English Translation Only

Critical Illness and Accident Tune Protect Insurance Policy

(Sell through electronic channel (Online))

Relying upon the statements made in the Application Form, which forms an integral part of this Policy, and in consideration of the Premium payable by the Insured, subject to the provisions, General Terms and Conditions, Insuring Agreements, Exclusions, and Endorsements of this Policy, the Company hereby agrees with the Insured as follows:

Section 1 Definitions

Words and expressions to which specific meanings are assigned in any part of this Policy shall have the same meanings wherever they appear in this Policy, unless otherwise specifically provided herein.

Policy	means	the Policy Schedule, General Terms and Conditions, Insuring Agreements, Exclusions, Endorsements, Special Provisions, Policy Endorsement Sheets, and Policy Summary, all of which form an integral part of the same contract of insurance.
Company	means	Tune Insurance Public Company Limited.
Insured	means	the person named as the Insured in the Policy Schedule and/or any attachment thereto, who is covered under this Policy.
Waiting Period	means	the period from the date this Insurance Policy becomes effective for the first time. The Insured shall not be covered for each disease specified under this policy.
Pre-existing Condition	means	Chronic disease or illness (including complications) identified as diseases covered under this Insurance Policy incurred to the Insured before the effective date of this Insurance Policy for the first year and have not been completely cured or is significant enough to cause the general public to seek diagnosis, care or treatment, or to cause a physician to diagnose, nursed or treated.
Illness	means	the symptoms and/or disorders of the body as a result of a disease.

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Doctor	means	a person who has obtained a Doctor of Medicine degree and has a professional license in the branch of medicine to practice under the local laws where they operate.
Hospital	means	any medical facility which provides medical services, which can receive patients overnight or treat diseases or injuries continuously 24 hours a day and is licensed or registered to operate as a "hospital" under the local laws where they operate.
Medical Facility	means	A place which is allocated for the practice of the art of healing or practice medical and public health in accordance with the law on that in the locality providing services.
Clinic	means	any medical facility which provides medical services without being able to accept patients overnight and is authorized or registered to operate as a "clinic" under the local laws where they operate.
Per Confinement	means	an admission for treatment as in inpatient or major surgery without requiring an inpatient admission (day surgery) in the Medical Facility per time; and includes an admission for treatment as in inpatient or Major surgery without requiring an Inpatient admission in the Medical Facility no matter how many times for the same injury or illness, and is not yet cured, including related or continuous complications. Admission within 90 days from the last discharge from the Medical Facility is considered the same admission for treatment.
Inpatient	means	a Patient who needs to be admitted at a hospital or a medical facility as a registered inpatient for medically necessary treatment following an injury or illness for at least 6 consecutive hours; including where the Patient dies within 6 hours after admission.
Outpatient	means	a Patient who has been admitted for injury or illness in the outpatient department or in the emergency department of a hospital or medical facility without medical necessity to stay as an Inpatient.

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Medical Standards	means	criteria or guidelines for medical treatment of injury or illness according to the principles under the local standards where these treatments are being applied, as follows: (1) Professional standards and related professional regulations (2) Healthcare Standards (3) Pharmaceutical and medical device standards (4) Principles of Patient non-discrimination
Medical Necessity	means	the need for medical services or other services of a hospital or medical facility for diagnosis and treatment of injury or illness, according to the following conditions: (1) In accordance with the diagnosis, and treatment according to the state of the illness or injury of the Covered Person. (2) In accordance with Medical standards. (3) Not primarily for the convenience of the Covered Person or family of the Covered Person or the medical service provider.
Alternative Medicine	means	the treatment of injury or illness by locally licensed medical professionals who provide services in traditional Thai medicine or traditional Chinese medicine or chiropractic or other fields outside modern medicine.
Major Surgery	means	the surgery that passes through the body cavity, where general anesthesia or regional anesthesia is required.
Major surgery without requiring an Inpatient admission (Day Surgery)	means	major surgery or major surgery replacement procedures or using special treatment tools that can replace major surgery, without needing Inpatient admission in a medical facility.
Policy Year	means	the period of one year from the date that the insurance policy becomes effective or from the anniversary of the insurance policy the following years.

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Section 2 General Terms and Conditions

1. Insurance Contract

This Policy is issued by the Company in reliance upon the statements made by the Insured in the Application Form and any supplementary declarations (if any) duly signed by the Insured as evidence for the Company's acceptance of the insurance. Accordingly, the Company has issued this Policy, together with the Policy Summary, General Terms and Conditions, Insuring Agreements, and Exclusions.

If the Insured knowingly makes any false statement in the declarations referred to in the preceding paragraph, or knowingly conceals any material fact which, if disclosed to the Company, would have induced the Company to charge a higher Premium or decline to enter into this insurance contract, this Policy shall be voidable pursuant to Section 865 of the Civil and Commercial Code, and the Company shall be entitled to avoid this Policy.

The Company shall not deny liability on the basis of any statement other than those made by the Insured in the documents referred to in the first paragraph.

2. Non-Contestability

The Company shall not contest or deny the validity of this Policy after it has been continuously in force for two (2) consecutive Policy Years from the Effective Date of this Policy, except in the case of non-payment of Premium.

Where the Company becomes aware of any fact entitling it to avoid this Policy but fails to exercise such right within one (1) month from the date it becomes aware of such fact, the Company shall thereafter have no right to avoid this Policy on such ground.

3. Entire Contract and Alteration

This Policy, together with the Insuring Agreements and Endorsements, constitutes the entire contract of insurance between the Company and the Insured.

No alteration to this Policy shall be valid unless approved by the Company and recorded in this Policy or in an Endorsement.

4. The Claims

The Insured shall submit the following evidence to the Company within 30 days from the date of discharge from the Hospital or Medical Facility, or the date of treatment at the Clinic at their own expense:

1) The Company's prescribed Claim Form;

2) Medical report specifying the covered disease, principal symptoms, and diagnosis;

3) Blood test results and/or laboratory test results (if any)

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4) Original receipts itemizing the medical expenses incurred, or the final account summary together with the corresponding receipt. (In the case of medical expenses or daily compensation or travel expenses)

Failure to submit the required documents within the specified period shall not invalidate the claim if it can be shown that there was a reasonable cause preventing such submission within the prescribed period, provided that the documents are submitted as soon as reasonably practicable.

