusion.**
- 4. Radioactive explosion, or any nuclear component or harmful substance that could cause an explosion in a nuclear process.**
- 5. Any law, prohibition, or regulations by government of any country.**
- 6. Any illegal or unlawful act by the Covered Person or confiscation, detention, or destruction by customs or other authorities.**
- 7. While the Covered Person serves as a soldier, police officer, or volunteer in a war or to suppress crime.**
- 8. While the Covered Person is in the vicinity of oil rigs or underground mines.**
- 9. While the Covered Person has an indication or disease related to mental condition, psychiatric disease, stress, or insanity.**
- 10. Loss or damage related to drug addiction or genetic disorder.**
- 11. The Covered Person not taking all reasonable effects to safeguard his/her property or to avoid any Injury or Sickness or mitigate Loss or Damage which is the cause of claim under this Policy.**

CHUBB®

Chubb Samaggi Insurance PCL.-Head Office
2/4 Chubb Tower, 12 Fl.,
Northpark Project, Vibhavadi-Rangsit Rd.,
Thung Song Hong, Laksi, Bangkok 10210

บริษัท ชับบ์สามัคคีประกันภัย จำกัด (มหาชน)-สำนักงานใหญ่
2/4 อาคารชัยบี ชั้นที่ 12 โครงการนอร์ทปาร์ค
ถนนวิภาวดีรังสิต แขวงทุ่งสองห้อง เขตหลักสี่ กรุงเทพฯ 10210
ทะเบียนเลขที่/เลขประจำตัวผู้เสียภาษีอากร 0107566000054

ศูนย์บริการลูกค้า โทร. +66 0 2611 4220
สายด่วนช่วยเหลือฉุกเฉิน โทร. +66 0 2039 5770
www.chubb.com/th
Email: travel.th@chubb.com

Section 4: Insuring Agreement

Subject to the rules, insuring agreements, exclusions, general terms and conditions, and endorsements of this insurance **Policy**, and in consideration for the premium paid by the **Insured**, **The Company** agrees to provide coverage only in respect of insuring agreements in which the sum insured is as specified in the **Policy**.

OCT 1

Insuring Agreement **Travel Accident Benefit**

Additional Definitions

“**Loss of Life**” includes the disappearance of the **Covered Person** who could not be found within one year from the date of the **Accident**.

“**Permanent Disability**” refers to disability to the extent of being unable to perform any job in regular occupation and any other occupation permanently.

“**Public Conveyance**” refers to a land, water, or air vehicle driven by a licensed driver and operated by a person who is lawfully licensed to engage in a passenger transportation service for which a fare is charged; provided that such service is operated on a designated route and according to a regular schedule.

Coverage

1. Travel Accident in Public Conveyance

If the **Coverage Person** sustains **Bodily Injury** from an **Accident** during a **Trip** in the **Public Conveyance**, resulting in **Loss of Life** or **Permanent Disability** within 180 days from the date of the **Accident**, or the **Bodily Injury** suffered causes the **Covered Person** to receive continuous medical treatment as an Inpatient in **Hospital** or **Medical Facility** and **Loss of Life** occurs anytime because of such **Injury**, **The Company** will pay compensation for the **Loss of Life** or for **Permanent Disability**, provided that such **Permanent Disability** must continue not less than 12 months from the date of **Accident** or there is a clear medical indication that the **Covered Person** suffers a **Permanent Disability**.

Compensation will be paid up to the maximum sum insured stated in the **Policy** schedule.

2. Travel Accident

If the **Covered Person** sustains **Bodily Injury** from an **Accident** during a **Trip**, excluding an **Accident** while traveling in **Public Conveyance**, resulting in **Loss of Life** or **Permanent Disability** within 180 days from the date of the **Accident**, or the **Bodily Injury** suffered causes the **Covered Person** to receive continuous medical treatment as an **Inpatient** in **Hospital** or **Medical Facility** and **Loss of Life** occurs anytime later because of such **Injury**, **The Company** will pay compensation or the **Loss of Life** or for **Permanent Disability**, provided that such **Permanent Disability** must continue not less than 12 months from the date of **Accident** or there is a clear medical indication that the **Covered Person** suffers a **Permanent Disability**.

Compensation will be paid up to maximum sum insured stated in the **Policy** schedule.

Limitation of Liability

The Company shall compensate for one of the above coverage only.

Report and Claim for Travel Accident Benefit

The **Covered Person** or the beneficiary, as the case may be, must submit the following documents at his/her own cost within 30 days from the date of death or of

diagnosis being confirmed by a **Doctor** that the **Covered Person** suffers from **Permanent Disability**.

1. Claim form of **The Company**
2. A copy of the **Covered Person's** passport and/or any travel evidence
3. A copy of attending Doctor's report certifying the **Covered Person** has suffered from **Permanent Disability**
4. A copy of Death Certificate (in case of death)
5. A copy of the autopsy report, certified by the policy officer in charge or the issuing agency, and a copy of the police report (in case of death)
6. A copy of the Identity Card and the House Registration of the **Covered Person** stating the **Covered Person** is "deceased" (in case of death)
7. A copy of the Identity Card and the House Registration of the beneficiary (in case of death)
8. Any necessary documents required by **The Company**.

