



Translation

Worldwide Travel Insurance (Outbound Travel Insurance)

(The English language used in this policy is merely a translation of Thai version.)

In reliance of the statement made in the Insurance Application, which is considered as a part of this Insurance Policy, and in consideration of the premium paid by the Insured, subject to the General Conditions, Insuring Agreements, Exclusions and Endorsements of this Insurance Policy, the Company agrees to the Insured as follows:

1. Section 1 – Definitions

1.1	Company	means	The Company that issued this Insurance Policy.
1.2	Policy	means	Policy schedule, benefit schedule, general conditions and terms, coverages, exclusions, extension clauses, special conditions, warranties, and endorsements, which form part of an insuring agreement.
1.3	Family Policy	means	A Policy that provides cover to the Insured, spouse and children.
1.4	Policyholder	means	A person named in the policy schedule as the Policyholder, who arranges for an insurance policy for the Insured's benefit.
1.5	Insured	means	An individual whose name is specified in the policy schedule and/or attachment, as a person covered under this insurance policy.
1.6	Spouse	means	A legally married insured spouse, and/or a person whose name is shown in the policy schedule as an insured who joins the traveling.
1.7	Child	means	The insured's child (including legally adopted child) age not more than 21 years old, who is unmarried and unemployed, and wholly dependent on the Insured for financial support.
1.8	Close Relative	means	Insured's spouse, father, mother, grandparents, children, brothers, sisters, mother-in-law, father-in-law, or any person specially considered by the Hot Line Service as a close relative.
1.9	Accident	means	An event which happens suddenly from external means giving rise to a result which is not intended or anticipated by the Insured.
1.10	Injury	means	Bodily injury which is caused directly and solely from an accident and is independently from any other cause.
1.11	Sickness	means	A symptom, unusual condition, illness, disease, infection that happens to the insured.
1.12	Loss or Damage	means	Bodily injury caused by an accident to the insured resulting in death, dismemberment, total permanent disability, or need a medical treatment.
1.13	Deductible	means	The amount of money that the insured has to pay out of his own pocket per an accident.



1.14	Doctor	means	A person who has been awarded a doctor's degree, legally authorized by the Government with jurisdiction in the geographical area of his or her practice to render medical or surgical treatment.
1.15	Nurse	means	A nurse who has been licensed to practice.
1.16	Alternative Doctor	means	Diagnosis, treatment, or disease prevention by Homeopath, Thai Herbal Medicine, Chinese Herbal Medicine or any other methods than a doctor.
1.17	Hospital	means	Any medical institution that provides services by maintaining permanent and full-time facilities for in-patients, has sufficient medical practitioner and nurses and complete medical services especially extensive surgical rooms, and is legally licensed as a hospital under the laws of the country in which it is located.
1.18	Medical Center	means	Any medical institution that provides services by maintaining permanent and full-time facilities for in-patient, and is legally licensed as a medical center under the laws of the country in which it is located.
1.19	Clinic	means	A place legally licensed as an institution for providing medical treatment and diagnosis by registered doctor for out- patient only.
1.20	Medically Necessary/ Medical Necessity	means	Medical services with the following conditions: (1) is in accordance with the diagnosis and injury or sickness of the patient. (2) must have clear medical indication on the basis of modern medicine. (3) must not be for the patient's convenience or for the convenience of patient's family or for the medical practioner and, (4) must be the standard treatment which is appropriate for the medical condition of the patient.
1.21	Medical Standard	means	Standard or guideline for international medical practice which leads to proper treatment to the patient according to medical necessary and in line with the patient medical history, injury, illness, discovery, diagnosis, etc.
1.22	Necessary and Reasonable Expenses	means	Medical expenses and/or any expenses that are appropriately charged comparing to the services given by the hospital or medical center or clinic that the insured received the treatment.
1.23	Pre-Existing Medical Condition	means	A medical condition or health condition of the Insured which has had been treated or recommended by a doctor or by medication treatment.
1.24	Residence	means	The place in Thailand where the insured is normally living.
1.25	Policy Year	means	The period of 1 year, starting from the policy effective date, or from the policy expiry date of the next year policy.



1.26	Traveling Route	means	The journey between Thailand and country of destination that is in line with the itinerary, by a commercial airline, including scheduled transit for refueling and flight connection which the time spent is not over 12 hours.
1.27	Carrier	means	Ship, train, coach, bus, licensed form of transportation for fare-paying passengers (excluding van, taxi and motorcycle), commercial airlines including their staff and agent.
1.28	Public Transportation	means	Services from bus, coach, train, ferry or commercial airlines legally licensing to carry passengers to the destination specified in the itinerary.
1.29	Hot Line Services	means	A private organization authorized by the Company to provide services to the Insured.
1.30	Terrorism	means	An act of using force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), which is done for or in connection with political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.
1.31	AIDS	means	Acquired Immune Deficiency Syndrome arising from aids virus infection, and shall include opportunistic infection, Malignant Neoplasm or any disease or sickness in the presence of a zero-positive test for HIV(Human Immuno deficiency Virus). Opportunistic Infection shall include but not limited to pneumocystis carinii pneumonia, organism of chronic enteritis, virus and/or disseminated fungi infection. Malignant Neoplasm shall include but not limited to Kaposi's Sarcoma, central nervous system lymphoma and/or other malignancies now known or which become known as AIDS (Acquired Immune Deficiency Syndrome), which results in immediate causes of death, an illness or disability. Acquire Immune Deficiency Syndrome (AIDS) shall include HIV(Human Immunodeficiency Virus), encephalopathy dementia and HIV Wasting Syndrome.