The receipts evidencing the medical expenses must be original copies. The Company shall return the original receipts after certifying the amount paid so that the Insured may claim the remaining balance from other insurers. If the Insured has already received reimbursement from any government welfare scheme, other welfare benefits or any other insurance, the Insured shall submit copies of the receipts certified by such welfare provider or insurer showing the amount already reimbursed, in order to claim the outstanding balance from the Company.

In the case of a claim for daily compensation, copies of the itemized receipts or copies of the final account summary together with the corresponding receipts may be submitted in lieu of the original documents.

5. Medical Examination

The Company shall have the right to examine the Insured's medical records and diagnostic records to the extent necessary for this insurance, and, where necessary and not contrary to law, to conduct an autopsy at the Company's expense.

If the Insured refuses to permit the Company to examine such medical records or diagnostic records for the purpose of claim assessment, the Company may deny coverage under this Policy.

6. Payment of Benefits

The Company shall pay the Benefits within 15 days after receiving complete and satisfactory proof of Loss. Benefits payable in the event of death shall be paid to the Beneficiary. All other Benefits shall be paid to the Insured.

Where there are reasonable grounds to suspect that the claim is not covered under the Insuring Agreements of this Policy, the period for claim assessment may be extended as necessary, but in no event shall such extension exceed 90 days from the date the Company receives all required documents.

If the Company fails to make payment within the period specified above, the Company shall pay interest on the amount due at the rate of 15% per annum, calculated from the date payment became due.

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7. Premium Payment and Initiation of Coverage

7.1 Annual Premium Payment

Annual premium payments are due immediately or before the Coverage starts by the Insured, and the Coverage shall begin to take effect on the date specified in the Insurance Policy.

7.2 Premium Payment every - month, as Specified in the Insurance Policy.

7.2.1 The premium payment of the first instalment shall be due immediately or before the Coverage starts by the Insured, and the Coverage shall be effective on the date specified in the Insurance Policy.

7.2.2 In terms of the next period insurance premium, the insured shall pay the premium within 30 days from the expiration date of the premium payment period. If the insurance premium is paid, it shall be deemed that the Coverage under this Insurance Policy is a continuation of the Coverage from the previous period, and the Company shall not apply the conditions of non-disputing or objection to the invalidity of the Insurance Contract, the waiting period and the pre-existing condition that shall be re-calculated.

If the Company is still unable to collect such premiums, the Coverage under this Insurance Policy shall be deemed to expire on the last day that the paid premiums can be purchased for the Coverage.

7.2.3 In the event of a claim for any amount of compensation during the grace period and the Company has not received the insurance premium payment, the Company shall deduct premiums equal to the unpaid premiums from the compensation payable under this policy and pay the remaining compensation to the Insured or beneficiaries.

8. Insurance Policy Renewal

This Insurance Policy may be renewed depending on the Company's consideration as follows:

8.1 In the event that the Company agrees to renew the Insurance Policy, the Company shall retain the right to:

8.1.1 Adjust the premium rate to suit the level of risk and increasing age of the Insured; and

8.1.2 Amend the underwriting conditions, conditions of the policy's Insuring Agreement, insurance for a year, renewable as needed. The Company shall notify the Insured of any material amendments under this Insurance Policy.

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8.2 If the Insurance Policy is renewed and the Insured pays the premium within the grace period of 30 days, the Company shall not apply the conditions of non-disputing or objection to the invalidity of the Insurance Contract, the waiting period and the pre-existing condition that shall be re-calculated. 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 due.

8.3 The Company can refuse to renew the Insurance Policy by notifying the Insured in writing at least 30 days prior to the expiration date of the Insurance Policy as specified in the Insurance Policy schedule.

9. Cancellation of the Insurance Policy

9.1 Annual Premium Payment

9.1.1 The Company cannot cancel this Insurance Policy unless the Insured commits fraud or dishonest acts under this Insurance Policy.

9.1.2 The Insured can cancel this Insurance Policy by notifying the Company in writing and has the right to receive premium back after deducting premiums for the period that this Insurance Policy has been in force, the short-term premium rates are issued according to the following schedule:

Short-Period Premium Table

Period of Insurance (Not Exceeding / Months)	Percentage 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

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Cancellation of the Insurance Policy under this condition, whether acted by any party, shall be a cancellation of the entire Insurance Policy only. Neither one policy nor parts of the entire policy can be cancelled.

9.2 In the case of insurance premium payment under general conditions and clause 7.2:

9.2.1 The Company cannot cancel this Insurance Policy except in the event of the Insured commits fraud or dishonest acts under this Insurance Policy.

9.2.2 The Insured can cancel this Insurance Policy by notifying the Company in writing and having the right to receive the premium back after deducting premiums for the period that this Insurance Policy has been enforced and then issued in proportion. Nevertheless, in the case of a one-month premium payment, the Insurance Policy shall automatically expire on the last day that the premium has been paid. The Coverage can be purchased without the Company returning the premium to the Insured.

10. Automatic Termination of the Insurance Contract

10.1 On the expiry date of this Policy as specified in the Policy Schedule (where this Policy is not renewed).

10.2 Upon the Policy Anniversary on which the Insured attains the age of 65 years

10.3 When the Insured fails to pay insurance premiums under the general conditions and clause 7

10.4 Upon the death of the Insured arising from a cause not covered under this Policy.

10.5 When the Insured is imprisoned or detained in a correctional institution. For termination under Clauses 10.4 or 10.5, the Company shall refund the Premium to the Insured or the Beneficiary, as the case may be, after deducting the earned Premium on a pro-rata basis for the period during which this Policy has been in force.

10.6 Each Insuring Agreement under this Policy shall terminate once the Company has paid the maximum Sum Insured specified in the Policy Schedule for that Insuring Agreement. The remaining Insuring Agreements shall continue in force until the expiry of the Policy Period, subject to their respective remaining Sum Insured.