The failure to submit evidence within the required period will not affect the right of claim if it can be shown that there was a reasonable necessity to delay the submission of the evidence and that such evidence was submitted as soon as possible.

Additional Exclusions

Notwithstanding the General Exclusions, the insurance under this insuring agreement shall not cover any Injury, loss, or damage arising from or in consequence of, or occurring during:

1. **Action of the Covered Person whilst under the influence of alcohol, addictive drugs, or 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. **Infectious parasite, with an exception of infection of tetanus or rabies from a wound suffered as the result of an Accident.**
3. **Abortion**
4. **Injury while the Covered Person is taking part in any form of racing in a vehicle or boat, horse racing, and ski racing. This also includes jet-skiing, skating, boxing, parachute jumping (except for the purpose of life saving), or while getting on or off or traveling in a hot-air balloon or glider.**
5. **Injury while the Covered Person is boarding or landing or traveling in an aircraft which has no license for carrying passengers or does not operate as a commercial aircraft.**
6. **Injury while the Covered Person is piloting or working on board as an employee of an airline.**
7. **Injury while the Covered Person is committing a felony or while the Covered Person is being arrested or is under arrest, or escaping the arrest.**
8. **Injury while the Covered Person is driving or travelling on a motorcycle.**
9. **Injury while the Covered Person is taking part in a brawl or taking part in inciting a brawl.**

OCT 2

Insuring Agreement Medical Expenses Benefit

Additional Definition

“**Pre-existing Conditions**” refers to any disease (including complications), symptom, or abnormality which the **Covered Person** was diagnosed, treated or knew about within 12 months preceding the commencement date of the **Policy**, which was important enough for people in general to seek a **Doctor** for diagnosis, care or treatment or vice versa.

Coverage

If, during a **Trip**, the **Covered Person** sustains **Injury** from an **Accident** or sustains an unexpected and sudden **Sickness** that requires him/her to receive medical treatment either as an **Inpatient** or an **Outpatient**;

The Company shall reimburse the **Covered Person** the actual medical expenses incurred, which is **Necessary and Reasonable Expenses** according to the **Medical Necessity and Medical Standards**, but the total amount paid will not exceed the amount as stated in the **Policy** schedule.

Cover medical expenses for:

- 1) **Doctor** fees
- 2) Medicine and parenteral nutrition, blood and blood components, as well as costs for the separation, preparation and analysis of blood or blood components, laboratory tests and pathology fees, radiology diagnosis, other special diagnostic methods including physician’s reading fee, expenses related to the use or provision of services, medical tools and equipment outside the operating room, medical consumables (medical supplies 1), operating room fees and equipment, excluding cost of hiring a special nurse while in a **Hospital** or a **Medical Facility** as an **Inpatient**.
- 3) Ambulance fee in case of emergency, to transport the **Covered Person** to and from a **Hospital** or a **Medical Facility** for a **Medical Necessity**.
- 4) Take home drugs from **Medical Necessity** but not for more than 14 days.
- 5) Cost for an ICU room or standard single room plus meal provided for the patient by the **Hospital** or **Medical Facility** and daily nursing service fee.

The insurance also covers medical expenses incurred as **Inpatient** of a **Hospital**, **Medical Facility**, or **Clinic** in Thailand which is a direct of **Injury** or **Sickness** occurred while traveling **Overseas** and during the insurance period. Admission to such **Hospital** or **Medical Facility** must be within 7 days after arriving in Thailand and must be necessity of continuation of medical attention sought while **Overseas**.

However, expenses herein shall not include expenses in case the **Covered Person** has suffered an **Accident** or **Sickness Overseas** and must be evacuated to Thailand to receive emergency medical treatment in accordance with the insuring agreement regarding “Emergency Medical Evacuation Benefit” (if any).

Limitation

The maximum limit of sum insured for the **Covered Person** whose age is over 65 years old will not exceed THB 2,000,000 of the amount as stated in the **Policy** schedule, whichever is lower.

Report and Claim for Medical Expenses Benefit

The **Covered Person** must submit the following documents to **The Company** within 30 days from the date he/she checks out from the **Hospital** or **Medical Facility** or the date of receiving treatment at a **Clinic** at their own expense:

1. Claim form of **The Company**
2. A copy of the **Covered Person's** passport and/or any travel evidence
3. A copy of attending **Doctor's** report certifying the important symptoms, diagnosis result, and the treatment
4. An original receipt listing the expenses or a summary of the bill and the receipt
5. Any necessary documents required by **The Company**

The original receipt must be presented. **The Company** will return the original receipt after confirming the amount to be paid so that the **Covered Person** can claim the balance from other insurers. If the **Covered Person** has been indemnified by government or other welfare or other insurance, the **Covered Person** is required to provide a copy of the receipt bearing confirmation of the amount paid by the government welfare or other agency in order to claim the balance from **The Company**.