Section 2 – Conditions and General Terms

2.1 Insuring Agreement

This insurance agreement is based on the Insured's disclosures shown in the application form and additional information (if any) that the Insured had declared and signed in the insurance agreement, which caused the Company to issue this Insurance Policy.



If at the time of making contract, the Insured knowingly makes false statements in regard to such facts, or knowingly omits to disclose facts which would have induce the Company to raise the premium or to refuse to enter into the contract, this insurance agreement shall be voidable according to Section 865 of the Civil Code, and the Company shall have the right to cancel the Insurance Policy.

The Company shall not deny its liability by referring to any other disclosure except for the ones that the Insured had declared as per the first paragraph.

2.2 Completion and Alteration of Contract

This insurance policy including coverages, extension clauses and endorsement form an insurance agreement. Any alteration of this contract must be accepted by the Company and has been recorded in this policy or endorsement to be in force.

2.3 Policy Period

Each traveling period of the Insured which starts and ends between the policy period.

2.3.1 Single Trip The policy will be effective 2 hours before the Insured departs Thailand and shall continue covering until the Insured returns to his/her residence in Thailand or within 2 hours after the Insured arrives Thailand or until policy expiry, whichever happens first unless otherwise specify in this Insurance Policy.

2.3.2 Annual Trip In order to cover several trips which each trip has the same period of cover as item 2.3.1, and each traveling period is not more than 90 days.

If the Insured gets medical treatment during the policy period and needs follow-up treatment as an in-patient, the policy will be extended to cover until the Insured is discharged from the hospital or medical center.

2.4 Claims Notification

The Insured, the beneficiary or the Insured's representative shall notify the Company of any loss or damage as soon as possible. In case of death, The Company must be notified immediately, unless it can be proved that there is reasonably necessary cause that prevents them to do so.

2.5 Medical Examination

The Company shall have the right to access to the insured medical history and diagnosis which is important and adequate for this insurance policy, and with the Company own expenses, shall have the right to conduct an autopsy which is not unlawful.

2.6 Claims Payment

The Company shall pay claims within 20 days after the receipt of all required documents. For a death claim, payment will be made to the beneficiary(s), but for any other claim, payment will be made to the Insured.

In case of doubt that the Company should pay a claim or not, the 20 days period can be extended as necessary, but not exceeding 90 days from the receipt of all documents required.

If the Company fail to pay claim within the above time limit, it shall pay annual interest for 15% of claim amount to the insured, starting from the date the payment is due.

If treatment at the hospital, medical center or clinic occurs outside Thailand, the Company will pay the claim by using exchange rate of the date shown on medical receipt.



2.7 Premium Payment and Premium Refund

- 2.7.1 The Insured must pay premium immediately or before the policy effectiveness.
- 2.7.2 For Single Trip Policy, the Company shall not return premium to the insured after the policy issuance, unless the insured's VISA is not approved, which the insured must obtain written conformation from the embassy and notify the Company before effective date.
- 2.7.3 For Annual Policy, either the Insured or the Company shall have the right to cancel the policy according to the following conditions:
- 2.7.3.1 The Company shall have the right to cancel the policy 15 days prior to the cancellation date by sending cancellation letter via registered mail to the insured's latest address advised to the Company. In this case, the Company shall refund the paid premium to the insured after the deduction for the premium of the covered period of this policy on a pro rata basis.
- 2.7.3.2 The Insured can cancel the policy by sending written notification to the Company, and the insured will be entitled for a refund of paid premium after deduction of premium for covered period of the policy on a short rate basis as follows:

Table of Short Rate Premium

Period of Cover (not over/month)	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

Policy cancellation under this basis, whether by any party, must be a cancellation for the whole policy, and cannot be partly cancelled under any section of the policy during the policy year.

2.8 Arbitration

In the event of any difference or dispute under this Insurance Policy between the claimant and the Company, and the claimant elect to resolve such difference or dispute by the process of arbitration, the Company shall agree to abide by the award of arbitration in accordance with the rules and regulations of the Office of Insurance Commission regarding Arbitration.



2.9 Precedent Condition

The Company shall not be liable for compensation under this Insurance Policy unless the Insured, the beneficiary or their representative have fully complied with the insuring agreements and the policy conditions.