10.7 This Policy and all insurance provided hereunder shall terminate at 24:00 hours (Thailand Time) on the Policy Expiry Date.

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11. Misdeclaration of Age or Gender

If the declaration of Age or Gender of the Covered Person has been mis-declared, resulting in

11.1 the Company receiving a premium less than the premium that should have been received, the amount of benefits the Covered Person will receive according to this Insurance Policy will be equivalent to the coverage corresponding to the paid premium for the correct Age and Gender, if the Age or Gender of the Covered Person is correct. If, based on the correct age or gender, the Covered Person is not eligible to receive cover under this Insurance Policy, the Company will not pay for any benefits and will refund the received premium back instead.

11.2 If the company receives an insurance premium exceeding the specified insurance premium, the company will refund the excess insurance premium back to the Insured. However, the Company shall not apply this condition for retrospective premium adjustments for the sum assured period in the past insurance policy year.

12. Arbitration

In the event of any dispute, controversy or claim arising out of or in connection with this Policy between the person entitled to claim under this Policy and the Company, and if such claimant wishes to settle the dispute by arbitration, the Company agrees to submit the dispute to arbitration in accordance with the Arbitration Rules of the Office of Insurance Commission (OIC).

13. Conditions Precedent

The Company shall be liable for reimbursement of claims under this Insurance Policy when the Covered Person, Beneficiary or representative of the said person have fully complied with the Insurance Agreement and terms of the Insurance Policy.

14. Free Look Period

If, for any reason whatsoever, the Insured is not satisfied with this Policy, the Insured may cancel this Policy by giving notice to the Company and returning the Policy within fifteen (15) days from the date of receipt of the Policy from the Company. However, where the Policy has been issued by electronic means, the Insured shall not be required to return the Policy to the Company.

Upon such cancellation, this Policy shall be deemed null and void from the commencement date of the Period of Insurance as specified in the Policy Schedule. The Company shall have no liability for any Loss or Damage occurring under this Policy, and shall refund to the Insured the full premium received, in accordance with the mutually agreed method of refund, without any deduction whatsoever.

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Section 3 General Exclusions

This Insurance Policy does not cover any loss or damage caused by or due to the following causes:

3.1 Any illness occurring during the Waiting Period.

3.2 Pre-existing condition prior to being insured.

3.3 General health check-up request for hospitalization or medical facility, surgical rest, convalescence, rehabilitation, or treatment by means of resting or hospital stay to have a general care assistant examination or treatment that is not related to the disease-causing the hospital admission, diagnosis of injury or illness, treatment, or diagnosis to determine the cause which is not a medical necessity or is not a medical standard.

3.4 Non-conventional Treatment including Alternative Medicine.

3.5 Expenses arising from medical examination that the Insured is also a doctor and ordered the examination for him/herself including medical examination from a doctor who is the father, mother, spouse, or child of the Insured.

3.6 Treatment or diagnosis that is not related to the diagnosis, symptom or condition related to the covered disease.

3.7 Orthotics, Prosthetic devices, medical devices, and various durable medical supplies

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Section 4 Insuring Agreements

Subject to the terms, Insuring Agreements, Exclusions, General Terms and Conditions, and Endorsements of this Policy, and in consideration of the premium payable by the Insured, the Company agrees to provide the following coverage:

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Insuring Agreement

Mild to moderately severe disease

Additional Definitions

Non-invasive cancer / Carcinoma in Situ	means	The first-time appearance of a tumor or cell that is confirmed from pathological examination that it is Cancer. Such Cancer must have not yet spread over the basement membrane or spread to a nearby membrane or other organs. The Cancer also includes the following: 1) Prostate Cancer, Thyroid Cancer, or Urinary Bladder Cancer at stage of T1 N0 M0 referring to TNM Classification 2) Chronic Lymphocytic Leukemia before RAI at stage 3 3) Malignant Melanoma less than stage 2 referring to American Joint Committee on Cancer Classification 4) Borderline tumor or Low Malignant Potential In any case, any skin Cancers, except the Melanoma mentioned above, and Pre-malignant Lesion are excluded.
Coronary Artery Disease requiring Angioplasty	means	the treatment of blocked coronary arteries by coronary angioplasty, stent insertion, laser treatment, or any other intra-arterial procedure. For the purpose of this definition, coronary arteries shall mean the Left Main Artery with stenosis of at least 50%, or all three of the Left Anterior Descending Artery, Circumflex Artery and Right Coronary Artery, each with stenosis of at least 60%. Diagnostic angiography is excluded.

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Cerebral Aneurysm Treatment by Endovascular Coiling	means	Treatment of a cerebral aneurysm by an endovascular procedure involving the insertion of a catheter through a blood vessel and the placement of coils into the aneurysmal portion of the artery, in accordance with the indications under current standard medical practice, for the purpose of inducing thrombosis and fibrosis within the cerebral aneurysm. The diagnosis must be confirmed by angiographic imaging, and the treatment must be performed by an appropriately licensed medical specialist. **This excludes cerebral aneurysms caused by any infection (infectious and mycotic aneurysms).**
Less severe burns / Second degree burn	means	Second Degree Burns affecting at least 20% of the total body surface area, as measured in accordance with medical standards and diagnosed by a Surgeon. The burns must result from an Accident caused by fire, scalding, electricity, chemicals, or radiation.

Coverage

During the period this insurance policy is in force, and after the expiry of the Waiting Period specified for each disease in the Table of this Insuring Agreement, if the Insured is diagnosed by a Physician with any one of the diseases listed in the table below:

Covered Diseases	Waiting Period
1. Non-invasive cancer / Carcinoma in Situ 2. Coronary Artery Disease requiring Angioplasty 3. Cerebral Aneurysm Treatment by Endovascular Coiling 4. Less severe burns / Second degree burn	90 days

However, The Company shall pay the Benefit under this Insuring Agreement for only one of the diseases. The Company shall pay compensation to the Insured up to the sum insured per policy year as specified in the policy schedule, and the coverage under this Insuring Agreement shall immediately terminate thereafter.