The failure to submit evidence within the required period will not affect the right of claim if it can be shown that there was a reasonable necessity to delay the submission of the evidence and that such evidence was submitted as soon as possible.

Additional Exclusions

Notwithstanding the General Exclusions, this insurance does not cover the following:

1. Pre-existing Conditions
2. Treatment or remedies for congenital abnormalities
3. Treatment for relaxation or health, rehabilitation bodily checkups, other treatment costs unrelated to the Injury or Sickness
4. AIDS, venereal disease, or sexually transmitted diseases (STD)
5. Treatment related to pregnancy, child birth, or miscarriage
6. Treatment which is not considered a modern medicine, including alternative medicine, e.g. acupuncture, natural therapy, chiropractic.
7. Artificial aids, i.e. crutches, eyeglasses, hearing aid, speech device, pacemaker of all kinds
8. Dental treatment, except for first aid after an Accident. This does not include the expense for dental reconstructive treatment, orthodontics, crowns, scaling or polishing, filling, or dentures.
9. Medical treatment incurred for the purpose of reaping benefit from this insurance policy.
10. Treatment for beauty, e.g. acne, blemish, freckle, dandruff, dietary, hair transplantation or treatment to remedy bodily deficiency, cosmetic surgery, except in case of necessary as a consequence from Accident to reconstruct or restore the function of an organ.

- 11. Any medical treatment given by a Doctor who is the Covered Person or who is father, mother, spouse, or child of the Covered Person.**
- 12. Immunization or vaccination to prevent disease except vaccination to prevent rabies after being injured by an animal and vaccination to prevent tetanus after Injury.**
- 13. Injury while the Covered Person is taking part in racing of all kinds including car, boat, and horse racing, ski racing, also including jet-skiing, skate racing, boxing, parachute jumping (except for the purpose of life saving), boarding or traveling in a hot air balloon, or gliding.**
- 14. Injury while the Covered Person is taking part in a brawl or taking part in inciting a brawl.**
- 15. Injury while the Covered Person is committing a felony or while the Covered Person is being arrested, under arrest, or escaping the arrest.**
- 16. Injury arising from the action of the Covered Person whilst under the influence of alcohol, addictive drugs, or 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 150% mg and over.
- 17. Injury while the Covered Person is boarding or traveling in an aircraft which has no license for carrying passengers or does not operate as a commercial aircraft.**
- 18. Injury while the Covered Person is piloting or working on board as an employee of an airline.**
- 19. Injury while the Covered Person is driving or traveling on a motorcycle.**

OCT 3

Insuring Agreement Hospital or Medical Facility Confinement Cash Benefit

Coverage

If the **Covered Person** sustains an **Injury** from an **Accident** or an unexpected and sudden **Sickness** while travelling **Overseas** that requires him/her to be confined in a **Hospital or Medical Facility Overseas** as an **Inpatient** for treatment in accordance with **Medical Standards**.

The Company shall pay daily compensation to the **Covered Person** for each completed day (24-hour consecutive period) of confinement in the **Hospital or Medical Facility** from the first day of confinement, up to the sum insured as stated in **Policy** schedule.

Report and Claim for Hospital or Medical Facility Confinement Cash Benefit

The **Covered Person** must submit the following documents within 30 days of the event date at their own expense:

1. Claim form of **The Company**
2. A copy of the **Covered Person's** passport and/or any travel evidence
3. A copy of attending **Doctor's** report certifying the important symptoms, diagnosis result, and the treatment
4. An original receipt listing the expenses or a summary of the bill and the receipt
5. Any necessary documents required by **The Company**

The failure to submit evidence within the required period will not affect the right of claim if it can be shown that there was a reasonable necessity to delay the submission of the evidence and that such evidence was submitted as soon as possible.

Additional Exclusions

Notwithstanding the General Exclusions, this insurance does not pay any benefit for Covered Person who is not insured under Insuring Agreement – Medical Expense Benefit.

OCT 4

Insuring Agreement Third Party Liability and Legal Expenses Benefit

Additional Definition

“**Third Party**” refers to any person except the **Covered Person’s** relatives or family members, any person who is staying with the **Covered Person**, the **Cover Person’s** employee during the course of employment and any person who is traveling with the **Covered Person**.

“**Property Damage**” refers to any physical damage to, destruction of, or loss of use of, tangible property.

Coverage

1. **The Company** shall indemnify the **Third Party** on behalf of the **Covered Person** for an amount the **Covered Person** is to be legally liable as a result of an **Accident** during a Trip for an actual amount of **Loss or Damage**, up to a sum insured as stated in the **Policy** schedule for any result of **Loss or Damage** as follows:

- 1.1 Death, **Injury**, or **Sickness** to the **Third Party**.
- 1.2 Any **Property Damage** of the **Third Party**.

2. If, during a **Trip**, the **Covered Person** incurs legal expenses as a result of the **Covered Person’s** legal liability to a third party stated in 1. above, **The Company** shall compensate the **Covered Person** for all reasonable legal expenses in settling and defending the claim made against the **Covered Person**, up to a limit of amount as stated in the **Policy** schedule.