Section 3 – General Exclusions

The Insurance Policy does not cover injury, sickness, losses or damages arising out of or in respect of the following causes:

- 3.1 While the insured is under the influence of alcohol, drugs, or narcotic drugs or addictive substance to the extent of being unable to control himself.
The term “under the influence of alcohol”, if there is a blood test, the alcohol level in blood shall be 150 mg percent and over.*
- 3.2 Commit suicide, attempted commit suicide, self-inflicted injury or attempted self-inflicted injury, whether by oneself or let other people commit it, whether while the insured is insane or not, including accident arises while the insured takes, drinks or injects medication, or intoxication substance goes into the insured body, and overdose of prescriptions.*
- 3.3 War, invasion, act of foreign enemy, hostilities or warlike operations whether war be declared or not, or civil war, mutiny, rebellion, insurrection, civil commotion, strike, riots, revolution, declaration of martial law or any circumstance causing a declaration of martial law.*
- 3.4 Terrorism*
- 3.5 Radiation, radioactivity from any nuclear fuel or nuclear refuse arising from combustion of nuclear fuel and any process of self sustaining nuclear fission/fusion.*
- 3.6 Explosion of nuclear or nuclear components, or any harmful object which can explode during nuclear process.*
- 3.7 While the insured serves as a soldier, police, or a volunteer and participates in a war or crime suppression*
- 3.8 While the insured travels to the excluded countries or outside territorial limit specified on an endorsement (if any).*
- 3.9 While the insured works in oil drilling rig or potholing.*

Section 4 – Insuring Agreement

Under obligation, general conditions and terms, insuring agreement, exclusions and endorsements, and in compensation for the premium paid by the insured, the Company agreed to provide coverages to the Insured as follows:



Insuring Agreement

1. Medical Expenses due to accident and sickness (WW1)

Definitions

In-Patient means a person who needs to be admitted in a hospital or medical center not less than 6 hours continuously and needs to register as an in-patient, by receiving diagnosis and recommendation from a doctor according to the medical standard and with appropriate time for the medical condition, including the person being admitted as an in-patient and die later before 6 hours of admission.

Out-Patient means a person who receives treatment in an Out-patient unit or in an Emergency unit of a hospital or a medical center or a clinic which, according to the diagnosis and medical standards, is not necessary to be admitted as an in-patient.

Coverage

While the insurance policy is in force, under terms and conditions of policy coverages, if the insured sustains injury from an accident or suffers sickness abruptly and unexpectedly, which occurs during the trip, causing the insured to be treated whether as an in-patient or out-patient, the Company will pay for the necessary and customary expenses arising from treatment according to medical necessary and medical standard, but not more than the amount shown in the policy schedule.

If the insured needs a follow-up treatment after returning to Thailand, the follow-up treatment must be done within 12 hours after the insured arrives Thailand, and the amount that will be reimbursed by the Company shall not exceed 10% of the sum insured, or the treatment shall not be more than 7 days continuously, whichever is less. However, this condition will not be applied to the insured who is injured from an accident and needs to be evacuated to Thailand for an emergency medical treatment, according to an insuring agreement no. 3, Medical Evacuation and Repatriation.

The medical expenses incurred both overseas and in Thailand that will be paid by the Company shall not exceed the amount shown in the policy schedule.

The covered medical expenses are as follows:

1. Doctor fees.
2. Medication and IV, blood transfusion services and blood components including fees for blood separation, blood preparation and blood crossmatch or blood components, laboratory and pathology, x-ray, any other special diagnostic imaging including radiological fee, services fee, medical equipments outside operating room, medical supplies I, operating room and medical equipments in operating theater, excluding special-hired nurse fees while being in a hospital or a medical center as an in-patient.
3. Ambulance services for evacuating the insured to or from a hospital or a medical center if it is medical necessary.
4. Prescriptions/Medication for 14 days after the insured is discharged.
5. Intensive Care Unit or standard In-patient single room, including meals provided to the patient by hospital or medical center and daily nursing services.



Exclusions

The policy does not cover medical expenses arising out of losses and damages from injury or sickness (including complication) symptom, unusualness as follows:

- 1. Pre-existing condition, injury or sickness that exists or getting worse, treatment or correction of congenital deformities or birth defects, development, and congenital diseases.*
- 2. Treatment for beauty, such as agne, freckle, dandruff, weight loss, hair implant or reconstructive or remedial, cosmetic surgery, unless required as the direct result from a covered accident, to bring back the organ to normal use.*
- 3. Any treatment related to pregnancy, including childbirth, miscarriage and any complication associated with pregnancy, childbirth and miscarriage, infertility treatment (including diagnosis and treatment), sterilization or contraception.*
- 4. AIDS, venereal diseases and sexually transmitted diseases*
- 5. Treatment or prevention, use of medication or any substance to reduce aging, hormone replacement therapy for pre and postmenopausal symptoms, treatment of venereal and sexually transmitted diseases*
- 6. Routine health examination, request by the insured for admission in a hospital or medical center, request for an operation, rehabilitation or admission without treatment, diagnosis which is not directly related to the treatment in a hospital or medical center or clinic, diagnosis for injury or illness, treatment or diagnosis which is not medical necessary or medical standard.*
- 7. Examination of sight defect, lasik, equipment for sight aide or treatment of sight defect*
- 8. Dental or gum treatment or operation, dentures, crowns, root canal treatment, fillings, orthodontic treatment, cleaning, pulling, false root canal implant, unless necessary due to an injury arising out of an accident, excluding false teeth, crowns and root canal treatment or false root canal implant.*
- 9. Treatment or remedy for drug addiction, cigarettes, alcohol, substance that causes mental and nervous disorders.*
- 10. Psychiatric/psychological treatment, insanity, behaviour disorder including autism, stress, compulsive or addictive eating disorders, or anxiety.*
- 11. Experimental or unproven treatment, sleep apnoea, sleep related breathing disorders, snoring.*
- 12. Vaccinations, inoculations, unless hydrophobia vaccinations after being bitten by an animal, and tetanus vaccinations after being injured.*
- 13. Any treatment not by a medical doctor, including treatment by alternative doctors, such as acupuncturist, hydro spa, chiropractor, etc.*
- 14. Treatment by the insured who is a doctor himself, including treatment by a doctor who is father, mother, spouse or children of the insured person.*
- 15. Treatment by a medical practitioner, specialist or consultant who is the insured himself or related in any way to the insured.*
- 16. Expenses not related to medical expenses, such as telephone, special meal, drink, newspaper, etc.*
- 17. Injury arises while the insured is taking part in a brawl or taking part in inciting a brawl*
- 18. Injury arises while the insured is committing a crime, or while the insured is being arrested, under arrest or escape from an arrest.*
- 19. Injury arises while the insured participates in all kinds of car and boat racing, horse racing, all kinds of ski racing including jet ski, skate racing, boxing, parachute jumping (except for life saving), while boarding or unboarding or traveling in hot-air balloon or gliding, bungee jumping, diving with oxygen tank and breathing apparatus*
- 20. Injury arises while the insured boarding or unboarding or traveling in an aircraft which is not registered for carrying passengers and not a commercial airlines.*



บริษัท ประกันคุ้มภัย จำกัด (มหาชน) SAFETY INSURANCE PUBLIC COMPANY LIMITED

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ทะเบียนเลขที่ 0107536000854 เลขประจำตัวผู้เสียภาษี 0107536000854

- 21. Injury arises while the insured is a pilot or works as a crew on the aircraft.*
- 22. Injury arises while the insured is riding or being a passenger on a motorcycle.*
- 23. Injury arises while the insured serves as a soldier, police, or volunteer, or participates in a war or crime suppression.*
- 24. Any surgery or treatment that, in the Company doctor's opinion, is not necessary or can be delayed until the insured returns to Thailand.*
- 25. While the insured works in a high risky place or blue collar professional, use of machine.*

Claims Process for Medical Expenses arising out of an accident and sickness

The insured shall send the following documents with his/her own expenses to the Company within 30 days from the date the insured is discharged from a hospital, a medical center or a clinic.

1. Policy Schedule or Certificate of Insurance
2. The Company claim form
3. Medical Report specified about the insured's symptom, diagnosis and treatment.
4. Original medical receipt(s) showing detail of itemized expenses or medical invoice together with medical receipt.
5. Copy of the Insured's passport

Itemized medical receipt must be an original receipt, and the Company will return the original receipt showing the amount paid by the Company to the Insured to claim the rest of balance from other insurer. However, if the insured has been partly paid by government or by any other facilities or insurers, the insured shall send the copy of medical receipt showing the amount paid by government or any other organization to the Company to pay the rest of balance.



Insuring Agreement

2. Accidental Death, Dismemberment, Loss of Sight, Total Permanent Disability due to accident (WW2)

Definitions

Dismemberment means the loss of body organ from the wrist joint or ankle joint, and including the total loss of use of those organs, which according to the medical indication, will never be able to function at any time.

Loss of Sight means complete blindness, which is permanently incurable.

Permanent Total Disability means disability to the extent of being unable to perform the normal duty in the insured's occupation or any other occupation totally and permanently.

Coverages

This section covers loss or damages arising out of an accident, causing bodily injury to the insured resulting in loss of life, dismemberment, loss of sight or permanent total disability within 180 days from the date of accident, or the injury causes the insured to receive continuous treatment as an in-patient in a hospital or a medical center, and die later because of such injury, the Company will compensate as follows:

1.	100% of The Sum Insured	For Loss of Life
2.	100% of The Sum Insured	For Permanent Total Disability which continues for not less than 12 Months after the accident date, or there is a medical indication clearly stated that the insured suffers a permanent total disability.
3.	100% of The Sum Insured	For loss of both hands from wrist joint, or both feet from ankle joint, or loss of sight in both eyes.
4.	100% of The Sum Insured	For loss of one hand from wrist joint and one foot from ankle joint.
5.	100% of The Sum Insured	For loss of one hand from wrist joint and loss of sight in one eye.
6.	100% of The Sum Insured	For loss of one foot from ankle joint and loss of sight in one eye.
7.	60% of The Sum Insured	For loss of one hand from wrist joint
8.	60% of The Sum Insured	For loss of one foot from ankle joint
9.	60% of The Sum Insured	For loss of sight in one eye

The Company will pay in accordance with these coverages, only 1 highest benefit.