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Claims

The Insured shall submit the following evidence to the Company within 30 days from the date of the diagnosis at their own expense

1. A claim form prescribed by the Company
2. A copy of the Insured's identification card
3. A medical report specifying the principal symptoms, diagnosis and treatment rendered
4. A copy of receipt

In the event that the Company requires any documents in addition to those specified above, the Company shall notify the claimant in writing, specifying all additional documents required, together with the reasons and necessity for requiring such additional documents.

Failure to submit the foregoing evidence within the prescribed period shall not invalidate the claim if it can be proved that there was reasonable cause preventing submission within such period and that the evidence was submitted as soon as reasonably practicable thereafter

Additional exceptions (Applicable only to the Insured Agreement for Mild to moderately severe disease)

This Insuring Agreement does not cover critical illness which occurs directly or indirectly in whole or in part due to the following reasons.

1) An abnormality which a physician confirms and there is clear evidence that it is related to a critical illness or a critical illness occurring prior to the effective date of the Coverage under this Insuring Agreement unless the Insured has informed the Company and the Company agrees to accept the risk without conditions except for such Coverage.

2) Inhale, eat, drink, inject or intake toxic substances into the body by any means while feeling guilty or insane or not.

3) The Insured refuses to accept treatment, recommends or follows the advice of a doctor.

4) Medical examination that the Insured is also a doctor and ordered the examination for him/herself including medical examination from a doctor who is the father, mother, spouse or child of the Insured.

5) HIV Positive or AIDS of the Insured, whether directly or indirectly. It is understood that HIV infection or AIDS refers to Acquired Immune Deficiency Syndrome caused by infection with the AIDS virus and including opportunistic infections or infectious diseases or any illness where the blood test results show positive for HIV (Human Immunodeficiency Virus) Infections that cause pneumonia or pneumonia (Pneumocystis Carinii Pneumonia), the organism that causes chronic enteritis, invasive viral and/or fungal pathogens (Disseminated Virus and/or Fungi Infection) malignant neoplasm, including but

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not limited to, Kaposi's Sarcoma, central nervous system lymphoma, and/or other diseases that are known presently as acquired immunodeficiency syndrome, or which causes sudden death, illness or disability, AIDS, including HIV that causes Encephalopathy Dementia.

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Insuring Agreement

Severe illness at a critical stage

Additional Definitions

Invasive Cancer	means	The appearance of a tumor or cell that is confirmed from pathological examination that it is Cancer. Such Cancer has spread over the basement membrane or spread to a nearby membrane or other organs. The Cancer also includes Leukemia, Lymphoma, Bone-marrow Cancer, and Choriocarcinoma. In any case, the following Cancers are excluded: 1) Prostate Cancer, Thyroid Cancer, or Urinary Bladder Cancer at the Stage of T1 N0 M0 referring to TNM Classification 2) Chronic Lymphocytic Leukemia before RAI at the Stage 3 3) Non-invasive Cancer, Carcinoma in Situ 4) Any skin Cancers, except Malignant Melanoma at the Stage 2 or above referring to American Joint Committee on Cancer Classification 5) Borderline tumor or Low Malignant Potential 6) Pre-malignant Lesion such as CIN I, CIN II, CIN III 7) Cancer in a patient who is infected with HIV 8) Repeated Cancer or spread from other parts, in which such Cancer appeared for the first time before the Policy inception or within 90 days of the Policy inception.
Acute Heart Attack	means	The occurrence of an Acute Myocardial Infarction characterized by all of the following 3 criteria: 1) A history of chest pain characteristic of myocardial ischemia; 2) An elevation of Cardiac Troponin (T or I) to at least three times the upper limit of the normal reference range, or an elevation of CKMB to at least 2 times the upper limit of the normal reference range; 3) New electrocardiographic (ECG) changes characteristic of a first Acute Myocardial Infarction.

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Major Stroke	means	The acute occurrence of neurological impairment caused by cerebrovascular disease due to Cerebral Thrombosis, Intracerebral Haemorrhage, or Extracranial Embolism originating from the heart or blood vessels outside the skull, with evidence of persistent neurological deficit (excluding numbness) for a continuous period of at least 45 days from the date of diagnosis. The diagnosis must be confirmed by evidence of new changes shown on a Computed Tomography (CT) Scan or Magnetic Resonance Imaging (MRI), unless the Insured dies before the expiry of such period due to this Critical Illness or as a direct consequence of this Critical Illness. This excludes cerebral infarction or intracranial haemorrhage resulting from external injury, and Transient Ischemic Attack or Reversible Ischemic Neurological Deficit.
Major Organs Transplantation or Bone Marrow Transplantation	means	The undergoing of organ transplantation surgery or bone marrow transplantation as a Recipient, as follows: 1) Organ transplantation, where the organs shall be limited to the heart, lung, liver, kidney, or pancreas, as a result of end-stage failure of such organ where the organ cannot return to normal function; or 2) Bone marrow transplantation using Haematopoietic Stem Cells following Bone Marrow Ablation. This excludes other types of stem cell transplantation and transplantation of only part of an organ.
Chronic Kidney Failure	means	End-stage renal failure resulting from chronic and irreversible failure of both kidneys to function adequately, resulting in the need for regular renal dialysis or kidney transplantation.

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Chronic Liver Disease / End-stage Liver disease / Liver failure	means	End-stage liver failure resulting in cirrhosis of the liver and presenting with all of the following conditions: 1) Permanent jaundice; 2) Ascites 3) Encephalopathy or Hepatorenal Syndrome resulting from liver failure. This excludes liver disease caused by alcoholic cirrhosis, drug abuse, or substance abuse.
Major burn	means	Third Degree Burns affecting at least 20% of the Total Body Surface Area, as measured in accordance with medical standards and diagnosed by a Surgeon. Such burns must result from an Accident caused by fire, scalding, electricity, chemicals, or radiation.
Paralysis	means	The total and permanent loss of function of the muscles of two or more arms and/or legs for a continuous period of at least 180 days, caused by illness or injury, unless the Insured dies before the expiry of such period due to this critical illness or as a direct consequence of this critical illness.
Major Head Trauma	means	Head injury resulting from an accident causing brain damage that results in the permanent inability of the Insured to independently perform at least 3 activities of daily living for a continuous period of at least 180 days, as diagnosed and assessed by a physician.