Additional Conditions

1. The Covered Person’s duties in claiming for compensation

Upon the happening of any event which may give rise to a claim under the **Policy**, the **Covered Person** shall:

- 1.1 Report to **The Company** without delay
- 1.2 Forward to **The Company** immediately when receiving court summons or order of enforcement of the court.
- 1.3 Not consent to offer or agree to compensate anyone without the written consent of **The Company** except when **The Company** fails to react to the claim within an appropriate period after being notified by the **Covered Person**.
- 1.4 Provide all details and give necessary assistance to **The Company**. **The Company** has the right to defend or file any action to defend on behalf of the Covered Person at Company’s own expenses in order for **The Company** to be able to agree with compensation or defend or taking legal action.

2. The Covered Person’s duties to take precautions

The **Covered Person** shall take all reasonable precautions to prevent an **Accident** from taking place and to observe and comply with all statutory requirements and regulations imposed by the authority.

3. Duty to maintain the Company's subrogation right

The **Covered Person** shall, at the Company's expense, refrain from doing any act which would prejudice **The Company's** subrogation rights, and shall do everything as deemed necessary or as reasonably requested by **The Company** either before or after being compensated by **The Company** to maintain **The Company's** subrogation rights to claim damage from the **Third Party**.

4. Company's rights

The Company shall have the right to conduct defense and settle any claim by compromise on behalf of the **Covered Person**.

5. Contribution

If at the time of occurrence of an event resulting in claim, there is any other insurance **Policy** applicable to such liability. **The Company** shall be liable to damages, legal action cost, and other expenses by not more than its ratable proportion of the amount which would be payable under such claim.

Report and Claim for Third Party Liability and Legal Expenses Benefit

The **Covered Person** must submit the following documents within 30 days from the incident date at their own expense.

1. Claim form of **The Company**
2. A copy of the **Covered Person's** passport and/or any travel evidence
3. A copy of the local police report
4. Any necessary documents required by **The Company**

The failure to submit evidence within the required period will not affect the right of claim if it can be shown that there was a reasonable necessity to delay the submission of the evidence and that such evidence was submitted as soon as possible.

Additional Exclusions

Notwithstanding the General Exclusions, this insurance does not cover any Loss or Damage incurred from or as a consequence of the following:

1. **Death, Injury, Sickness or damage to property of Covered Person's relatives or employee**
2. **Damage to property owned by the Covered Person or legally supervised or taken care of by the Covered Person.**
3. **Loss or damage relating to any liability assumed under contract.**
4. **Loss or damage relating to the willful or spiteful act, willful or spiteful omission of any act, or unlawful act of the Covered Person.**
5. **Ownership, possession, or use of any vehicles, aircraft, watercraft, firearms or animal or negligent supervision and vicarious liability for the acts of a minor in connection with the above.**
6. **Past or present business, trade, or professional activities, including the rendering of or failure to render business, trade, or professional activities.**
7. **Any criminal proceedings whether actually convicted or not**
8. **Transmission of communicable disease by the Covered Person.**
9. **Possession or use of any controlled substances/drugs unless prescribed by a licensed Doctor.**
10. **Sexual assault, physical punishment or physical or mental torture.**

CHUBB®

Chubb Samaggi Insurance PCL.-Head Office
2/4 Chubb Tower, 12 Fl.,
Northpark Project, Vibhavadi-Rangsit Rd.,
Thung Song Hong, Laksi, Bangkok 10210

บริษัท ชับบ์สามัคคีประกันภัย จำกัด (มหาชน)-สำนักงานใหญ่
2/4 อาคารชัยบี ชั้นที่ 12 โครงการนอร์ทปาร์ค
ถนนวิภาวดีรังสิต แขวงทุ่งสองห้อง เขตหลักสี่ กรุงเทพฯ 10210
ทะเบียนเลขที่/เลขประจำตัวผู้เสียภาษีอากร 0107566000054

ศูนย์บริการลูกค้า โทร. +66 0 2611 4220
สายด่วนช่วยเหลือฉุกเฉิน โทร. +66 0 2039 5770
www.chubb.com/th
Email: travel.th@chubb.com

11. Pollution, which includes an alleged claim of potential introduction of substances that makes the environment polluted or harmful, provided that The Company shall have no duty to defend any suit in connection with such pollution if the judgement is rendered by the Court of First Instance outside Thailand.

OCT 5

Insuring Agreement

Emergency Medical Evacuation, Return of Child to Thailand, Hospital Visitation, Emergency Phone Call, Repatriation of Mortal Remains Benefit

Definition

“**Family Member**” refers to the spouse, parent, parent-in-law, child, brother or sister of the **Covered Person**.

Coverage

1. Emergency Medical Evacuation

If the **Covered Person** sustains an unexpected and sudden **Sickness or Injury** during a **Trip Overseas**, and if the **Authorized Company** or its representative is of the view that it is medically appropriate to move the **Covered Person** to another location for medical treatment or to return the **Covered Person** to Thailand, the **Authorized Company**, or its representative, shall arrange for evacuation utilizing the most appropriate means to do so based on medical severity of the **Covered Person's** condition.