For the whole policy period, the Company will compensate the insured in total not more than the amount stated in the Policy Schedule. If the Company has not fully paid the insured, the Company will still provide cover until the policy expiration, the amount of which is equal to the balance left of the sum insured.



Exclusions

The insurance policy does not cover

1. Loss or damages arising out of or resulting from the causes as follows:

- 1.1 Bacterial infection, parasite, except pyogenic infections or tetanus, or rabies from a cut or wound arising out of an accident.*
- 1.2 Injury, physical or psychiatric/psychological disorders which is existing or pre-exist before the policy effectiveness.*
- 1.3 Medical or surgical treatment unless necessary due to an injury covered under the Insurance Policy and done within the Policy Period.*
- 1.4 Miscarriage*
- 1.5 Dental treatment or root canal treatment except for the treatment within 7 days after an accident.*
- 1.6 Dentures replacement, false teeth, crowns, orthodontic treatment*
- 1.7 Food poisoning*
- 1.8 Back pain caused by Disc herniation, Spondylolisthesis, Degeneration, or Spondylosis, Spondylitis and Spondylolysis, except Fracture or Dislocation of the backbone caused by an accident.*

2. Loss or damages arising (unless there are extension clause and endorsement issued to cover the loss or damages)

- 2.1 While the insured is racing of all kinds of car or boat, horse racing, ski racing, including jet ski, skate racing, boxing, parachute jumping (except for the purpose of life saving), boarding or unboarding or traveling in a hot-air balloon, bungee jumping, diving with oxygen tank and breathing apparatus.*
- 2.2 While the insured is riding or being a passenger on a motorcycle*
- 2.3 While the insured is boarding on or alighting off or traveling as a passenger in an aircraft not licensing for carrying passengers or does not operate as a commercial airline.*
- 2.4 While the insured pilots or works as a crew in any aircraft.*
- 2.5 While the insured is participating in a brawl or taking part in inciting a brawl.*
- 2.6 While the insured is committing a felony or being arrested, under arrest, or escaping from the arrest.*
- 2.7 While the insured serves as a soldier, police, or volunteer, or participates in a war or crime suppression.*
- 2.8 While the insured works in a high risky place or blue collar professional, use of machine.*

Claims Process for Accidental Death

The beneficiary shall send the following documents to the Company within 30 days from the date of loss with his/her own expenses

1. Policy Schedule or Certificate of Insurance
2. The Company's claims form.
3. Death Certificate
4. Autopsy Report
5. Copy of Police Daily Report
6. Copy of the Insured's identification card and house registration stamped "Death".
7. Copy of the Insured's passport or proof of traveling
8. Copy of the beneficiary's identification card and house registration



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Claims Process for Total Permanent Disability or Dismemberment arising out of an accident

The Insured shall send the following documents with his own expenses to the Company within 30 days from the date of confirmation by his treating doctor of total permanent disability or dismemberment.

1. Policy schedule or certificate of insurance
2. The Company's claims form.
3. Medical report confirming the Insured's total permanent disability or dismemberment
4. Copy of the Insured's passport

The delay of sending the above documents will not affect the claims payment if the insured can prove that there is sound reason to prevent him from doing so, but has been trying to send them as soon as possible.



Insuring Agreement

3 Medical Assistance/Repatriation (WW3)

Coverages

While the policy is in force, if the insured sustains bodily injury or illness which happens suddenly and unforeseenably while traveling, and it is necessary to evacuate the insured with appropriate method according to Hot Line Services opinion or advice for proper medical treatment or for bringing the insured back to Thailand, the Company shall pay for the expenses of the said services rendered by the Hot Line Services.

Conditions

The Company and/or Hot Line Services reserve the right to consider as follows:

1. The injury or sickness of the Insured is a serious condition which requires emergency evacuation.
2. The suitable place for medical treatment for the Insured
3. The best suitable means of evacuation or repatriation, which depends on information or circumstance that the Company and/or Hotline Service are aware of at that time.

Exclusions

This Insurance Policy does not cover

1. *Expenses arising out of services that the Insured is not responsible for, or expenses already included in the tour cost, or tour services.*
2. *Expenses not approved in advance or not arranged by the Hot Line Services, unless the insured or his/her companion cannot notify the Hot Line Services due to out of control reason.*

In this case, the Company shall reimburse the insured on the expenses paid in advance equal to the amount which the Hot Line Services would collect from the Company for similar services, but not more than the amount shown in the Policy Schedule.

Claims Process for Medical Assistance/Repatriation

The insured shall send the following documents with his own expenses to the Company to support the claim.