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Coverage

During the period this insurance policy is in force, and after the expiry of the Waiting Period specified for each disease in the Table of this Insuring Agreement, if the Insured is diagnosed by a Physician with any one of the diseases listed in the table below:

Covered Diseases	Waiting Period
1.Invasive Cancer 2.Acute Heart Attack 3.Major Stroke 4.Major Organs Transplantation or Bone Marrow Transplantation 5.Chronic Kidney Failure 6.Chronic Liver Disease / End-stage Liver disease / Liver failure 7.Major burn 8.Paralysis 9.Major Head Trauma	90 days

The Company shall pay compensation to the Insured in the table below.

Types of Diseases	Benefit Amount
Invasive Cancer and/or Acute Heart Attack and/or Major Organs Transplantation or Bone Marrow Transplantation and/or Chronic Kidney Failure and/or Chronic Liver Disease / End-stage Liver disease / Liver failure and/or and/or Major burn and/or Paralysis and/or Major Head Trauma	100% of the sum insured stated on the policy schedule page under this Insuring Agreement and deducted from the diabetic retinopathy benefit that the Company has already paid (if any).
Major Stroke	50% of the sum insured stated on the policy schedule page under this Insuring Agreement

However, The Company shall pay the Benefit under this Insuring Agreement for only one of the diseases. The Company shall pay compensation to the Insured up to the sum insured per policy year as specified in the policy schedule, and the coverage under this Insuring Agreement shall immediately terminate thereafter.

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Claims

The Insured shall submit the following evidence to the Company within 30 days from the date of the diagnosis at their own expense

1. A claim form prescribed by the Company
2. A copy of the Insured's identification card
3. A medical report specifying the principal symptoms, diagnosis and treatment rendered
4. A copy of receipt

In the event that the Company requires any documents in addition to those specified above, the Company shall notify the claimant in writing, specifying all additional documents required, together with the reasons and necessity for requiring such additional documents.

Failure to submit the foregoing evidence within the prescribed period shall not invalidate the claim if it can be proved that there was reasonable cause preventing submission within such period and that the evidence was submitted as soon as reasonably practicable thereafter

Additional exceptions (Applicable only to the Insuring Agreement of the Severe Illness at Critical Stage)

This Insuring Agreement does not cover critical illness which occurs directly or indirectly in whole or in part due to the following reasons:

1) An abnormality which a physician confirms and there is clear evidence that it is related to a critical illness or a critical illness occurring prior to the effective date of coverage under this Insuring Agreement unless the Insured has informed the Company and the Company agrees to accept the risk without conditions except for such coverage.

2) Inhale, eat, drink, inject or intake toxic substances into the body by any means while feeling guilty or insane or not.

3) The Insured refuses to accept treatment, recommends or follows the advice of a doctor.

4) Medical examination that the Insured is also a doctor and ordered the examination for him/herself including medical examination from a doctor who is the father, mother, spouse, or child of the Insured.

5) HIV Positive or AIDS of the Insured, whether directly or indirectly. It is understood that HIV infection or AIDS refers to Acquired Immune Deficiency Syndrome caused by infection with the AIDS virus and including opportunistic infections or infectious diseases or any illness where the blood test results show positive for HIV (Human Immunodeficiency Virus) Infections that cause pneumonia or pneumonia (Pneumocystis Carinii Pneumonia), the organism that causes chronic enteritis, invasive viral and/or fungal pathogens (Disseminated Virus and/or Fungi Infection) malignant neoplasm, including but not limited to, Kaposi's Sarcoma, central nervous system lymphoma, and/or other diseases that are known

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presently as acquired immunodeficiency syndrome, or which causes sudden death, illness or disability, AIDS, including HIV that causes Encephalopathy Dementia.

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Insuring Agreement

Diabetes-specific Illness

Additional Definitions

Diabetic Retinopathy	means	Significant changes in the retinal blood vessels resulting from diabetes, with all of the following criteria being met: 1) The Insured has diabetes at the time of diagnosis of Diabetic Retinopathy. 2) Visual acuity in both eyes is less than or equal to 6/18 (Snellen Eye Chart). 3) The Insured has undergone laser treatment, intravitreal injection, or vitrectomy to alleviate visual impairment. 4) The diagnosis of Diabetic Retinopathy, assessment of the severity of visual impairment, and treatment must be medically necessary and performed in accordance with current standard medical practice by an Ophthalmologist.
Diabetic coma	means	Asphyxiation or loss of feeling diagnosed by an internist or neurosurgeon (Neurosurgeon) where indicates that it is caused by a complication of diabetes and all of the following detections: 1) Have diabetes at the time of being diagnosed with diabetic coma. 2) Shall rely on life support equipment to sustain life. 3) No response to external stimuli for at least 96 hours. 4) Have been assessed as permanent brain damage. It results in a permanent inability to perform any daily activities independently after 30 days of unconscious or loss of feelings, unless the Insured dies prior to the expiration period under Item 2 or 3, as the case may be, due to a serious illness or a direct consequence of this critical

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		illness.
Diabetic Limb Amputation	means	Amputation as part of medical treatment for the purpose of saving the patient's life, preventing the progression of diabetes mellitus, or preventing further injury caused by diabetes mellitus, as well as enabling the patient to regain mobility as close to normal as possible. Amputation of a limb shall be classified into the following two categories: 1) Upper Extremity Amputation: amputation at any level from above the elbow to the fingers. 2) Lower Extremity Amputation: amputation at any level from above the knee to the toes.
Diabetic Nephropathy	means	Chronic complications in diabetic patients, which are characterized by all of the following detections: 1) The presence of albuminuria, initially in a small amount (microalbuminuria) and subsequently progressing to a larger amount (macroalbuminuria or overt proteinuria), which is not attributable to any other cause. 2) Hypertension, defined as blood pressure greater than 140/90 mmHg when untreated, or greater than 130/80 mmHg while receiving treatment. 3) Renal function that is initially normal but subsequently deteriorates and progressively worsens, eventually resulting in end-stage chronic kidney disease.