The **Company** shall pay compensation directly to the **Authorized Company**, or its representative, to cover expenses for such evacuation service and/or travel arrangement, medical service, and necessary medical fees resulting from the emergency medical evacuation, up to the sum insured as stated in the **Policy** schedule.

The means of evacuation arranged by the **Authorized Company** or its representative may include air ambulance, surface ambulance, regular air transportation, railroad or any other appropriate means. All decisions as to the means of transportation and the final destination will be made by the **Authorized Company** or its representative and will be based solely upon **Medical Necessity**.

2. Return of Minor Child to Thailand

If the **Covered Person** sustains an unexpected and sudden **Sickness or Injury** or death during a **Trip Overseas** and needs to have Emergency Medical Evacuation, and if his/her children are traveling with him/her;

The **Company** shall indemnify to the **Authorized Company** or its representative for the economy class round trip flight expenses for one adult **Family member** of the **Covered Person** to take the **Covered Person's** children to Thailand, up to the sum insured as stated in the **Policy** schedule.

3. Hospital Visitation

In the event the **Covered Person** is confined in a **Hospital or Medical Facility Overseas** for more than 5 consecutive days, as a result of unexpected and sudden **Sickness or Injury** sustained during a **Trip Overseas**, and his/her medical condition forbids evacuation and no adult traveling companion or **Family Member** is with him/her;

The **Company** shall indemnify for a reasonable additional amount as transportation and accommodation expenses necessarily for one (1) adult **Family Member** of the **Covered Person** to visit and stay with the **Covered Person** until he/she can return to Thailand. The transportation and accommodation must be arranged by the **Authorized Company** or its representative. The **Company** shall indemnify directly to the **Authorized Company** or its representative up to the sum insured as stated in the **Policy** schedule.

4. Repatriation of Mortal Remains to Thailand

As a result of unexpected and sudden **Sickness or Injury** commencing during the **Covered Person's Trip Overseas**, if the **Covered Person** dies within 30 days from the date of the **Bodily Injury** or commencement of **Sickness**, the **Authorized Company**, or its representative, shall make to necessary arrangements for the return of the mortal remains to Thailand or arrange, as requested by **the Covered Person's** family, for a funeral according to local traditions at the place of death.

The **Company** shall pay directly to the **Authorized Company**, or its representative, the covered expenses for such repatriation up to the sum insured as stated in the **Policy** schedule or for reasonable funeral expenses pre-approved by **The Company** for a funeral according to local traditions at the place of death.

If the expenses for transporting the mortal remains or for arranging a local funeral have already been paid, the **Company** will reimburse the estate of the **Covered Person** for the actual amount incurred for all services and arrangements by the undertaker, including organization costs, coffin cost, preservation or bathing of the deceased's body, cremation, and other expenses of a similar nature.

5. Emergency Mobile Phone Charges

In the event the **Covered Person** sustains an unexpected and sudden **Sickness or Injury** during a **Trip Overseas**, **The Company** will reimburse the cost of mobile phone calls that were incurred by the **Covered Person** for directly calling **The Company**, **Authorized Company** or its representative in order to get the Emergency Medical Evacuation and other Assistance services. **The Company** will indemnify the **Covered Person** for actual expenses up to the sum insured as stated in the **Policy** schedule.

Report and Claim for Emergency Medical Evacuation, Return of Child to Thailand, Hospital Visitation, Emergency Phone Call, Repatriation of Mortal Remains Benefit

The **Covered Person** must submit the following documents within 30 days from the event date at his/her own expense:

1. Claim form of **The Company**
2. A copy of the **Covered Person's** passport and/or any travel evidence
3. A copy of Identity Card and the House Registration of the **Covered Person** stating the **Covered Person** is "deceased" (in case of Repatriation of Mortal Remains)
4. Document showing expenses for transportation of mortal remains or expenses for arranging a funeral according to local traditions paid in advance by family of the **Covered Person** (in case of Repatriation of Mortal Remains)
5. Document showing phone call expenses (in case of Emergency Mobile Call Benefit)
6. Any necessary documents required by **The Company**

The original receipt must be presented. **The Company** will return the original receipt after confirming the amount to be paid so that the **Covered Person** can claim the balance from other insurers. If the **Covered Person** has been indemnified by government or other welfare or other insurance, the **Covered Person** is required to provide a copy of the receipt bearing confirmation of the amount paid by the government welfare or other agency in order to claim the balance from **The Company**.

The failure to submit evidence within the required period will not affect the right of claim if it can be shown that there was a reasonable necessity to delay the submission of the evidence and that such evidence was submitted as soon as possible.