1. Policy Schedule or Certificate of Insurance
2. The Company's claims form.
3. The Insured or his/her Representative must notify the Company or Hot Line Services as soon as possible of the claim
4. If the Insured is injured in the countryside, the Insured or his/her Representative should contact local doctor to get first aid treatment, and the Hot Line Services will consider the appropriate method of repatriation later

Remarks: The first aid treatment shall be covered under coverage no. 1 (Medical Expenses)



Insuring Agreement

4 Repatriation of Mortal Remains or Funeral Expenses (WW4)

Coverages

While the Insured is being covered under this Insurance Policy, if he/she sustains death within 30 days after the date of injury or illness which occurs suddenly and unexpectedly during the trip, the Company shall pay for funeral expenses and other necessary related expenses such as coffin, embalming, cremation at the place of death, repatriation or return of mortal remains to the Insured's Home Country by Hot Line Services who will collect the expenses paid directly from the Company, not more than the amount stated in the Policy Schedule.

Exclusions

This Insurance Policy does not cover repatriation of corps and mortal remains arising out of or resulting from causes as follows:

- 1. Expenses not approved in advance or arranged by the Hot Line Services.*
- 2. Costs of cremation or bury, or transportation of the insured corps who dies in his/her home country.*

Claims Process for Repatriation in case of Death and funeral expenses

The beneficiary shall send the following documents with his/her own expenses to the Company to support the claim.

1. Policy Schedule or Certificate of Insurance
2. The Company's claims form.
3. The Insured or his/her Representative must notify the Company or Hot Line Service as soon as possible of the claim.



Insuring Agreement

5. Loss or Damage of Baggage/Luggage and Personal Effects (WW11)

Definitions

Item means a piece, or a pair, or a set

Personal Effects mean the Insured's personal belongings which has been carried abroad or has been purchased during the trip, and these belongings must be packed inside the Insured's baggage/luggage and are not specified as excluded properties.

Souvenir means a thing that the insured bought or received during the trip as a reminder of the place where the insured has visited.

Coverages

The Insurance Policy provides cover for loss or damage to the Insured's baggage/luggage or personal effects inside the baggage/luggage while the Insured is traveling within the Policy Period, for an actual loss or damage arising but not more than the amount stated in the Policy Schedule if

1. loss or damage caused by violent means, or by threat from other person who wants the Insured's baggage/luggage or personal effects inside baggage. Thus, the Insured has reported to the local police within 24 hours from the incident, and has brought back a copy of police report/police daily blotter to the Company to support the claim.
2. loss or damage arises while baggage/luggage and personal effects therein is in care custody and control of the hotel staff, or carrier. The loss and damage must be confirmed in writing by the hotel or carrier management.

Conditions

1. The Company shall compensate for loss or damage of any single item and per incident not exceeding the amount stated in the Policy Schedule.
2. The Company may elect to indemnify the Insured by cash payment, or repair to bring back the property to the same condition or close to the same condition before loss or damage. For cash payment, the Company shall pay actual cost value which equals to the property when new minus depreciation at the time of loss or damage, but not more than the amount shown in the Policy Schedule.
3. Once the Insured has been paid by the Company, the Insured must do his best or at the Company request to protect the Company right in subrogation recovery.
4. The Insured must take every possible steps to ensure that his/her baggage/luggage is in safe condition and is properly taken care of.
5. The Insured must take all reasonable steps to prevent, maintain or minimize loss or damage of the baggage/luggage or personal effects, including trying to bring back the damaged baggage/luggage to Thailand as a normal reasonable person shall do.
6. The insured must report the loss or damage to the local police within 24 hours of the incident, or notify the carrier or hotel within 24 hours after the discovery of the loss or damage while the baggage/luggage is in care custody and control of the carrier or hotel, and obtain a copy of police report/blotter or Property Irregularity Report from the carrier or hotel to support the claim.



Exclusions

The Insurance Policy does not cover

1. Loss or damage to personal effects as follows:

Antiques, household appliances, jewelry, gold, silver, diamond, gems, precious and semi-precious stones, articles made out of gold and silver, souvenirs, audio equipments, radio, television, bonds, coupons, securities, stamps and all kind of documents, money, traveler cheque, money order, glassware, chinaware, mobile phone and all kinds of accessories, recorder, compact disc, computer and all kinds of gadget, all types of mobile computer, data recorded in computer, tape or other data keepers, software and computer accessories, computer games, video games including video player, contact lens, musical instrument, hearing aids, wheelchairs, dentures, artificial limbs, bicycle, motor vehicle and its accessories, business goods or samples, property or equipment related to the Insured's business, alcohol and any kind of drink mixed with alcohol.