Coverage

During the period this insurance policy is in force, and after the expiry of the Waiting Period specified for each disease in the Table of this Insuring Agreement, if the Insured is diagnosed by a Physician with any one of the diseases listed in the table below:

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Covered Diseases	Waiting Period
1. Diabetic Retinopathy 2. Diabetic coma 3. Diabetic Limb Amputation 4. Diabetic Nephropathy	90 days

The Company shall pay compensation to the Insured in the table below.

Types of Diseases	Benefit Amount
Diabetic coma and/or diabetic limb amputation	100% of the sum insured stated on the policy schedule page under this Insuring Agreement and deducted from the diabetic retinopathy benefit that the Company has already paid (if any).
Diabetic Retinopathy and/or diabetic nephropathy	50% of the sum insured stated on the policy schedule page under this Insuring Agreement

The Coverage under this Insuring Agreement shall expire when the Company has paid compensation according to the maximum sum insured specified in the Insuring Policy table of this coverage.

Claims

The Insured shall submit the following evidence to the Company within 30 days from the date of the diagnosis at their own expense

1. A claim form prescribed by the Company
2. A copy of the Insured's identification card
3. A medical report specifying the principal symptoms, diagnosis and treatment rendered
4. A copy of receipt

In the event that the Company requires any documents in addition to those specified above, the Company shall notify the claimant in writing, specifying all additional documents required, together with the reasons and necessity for requiring such additional documents.

Failure to submit the foregoing evidence within the prescribed period shall not invalidate the claim if it can be proved that there was reasonable cause preventing submission within such period and that the evidence was submitted as soon as reasonably practicable thereafter

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Additional exceptions (Applicable only to the Insuring Agreement of the Severe Illness at Critical Stage)

This Insuring Agreement does not cover critical illness which occurs directly or indirectly in whole or in part due to the following reasons:

1) An abnormality which a physician confirms and there is clear evidence that it is related to a critical illness or a critical illness occurring prior to the effective date of coverage under this Insuring Agreement unless the Insured has informed the Company and the Company agrees to accept the risk without conditions except for such coverage.

2) Inhale, eat, drink, inject or intake toxic substances into the body by any means while feeling guilty or insane or not.

3) The Insured refuses to accept treatment, recommends or follows the advice of a doctor.

4) Medical examination that the Insured is also a doctor and ordered the examination for him/herself including medical examination from a doctor who is the father, mother, spouse, or child of the Insured.

5) HIV Positive or AIDS of the Insured, whether directly or indirectly. It is understood that HIV infection or AIDS refers to Acquired Immune Deficiency Syndrome caused by infection with the AIDS virus and including opportunistic infections or infectious diseases or any illness where the blood test results show positive for HIV (Human Immunodeficiency Virus) Infections that cause pneumonia or pneumonia (Pneumocystis Carinii Pneumonia), the organism that causes chronic enteritis, invasive viral and/or fungal pathogens (Disseminated Virus and/or Fungi Infection) malignant neoplasm, including but not limited to, Kaposi's Sarcoma, central nervous system lymphoma, and/or other diseases that are known presently as acquired immunodeficiency syndrome, or which causes sudden death, illness or disability, AIDS, including HIV that causes Encephalopathy Dementia.

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Insuring Agreement

Accidental Death, Dismemberment, Loss of Sight or Total Permanent Disability Benefit (ADB1)

Specific Definitions

Dismemberment	means	complete severance of a hand from or above the wrist joint, or of a foot from or above the ankle joint, and shall include the total and permanent loss of use of such hand or foot where there is clear medical evidence that such loss of use is permanent and irrecoverable
Loss of Sight	means	the total and irrecoverable loss of sight.
Total Permanent Disability	means	disability to the extent of being unable to perform the normal duty in the Insured's regular occupation or any other occupation totally and permanently and such permanent disability prevent the Insured to perform 3 or more activities of daily living by himself/herself. Activities of Daily Living means the ability to perform independently the following 6 basic activities of daily living, which constitute the medical criteria for assessing a person's functional ability: (1) Transferring means the ability to transfer from a chair to a bed and back again without the assistance of another person or any assistive device. (2) Mobility means the ability to walk or move from one room to another without the assistance of another person or any assistive device. (3) Dressing means the ability to put on or remove clothing without the assistance of another person or any assistive device. (4) Bathing means the ability to bathe, including getting into and out of a bath or shower, without the assistance of another person or any assistive device. (5) Eating means the ability to consume food without the assistance of another person or any assistive device. (6) Toileting means the ability to use the toilet for bowel and bladder functions, including getting on and off the toilet, without the assistance of another person or any assistive device.

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Coverage

This Insurance covers Loss or Damage arising directly from Bodily Injury sustained by the Insured as a result of an Accident, resulting in the Insured's death, Dismemberment, Loss of Sight or Total Permanent Disability within one hundred and eighty (180) days from the date of the Accident.

Coverage shall also apply where the Bodily Injury requires the Insured to be continuously confined as an Inpatient in a Hospital or Medical Facility, and the Insured subsequently dies as a direct result of such Bodily Injury, irrespective of when such death occurs.