Additional Exclusions

Notwithstanding the General Exclusions, the insurance does not cover expenses in the following cases:

- 1. All services which other persons are liable to the Covered Person for according to the law, or any expenses that are already included in the traveling costs which are the responsibility of the tour operator or carrier company.**
- 2. Any expenses incurred without approval and arrangement by the Authorized Company or its representative.**
However, The Company reserves the right to waive this exclusion in the event the Covered Person or his/her travelling companions cannot, for reasons beyond their control, notify The Authorized Company, or its representative.
In any event, The Company reserves the right to reimburse the Covered Person only for those expenses incurred for services which the Authorized Company, or its representative, would have provided under the same circumstances.
- 3. Any expenses of International Calling Card or any phone call other than mobile phone calls covered under this section.**
- 4. AIDS, venereal disease or sexually transmitted disease (STD).**
- 5. Pre-existing Conditions.**
- 6. Treatment or remedies of congenital abnormalities.**
- 7. Treatment related to pregnancy, child birth, or miscarriage.**
- 8. Injury while the Covered Person is taking part in racing of all kinds, including car, boat and horse racing, ski racing, and also including jet-skiing, skate racing, boxing, parachute jumping (except for the purpose of life saving), boarding or traveling in a hot air balloon, or gliding.**
- 9. Injury while the Covered Person is taking part in a brawl or taking part in inciting a brawl.**

OCT 6

Insuring Agreement **Trip Inconvenience Benefit**

Definition

“**Schedule Departure Date**” refers to the date on which the **Covered Person** is scheduled to depart as set out in his/her travel ticket.

“**Family Member**” refers to the spouse, parent, parent-in-law, child, brother or sister of the **Covered Person** who travels with the **Covered Person**.

“**Hijack**” refers to any seizure or exercise of control by force or violence or threat of force or violence, and with wrongful intent, of an aircraft.

Coverage

1. Trip Cancellation

If the **Covered Person** is forced to cancel any part of a planned journey prior to the commencement of that **Trip** due to **Covered Person** or the **Family Member** suffering death or serious **Injury or Sickness** where such injury or Sickness is certified by the **Medical Practitioner** that it is life-threatening and therefore results in the Trip being cancelled;

The Company shall compensate the **Covered Person’s** expenses paid fully or partly in advance as deposit or in advance for the **Trip** or accommodation not being used or forfeited non-refundable payments or deposits for **Trip** cancellation that the **Covered Person** cannot claim from the service provider, other insurance or other source, up to the sum insured as stated in the **Policy** schedule.

2. Trip Curtailment

If the **Covered Person’s Trip Overseas** is curtailed after commencing the **Trip**, due to the **Covered Person** or the **Family Member** suffering death or serious **Injury or Sickness**, where such **Injury or Sickness** is certified by a **Doctor** to be life-threatening and therefore cause a **Trip** to be interrupted; and results in the **Covered Person** having to return from **Overseas** directly to Thailand;

The Company shall compensate the **Covered Person’s** expenses paid fully or partly in advance as a deposit or in advance for the **Trip** or accommodation note being used or forfeited non-refundable payments or deposits for reduced traveling days that the **Covered Person** cannot claim from the service provider, other insurance or other sources, up to the sum insured as stated in the **Policy** schedule.

3. Flight Delay

During the **Trip Overseas**, if the departure of an air carrier in which the **Covered Person** had arranged to travel is delayed for at least 6 consecutive hours from the time specified in the itinerary supplied to the **Covered Person** due to adverse weather, mechanical breakdown of the aircraft, **Strike or Work Stoppage** or industrial action by the airline or airport employees;

The Company shall compensate the **Covered Person** for each 6 hours delay up to the sum insured as stated in the **Policy** schedule.

4. Hijack

If, during a **Trip Overseas**, and on an aircraft, the **Covered Person** is a victim of a Hijack and the Hijack lasts for a period of at least 24 consecutive hours;

The Company shall compensate the **Covered Person** for each consecutive 24-hour period that the Hijack continues, up to the sum insured as stated in the **Policy** schedule.

5. Kidnap and Hostage

If, during a **Trip Overseas**, the **Covered Person** is kidnapped or wrongly confined, abducted, or restrained by criminal force (not including Hijack) and such event lasts for a period of at least 24 consecutive hours:

The Company shall compensate the **Covered Person** for each consecutive 24-hour period that the kidnap continues, up to the sum insured as stated in the **Policy** schedule.

6. Flight Diversion

If, during a **Trip Overseas**, the aircraft in which the **Covered Person** is travelling on is diverted to another destination due to adverse weather conditions, and then subsequently returns to its original destination specified in the itinerary supplied to the **Covered Person**;

The Company shall compensate the **Covered Person** for each consecutive 6-hour period of the diversion delay, up to the sum insured as stated in the **Policy** schedule.

7. Over Booked Flight

If, during a **Trip Overseas**, the **Covered Person** is denied boarding of an aircraft on a commercial scheduled flight due to an error of the booking system, and no alternative transportation is made available to the **Covered Person** within 12 hours of the scheduled departure time of such flight;

The Company shall compensate the **Covered Person** for actual expenses incurred in respect of hotel accommodation and meals or refreshments that the **Covered Person** cannot claim from the airline or from such service provider, other insurance or other source, up to the sum insured stated in the **Policy** schedule.