2. Loss or damage arising out of or resulting from causes as follows:

- 2.1 Loss or damage to fragile articles, unless damage caused by fire to the vehicle the Insured is riding on as a passenger.*
- 2.2 Loss or damage caused by changeable atmospheric or climate condition, wear and tear, gradual deterioration, moths, vermin, inherent vice or damage sustained due to any process undertaken by the insured in repairing, cleaning or alteration of the property*
- 2.3 Baggage/Luggage sent in advance or souvenirs or property sent via mail or sent separately without the Insured's accompany.*
- 2.4 Loss or damage arises from leakage or seepage of powdery or liquid property kept inside the baggage/luggage.*
- 2.5 The detention, confiscation, destruction by the Custom Officer or other authorized official.*
- 2.6 Loss or damage to the baggage/luggage left unattended in the public, or loss or damage occurs because the Insured forgot his baggage/luggage in any conveyance or in public, or resulting from the Insured's negligence to take properly care of the property.*
- 2.7 Loss or damage to property already indemnified by the hotel or carrier.*
- 2.8 Loss or damage to baggage/luggage left unattended in any vehicle.*
- 2.9 Loss or damage to Business Goods or Business samples.*
- 2.10 Loss or damage to data recorded in tape, disc, program or any software.*

Claims Process for Baggage/Luggage Loss or Damage

The Insured shall send the following documents with his/her own expenses to the Company to support the claim.

1. Policy schedule or certificate of insurance
2. The Company's claims form
1. Property Irregularity Report issued by airlines, carrier, hotel manager, stated detail of loss or damage.
2. Police Report of Daily Blotter
3. Copy of Insured's passport
4. Any other documents the Company may require if necessary



Insuring Agreement

6. Loss or Damage to Personal Money (WW12)

Definition

Personal Money means bank notes or coins in legal tender, bank guaranteed cheque, traveler's cheque, money order, traveling ticket, hotel ticket and any other tour tickets which can be exchanged for cash, oil ticket, telephone card, wallet or handbag.

Coverages

The Insurance Policy covers loss or damage to the Insured's personal money while traveling according to his/her itinerary within the Policy Period, resulting from burglary from the hotel safe deposit box where the Insured is registered as a guest, or arising when the Insured is forcefully held up, threatened or with violent means to take his money. The Company shall compensate the insured for the actual loss or damage, but not more than the amount shown in the Policy Schedule.

Conditions

1. The Insured must report loss or damage to the local police or government authority or the hotel manager within 24 hours of the loss, and obtain police report or police daily blotter, or document from government authority or from hotel manager to support his/her claim.
2. The Insured has taken all reasonable steps to prevent the loss or damage or burglary as the normal reasonable person would have done.

Exclusions

The Insurance Policy does not cover loss or damage of personal money arising out of or resulting from causes as follows:

1. *Loss or damage to traveler's cheque, or other documents which the provider or his representative can issue the new one to replace the original one that was lost or damaged.*
2. *Loss or damage arising from fake documents, wrongful or omission in accounting process.*
3. *Loss or damage caused from reduction in value of exchange rate.*
4. *Loss or damage already been indemnified by hotel or carrier.*

Claims Process for Loss or Damage to Personal Money

The Insured shall send the following documents with his/her own expenses to the Company to support the claim.

1. Policy Schedule or Certificate of Insurance
2. The Company's claims form
3. Document specified the detail of loss or damage issued by hotel manager
4. Police Daily Blotter or Police Report
5. Receipt of money exchange or purchase purchased receipt of traveler cheque
6. Copy of Insured's passport
7. Any other documents the Company may require if necessary



Insuring Agreement

7. Loss or Damage of Travel Documents (WW13)

Definitions

Travel Documents means passport, visa including traveling tickets

Traveling Tickets means tickets that the passenger has paid the fare to the carrier licensing for carrying.

Coverages

The Insurance Policy covers loss of travel documents while the Insured is traveling within the Policy Period. If the travel documents is lost or stolen from the hotel safe deposit box where the insured is registered as a guest, or is taken from the Insured by forcible, threat or violent means, the Company shall indemnify the Insured on the actual expenses incurred but not more than the amount stated in the Policy Schedule, for additional traveling expenses, accommodation and fees to reproduce temporary travel documents for the purpose that the Insured can return to his country only.

Conditions

1. The Insured must report to the local police or local government authority or hotel manager within 24 hours of incident and obtain police report or daily blotter or document from government authority or from hotel manager to support his/her claim.
2. The Insured has taken all reasonable steps to prevent the loss or burglary as the normal reasonable person would have done.

Claims Process for Loss or Damage to Travel Documents

The Insured shall send the following documents with his/her own expenses to the Company within 30 days to support the claim.

1. Policy Schedule or Certificate of Insurance
2. The Company's claims form
3. Document stated the detail of loss or damage issued by hotel manager
4. Police Daily Blotter or Police Report
5. Receipts for reproduction of temporary travel documents and/or other additional expenses incurred, such as traveling, accommodation
6. Copy of Insured's passport
7. Any other documents the Company may require if necessary



8. Compassionate Overseas Visit (WW14)

Coverages

The Insurance Policy covers Compassionate Visit if the Insured has to be admitted as an in-patient in a hospital or medical center abroad for more than 7 consecutive days, arising out of an injury or illness during traveling abroad within the Policy Period provided that

1. the condition of the insured is not suitable for an evacuation, and
2. there is no close relative or friend accompanying the insured.

The Company shall arrange and pay for an economy class two-way airfare for the Insured's one close relative, or a friend for a compassionate overseas visit.