Subject to the terms and conditions of this Policy, the Company shall pay the following benefits:

1.	100% of the Sum Insured	Death
2.	100% of the Sum Insured	Total Permanent Disability, provided such disability has continued for not less than twelve (12) consecutive months from the date of the Accident, or where there is clear medical evidence that the Insured has become Totally and Permanently Disabled
3.	100% of the Sum Insured	Loss of both hands from or above the wrists, both feet from or above the ankles, or total and irrecoverable Loss of Sight in both eyes
4.	100% of the Sum Insured	Loss of one hand from or above the wrist and one foot from or above the ankle
5.	100% of the Sum Insured	Loss of one hand from or above the wrist and total and irrecoverable Loss of Sight in one eye
6.	100% of the Sum Insured	Loss of one foot from or above the ankle and total and irrecoverable Loss of Sight in one eye
7.	60% of the Sum Insured	Loss of one hand from or above the wrist
8.	60% of the Sum Insured	Loss of one foot from or above the ankle
9.	60% of the Sum Insured	Total and irrecoverable Loss of Sight in one eye

The Company shall pay only one Benefit, being the Benefit carrying the highest amount payable under this Insuring Agreement.

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Throughout the Period of Insurance, the aggregate amount payable under this Insuring Agreement shall not exceed the Sum Insured specified in the Policy Schedule. Where the Benefit paid is less than the Sum Insured, this Insuring Agreement shall continue in force for the remainder of the Period of Insurance, subject to the remaining balance of the Sum Insured.

Claim for Death Benefit

The Beneficiary shall submit the following documents to the Company at his/her own expense within thirty (30) days from the date of the Insured's death:

1. The Company's prescribed Claim Form;
2. Death Certificate;
3. Certified copy of the Autopsy Report certified by the investigating police officer or the issuing authority;
4. Certified copy of the Police Report certified by the investigating police officer;
5. Copy of the Insured's Identification Card and House Registration bearing the official record of death; and
6. Copy of the Beneficiary's Identification Card and House Registration.

Claim for Dismemberment, Loss of Sight or Total Permanent Disability Benefit

The Insured shall submit the following documents to the Company at his/her own expense within thirty (30) days from the date on which a Medical Practitioner certifies that the Insured has suffered Dismemberment, Loss of Sight or Total Permanent Disability:

1. The Company's prescribed Claim Form;
2. Medical Report confirming the Dismemberment, Loss of Sight or Total Permanent Disability

Failure to submit the required documents within the specified period shall not invalidate the claim if it can be shown that there was a reasonable cause preventing such submission within the prescribed period, provided that the documents are submitted as soon as reasonably practicable.

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Additional Exclusions

This insurance policy does not cover

1. Any Loss or Damage arising directly or indirectly from, or in consequence of, any of the following: (unless the Coverage is extended and an attachment was issued to extend such Coverage)

1.1 Any act of the Insured while under the influence of alcohol, narcotic drugs or addictive substances to the extent of being incapable of exercising self-control. For the purpose of this exclusion, "under the influence of alcohol" means having a blood alcohol concentration of 150 milligrams percent (150 mg%) or higher, where a blood test is conducted.

1.2 Suicide, attempted suicide, or self-inflicted injury.

1.3 Infection, parasites, except bacterial infection, tetanus or rabies resulting from a wound sustained in an Accident.

1.4 Medical or surgical treatment, except where such treatment is Medically Necessary as a direct result of a Bodily Injury covered under this Policy and is performed within the period specified in this Policy.

1.5 Miscarriage

1.6 Dental treatment or root canal treatment, except treatment received within 7 days from the date of the Accident.

1.7 Replacement of dentures, dental crowns or prosthetic dental treatment.

1.8 Food poisoning.

1.9 Back pain resulting from disc herniation, spondylolisthesis, degenerative disc disease, spondylosis, or defect or pathology of the pars interarticularis (spondylolysis), unless caused by fracture or dislocation of the spinal column resulting directly from an Accident.

1.10 War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, insurrection, rebellion, riot, strike, civil commotion, revolution, coup d'état, declaration or maintenance of martial law, or any event giving rise to the declaration or maintenance of martial law.

1.11 Terrorism.

1.12 Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste arising from the combustion of nuclear fuel, including any self-sustaining process of nuclear fission.

1.13 Radioactive explosion or explosion of nuclear components or any hazardous substance capable of causing nuclear reaction.

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2. Any Loss or Damage occurring under any of the following circumstances (unless specifically covered by an Endorsement):

2.1 While the Insured is participating in motor racing, boat racing, horse racing, any kind of skiing (including jet skiing), skate racing, boxing, parachuting (except for the purpose of saving life), boarding, alighting from, or travelling in a balloon or glider, bungee jumping, or scuba diving requiring an underwater breathing apparatus.

2.2 While the Insured is driving or riding as a passenger on a motorcycle.

2.3 While the Insured is boarding, alighting from, or travelling in any aircraft not licensed for the carriage of passengers and not operated by a commercial airline.

2.4 While the Insured is operating or performing duties as a crew member of any aircraft.

2.5 While the Insured is participating in, or provoking, a fight.

2.6 While the Insured is committing a serious criminal offence, or while being arrested or escaping from lawful arrest. While the Insured is serving as military personnel, police officer or volunteer and participating in war or suppression operations. If such participation exceeds 30 days, the Company shall refund the Premium on a pro-rata basis for the period commencing from the date the Insured enters such operation until the date the operation ceases. Thereafter, this Policy shall continue in force until the expiry date specified in the Policy Schedule.

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Extension Endorsement

Daily Income Compensation Benefit from Inpatient Hospitalization Due to Serious Disease

Company Code

Endorsement No.	forming part of Policy No.		Date of Issue	
Name of Insured: **As stated in the Policy Schedule**				
Beneficiary: **As stated in the Policy Schedule**		Relationship to the Insured:		
Period of Insurance: From	at	hours to	at 24:00 hours	
Sum Insured: **As stated in the Policy Schedule** Baht, maximum of 15 days per insurance policy year				
Net Premium: Baht	Stamp Duty: Baht	Tax: Baht	Total Premium: Baht	

Extension of Coverage

It is hereby agreed that if the Insured is covered under the Insuring Agreement for mild to moderately severe disease, or the Insuring Agreement for severe illness at a critical stage, or the Insuring Agreement for diabetes-specific illness, and The Physician has specified that the Insured to be admitted as an inpatient of a hospital or medical facility for medical treatment of a critical illness under the aforementioned endorsements in accordance with medical necessity and medical standards, regardless of which disease specified occurs first, and after expiry of the 90-day Waiting Period.