8. Missed Connecting Flight

If, during a **Trip Overseas**, the **Covered Person** misses his/her confirmed onward connecting scheduled flight at the transfer point. **Overseas** due to a delay of the **Covered Person's** incoming confirmed connecting schedule flight and no alternative onward transportation is made available to the **Covered Person** within a 6-hour period from the arrival time of his/her incoming flight;

The Company shall compensate the **Covered Person** for each 6-hour period of delay, up to the sum insured stated in the **Policy** schedule.

9. Baggage Delay

If, during a **Trip Overseas**, the **Covered Person's** baggage is delayed, due to the airline's mistake, for more than 6 hours after the **Covered Person's** arrival at the airport of the scheduled destination abroad;

The Company shall compensate the **Covered Person** for the actual expenses incurred in respect of emergency purchase of essential clothing for each 6-hour consecutive period of delay, up to the sum insured as stated in the **Policy** schedule.

Any **Covered Person** shall not be compensated for Baggage Delay Benefit and Loss of Baggage and/or Personal Effects Benefit (if any) as a result of the same event giving rise to a claim.

Report and Claim for Trip Inconvenience Benefit

The **Covered Person** must submit the following documents to **The Company** at his/her own expense within 30 days of the event date:

1. Claim form of **The Company**
2. A copy of the **Covered Person's** passport and/or any travel evidence
3. A receipt of expenses paid in advance
4. A copy of the medical report stating the symptoms, diagnosis and the treatment given
5. A document confirming Flight Delay, Missed Connecting Flight, or Baggage Delay issued by the airport, airline or agent, as the case may be
6. A copy of the local police report
7. Any necessary documents required by **The Company**

The failure to submit evidence within the required period will not affect the right of claim if it can be shown that there was a reasonable necessity to delay the submission of the evidence and that such evidence was submitted as soon as possible.

Additional Exclusions for coverage 1-9

Notwithstanding the General Exclusions, this insurance does not cover expenses incurred due to or resulting, whether directly or indirectly, from the following events:

1. Cancellations by the carrier or tour operator.
2. Cessation of business operations by the carrier or tour operator due to financial circumstances, lack of liquidity or default of debt payment, bankruptcy, whether or not a bankruptcy petition is filed, or a partial suspension of operations following a filing of a bankruptcy petition.
3. Changes in itinerary by the Covered Person or a Family Member for any reason.
4. Financial circumstances of the Covered Person or a Family Member.
5. Any business obligations or contractual obligations of the Covered Person or a Family Member.
6. Default by the person, agency or tour operator from whom the Covered Person bought his/her coverage or purchased his/her travel arrangements.
7. Any reason known to the Covered Person prior to applying for this insurance.

Additional Exclusions for coverage 3 (Flight Delay)

In case of the flight delay, if the departure point for the Trip is Thailand.

Additional Exclusions for coverage 2 (Trip Curtailment)

Travel arrangements interrupted by an airline, cruise line, or tour operator, an organized labor strike that affects public transportation or financial default of such airline, cruise line, or tour operator.

Additional Exclusions for coverage 5 (Kidnap or Hostage)

This benefit does not cover kidnapping by anyone of the Covered Person's Family Members, whether acting alone or in collusion with others.

Additional Exclusions for coverage 9 (Baggage Delay)

1. Baggage delay while in Thailand or after the Covered Person ends their traveling as stated in the relevant travel evidence.
2. Any expenses that have already been paid to the Covered Person by an airline.

OCT 7

Insuring Agreement

Loss or damage of Baggage and/or Personal Effects Benefit

Definition

“**Baggage and/or Personal Effects**” refer to the **Covered Person’s** Baggage and Personal Effects which are carried with the Covered Person while traveling, excluding **Money, Traveler’s Cheques, Travel Documents**, and other properties indicated in Additional Exclusions

“**Money**” refers to coins or bank notes

“**Traveler’s Cheques**” refers to cheques for traveling payable in foreign currencies, including draft or bill of exchange

“**Travel Documents**” refers to passport, visas or travel tickets

“**Robbery**” refers to theft by committing an act of violence or threatening to do any act of violence immediately in order to:

- a) facilitate the theft or taking away of a property;
- b) obtain delivery of the property;
- c) take hold of the property;
- d) conceal the commission of such offence; or
- e) escape from arrest

“**Gang-Robbery**” refers to robbery committed by three persons or more.

“**Pair or Set**” refers to properties which are either identical to each other or are accessories of each other or have to be used together.

Coverage

Loss or damage of Baggage and/or Personal Effects

If the **Loss or Damage of Covered Person’s Baggage and/or Personal Effects** while traveling **Overseas** are a result of:

- 1) Error in delivering baggage by common carrier or hotel staff;
- 2) **Robbery** or **Gang-Robbery** or any action involving forceful taking of the baggage and/or personal effects by way of violent means or the threat of violence.

The Company shall compensate per single limit or a **Pair or Set** that the Covered Person cannot claim from the service provider, other insurances or other sources for an actual **Loss or Damage**, up to the sum insured as stated in the **Policy** schedule.