The Company shall pay compensation for daily income benefit to the Insured who is hospitalized in a hospital or medical facility, in the amount of the sum insured per day as specified in the Policy Schedule, or the Certificate of Insurance in the case of renewal, and/or this Endorsement. Such Compensation shall be payable based on the number of days for which the hospital or medical facility charges room expenses, up to a maximum of 15 days per policy year.

If the Insured has received reimbursement from any government welfare scheme, any other welfare scheme, or any other insurance, this shall not prejudice the Insured's right to receive benefits under this Endorsement.

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Claims for Daily Income Compensation Benefit from Inpatient Hospitalization Due to Serious Disease

The Insured shall, at his/her own expense, submit the following evidence to the Company within thirty (30) days from the date of discharge from the Hospital or Medical Facility:

1. A claim form prescribed by the Company
2. A copy of the Insured's identification card
3. A medical report specifying the principal symptoms, diagnosis and treatment rendered
4. A copy of receipt

In the event that the Company requires any documents in addition to those specified above, the Company shall notify the claimant in writing, specifying all additional documents required, together with the reasons and necessity for requiring such additional documents.

Failure to submit the foregoing evidence within the prescribed period shall not invalidate the claim if it can be proved that there was reasonable cause preventing submission within such period and that the evidence was submitted as soon as reasonably practicable thereafter.

Additional Exclusions (Application only to the Daily Income Compensation Benefit from Inpatient Hospitalization Due to Serious Disease)

This endorsement does not cover as follows:

1. General health check-up request for hospitalization or medical facility, surgical rest, convalescence, rehabilitation, or treatment by means of resting or no medical treatment associated with the treatment of serious illnesses and is not a medical necessity or not as a medical standard.
2. Treatment that is not conventional medicine, including alternative medicine.

In the event that any provision contained in this Endorsement is inconsistent with or contrary to any provision of this Policy, the provisions of this Endorsement shall prevail.

All other terms, conditions, provisions and exclusions of this Policy shall remain unchanged and continue in full force and effect.

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Extension Endorsement

Special nursing care wage benefits due to critical illness

Company Code

Endorsement No.	forming part of Policy No.			Date of Issue	
Name of Insured: **As stated in the Policy Schedule**					
Beneficiary: **As stated in the Policy Schedule**			Relationship to the Insured:		
Period of Insurance: From		at	hours to		at 24:00 hours
Net Premium: Baht	Stamp Duty: Baht	Tax: Baht	Total Premium: Baht		

Additional definitions

Nurse	means	a person who has obtained a license to practice nursing profession under the local laws where they operate.
Special Nurse Care Wags	means	The rate of nursing care which is necessary as prescribed by a doctor to receive such care by a nursing care provider as a special case.

Coverage

It is hereby agreed that if the Insured is covered under the Insuring Agreement for mild to moderately severe disease, or the Insuring Agreement for severe illness at a critical stage, or the Insuring Agreement for diabetes-specific illness, regardless of which illness specified under the aforementioned Insuring Agreements occurs first, and such covered illness results in the Insured requiring special nursing care as prescribed by a medical specialist in the relevant disease.

the Company shall pay Compensation for the daily cost of special nursing care, up to the Sum Insured per day as specified in the Policy Schedule, or the Certificate of Insurance in the case of renewal, and/or this Endorsement. Such Compensation shall be payable based on the actual number of days on which nursing care is provided, up to a maximum of **As stated in the Policy Schedule** Baht per day and not more than 15 days per policy year.

The nursing care provider must meet the definition specified in this Policy.

If the Insured has received reimbursement from any government welfare scheme, any other welfare scheme, or any other insurance, this shall not prejudice the Insured's right to receive benefits under this Endorsement.

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Claims for Special nursing care wage benefits due to critical illness

The Insured shall, at his/her own expense, submit the following evidence to the Company within thirty (30) days from the date of discharge from the Hospital or Medical Facility:

1. A claim form prescribed by the Company
2. A copy of the Insured's identification card
3. A medical report specifying the principal symptoms, diagnosis and treatment rendered
4. A copy of receipt

In the event that the Company requires any documents in addition to those specified above, the Company shall notify the claimant in writing, specifying all additional documents required, together with the reasons and necessity for requiring such additional documents.

Failure to submit the foregoing evidence within the prescribed period shall not invalidate the claim if it can be proved that there was reasonable cause preventing submission within such period and that the evidence was submitted as soon as reasonably practicable thereafter.

Additional Exclusions (Application only to the special nursing care wage benefits due to critical illness)
This endorsement does not cover as follows:

1. Employment of a special nursing care provider without medical necessity and a prescription from a medical specialist
2. Employment of a special nursing care provider that does not relate to the treatment of critical illness for which this insurance policy is effective.
3. Employment of a special nursing care provider who is not a registered nurse according to the definition of this insurance policy.
4. Employment of a special nursing care provider without evidence of expenses or invoices.

In the event that any provision contained in this Endorsement is inconsistent with or contrary to any provision of this Policy, the provisions of this Endorsement shall prevail.

All other terms, conditions, provisions and exclusions of this Policy shall remain unchanged and continue in full force and effect.

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Limitation of Liability Endorsement

Murder or Assault

Company Code

Endorsement No.	forming part of Policy No.	Date of Issue
Name of Insured: **As stated in the Policy Schedule**		
Beneficiary: **As stated in the Policy Schedule**	Relationship to the Insured:	
Period of Insurance: From	at	hours to at 24:00 hours
Net Premium: Baht	Stamp Duty: Baht	Tax: Baht Total Premium: 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 (ADB1): Accidental Death, Dismemberment, Loss of Sight or Total Permanent Disability** shall be reduced to be **as specified in the Policy Schedule** Baht.

The liability of the Company under this Endorsement shall not exceed the Sum Insured specified herein.

In the event that any provision contained in this Endorsement is inconsistent with or contrary to any provision of this Policy, the provisions of this Endorsement shall prevail.

All other terms, conditions, provisions and exclusions of this Policy shall remain unchanged and continue in full force and effect.

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