The Company shall not compensate for any change or replacement of damaged items belonging to a **Pair or Set**, not lost or damaged where such a loss of damage can be clearly specified or separated.

Any **Covered Person** shall not be compensated for both Baggage Delay Benefit and Loss of Baggage and/or Personal effects (if any) as a result of the same event giving rise to a claim.

Indemnity

1. The Company shall compensate the Covered Person as follows:

- 1) The amount payable based on an actual value of the property at a time of **Loss or Damage**;
- 2) Repairing the property according to the actual damage; or
- 3) Replacing it with similar property

2. Loss of Money

If the **Covered Person**, during a **Trip Overseas**, suffers a loss of **Money** in his/her possession caused by **Robbery** or **Gang-Robbery** or any action involving forceful taking of the money by way of violent means or the threat of violence, **The Company** shall compensate the **Covered Person** for an actual loss, up to the sum insured as stated in the **Policy** schedule, provided that the **Cover Person** cannot claim from the service provider, other insurance or other sources.

However, **The Company** shall not compensate the first Baht 1,000 of Money that has been lost.

3. Loss of Traveler's Cheques and/or Travel Documents

If the **Covered Person**, during a **Trip Overseas**, suffers a loss of **Travelers' Cheques** or **Travel Documents** in the Covered Person's possession caused by **Robbery** or **Gang-Robbery** or any action involving forceful taking of **Traveler's Cheques** or **Travel Documents** by way of violent means or the threat of violence, **The Company** shall compensate the **Covered Person** for actual cost paid for making new documents, up to the sum insured as stated in the **Policy** schedule, provided that the **Covered Person** cannot claim from the person responsible for such loss or from other insurances.

The **Covered Person** must report to the police having jurisdiction at the place of the loss within 24 hours counting from the incident.

Report and Claim for Loss or damage of Baggage and/or Personal Effects Benefit

The **Covered Person** must submit the following documents at his/her own expense within 30 days of the event date:

1. Claim form of **The Company**
2. A copy of the **Covered Person's** passport or any travel evidence
3. A copy of the local police report
4. A document confirming **Loss or Damage** issued by the carrier or hotel
5. Receipt for preparing new document (in case of loss of **Traveler's Cheques and/or Travel Documents**)
6. Receipt for transportation costs of obtaining new **Traveler's Cheques and/or Travel Documents**
7. Any necessary documents required by **The Company**

The failure to submit evidence within the required period will not affect the right of claim if it can be shown that there was reasonable necessity to delay the submission of the evidence and that such evidence was submitted as soon as possible.

Additional Exclusions

Notwithstanding the General Exclusions, this insurance does not cover any Loss or Damage caused by or resulting from the following events:

1. Loss or damage of the following properties:

- 1.1 Motor vehicles (including accessories), motorcycles, boats, automobiles, any other conveyances;**
- 1.2 Snow skis, household effects, antiques;**
- 1.3 Contact lenses, wheel-chair, artificial teeth or limbs;**
- 1.4 Computers (including software and accessories), loss of data recorded on tape, cards, discs, or others of the same nature;**
- 1.5 Any kind of portable electronic equipment such as laptop, camera, mobile phone;**
- 1.6 Animals;**
- 1.7 Gold bullion, silver bullion, silver jewelry, gold ornaments, silverware, precious ornaments such as diamonds, jewelry;**
- 1.8 Souvenirs, goods, or sample;**
- 1.9 Share certificate, documents;**
- 1.10 Hired or leased equipment; or**
- 1.11 Articles mailed or shipped separately from the Covered Person.**

2. Loss or damage or destruction due to depreciation of the Baggage and/or Personal Effects, Money, Traveler's Cheques and/or Travel Documents, including Loss or Damage caused by wear and tear, gradual deterioration, damage from insects or animals, inherent deterioration, or Loss or Damage caused by repair, cleaning, modification or amendment processes by the Covered Person.

3. Loss or damage to the Covered Person's Baggage and/or Personal Effects in the Baggage, Money, Traveler's Cheques and/or Travel Documents left unattended in public place or any vehicle, or Loss or Damage as a result of the Covered Person's failure to take proper care and precautions for the safeguard and security of such property.

Excluding Countries

(For Comprehensive Travel Insurance (Sell through electronic channel (online)))

| | | | | |
|--------------------------------|---------------------------------------|--------|------|-------|
| Attachment No. | Preparing Date | | | |
| Being part of Policy No. | | | | |
| Name of Policyholder | | | | |
| Name-Surname of Insured Person | | | | |
| Effective Commencing on | Time | End on | Time | a.m. |
| Premium | Baht (including Stamp duty and Tax of | | | Baht) |

This Policy does not cover, and the Company will not in any event be liable to pay any claims arising directly or indirectly from, caused by, a consequence of, arising in connection with or contributed to by any of the following countries:

1. Iran
2. Syria
3. Cuba
4. North Korea
5. North Sudan

Other conditions in the insuring agreement and exclusions in the Policy remain in full force and effect.