Coverage Condition

The Company will consider whether the compassionate overseas visit is necessary and affect the medical treatment, and the visit must be authorized by the Company or the Hot Line Services prior to such visit.

Claims Process for Compassionate Overseas Visit

The Insured shall send the following documents with his/her own expenses to the Company within 30 days to support the claim.

1. Policy Schedule or Certificate of Insurance
2. The Company's claims form
3. The Insured or his/her representative shall notify the Company or the Hot Line Services of the incident without delay.
4. Consent from the treating doctor prohibit the evacuation of the Insured
5. Proof of the Insured being ill alone overseas
8. Copy of Insured's passport
9. Any other documents the Company may require if necessary



Insuring Agreement

9. Automatic Extension of Travel Period (WW16)

Definition

Unforeseen/unexpected circumstance means

1. Adverse weather or force majeure/act of god
2. Mechanical Breakdown or derangement of the aircraft
3. The Insured is denied to board on the aircraft due to the over-booking of the airlines.
4. The Insured is injured or ill.

Coverages

The Insurance Policy covers an automatic extension of Policy Period, if the return journey of the Insured is postponed resulting from an unforeseen/unexpected circumstance above, which is beyond the Insured's control. The Company will extend the period of insurance to cover the postponed period, for which the Insured does not have to pay additional premium. The extension of travel period due to injury or illness of the Insured shall be under discretion of the Hot Line Services or treating doctor, but the extension for other covered reasons above shall not be more than 15 days.



Insuring Agreement

10. Hospital Cash Benefit for Being an In-Patient in a Hospital Arising Out of an Accident or Illness (WW17)

Definition

In-patient means a person who needs to be admitted in a hospital or a medical center not less than 6 hours consecutively, and needs to be registered as an in-patient, receiving diagnosis and recommendation from the doctor according to the standard medical indication and in the appropriate time for treatment of such injury or illness, including the Insured being admitted as an in-patient and die later before 6 hours of admission.

Coverages

The Insurance Policy covers an injury or illness resulting in admission as an in-patient in a hospital or a medical center within the policy period in accordance with medical necessary and medical standard. The Company shall pay cash benefit every 24 hours of admission as an in-patient in the hospital or medical center, according to the amount shown in the Policy Schedule but not more than 20 days per trip, provided that

The admission as an in-patient in the hospital or medical center must incur within 30 days after the accident (if the injury caused by an accident), and in the doctor's opinion, is necessary and the treatment cannot be postponed until the Insured return to Thailand.

The Insured must notify the Company or the Hotline Services on each admission as an in-patient in a hospital or a medical center.

Exclusions

The Insurance Policy does not cover medical expenses or damages arising out of an injury or illness (including complication), symptom arising out of

- 1. Chronic medical condition, pre-existing condition, injury or sickness that has not been treated before insurance agreement date, injury or sickness that exists or getting worse due to existing condition, treatment for congenital abnormalities or birth defects, or developmental problem, or congenital diseases.*
- 2. Examination, treatment or operation for beauty, or skin problem such as acne, freckle, dandruff, hair falling, weight control, cosmetic treatment or surgery or any surgery that can be avoided, unless required as the direct result of a covered accident.*
- 3. Pregnancy, miscarriage, abortion, childbirth, complication arising out of pregnancy, fertility, assisted conception (including diagnosis and treatment), sterilization or birth control.*
- 4. AIDS or venereal disease or sexually transmitted diseases*
- 5. Treatment or prevention, use of medication or other substance to slow down the aging process, hormone replacement therapy for menopause, treatment for sexual problem and sex changes.*
- 6. Routine medical examination, request for admission in a hospital or medical center or request for an operation, rehabilitation or rest cures, diagnosis for medical cause not related to the admission in the hospital or medical center, or clinic, diagnosis for the injury or sickness, treatment or diagnosis for the cause not a medical necessary or medical standard.*
- 7. Examination and treatment for eye defects, lasik, expenses for eye sight aids or treatment for degenerative sight defects.*



บริษัท ประกันคุ้มภัย จำกัด (มหาชน) SAFETY INSURANCE PUBLIC COMPANY LIMITED

26/5-6 อาคารอรกานต์ ถนนชิดลม แขวงจตุรัส เขตปทุมวัน กรุงเทพฯ 10330
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ฝ่ายสินไหม/Claims Services โทรศัพท์/Tel. 0-2257-8080 โทรสาร/Fax. 0-2655-0143
ทะเบียนเลขที่ 0107536000854 เลขประจำตัวผู้เสียภาษี 0107536000854

8. *Examination and treatment or operation for teeth or gum, dentures, crowns, fillings, orthodontic treatment, cleaning, pulling, false root canal unless necessary due to an injury from accident, excluding false teeth, crowns and root treatment or false root canal.*
9. *Treatment or remedy for drug addiction, cigarettes, alcohol, substance that causes mental and nervous disorders.*
10. *Treatment for symptom or diseases in connection with psychiatric/ psychological or behavior or personality abnormality, including attention deficit hyperactivity disorder (AD + ID), autism, stress, eating disorder, bulimia and anxiety.*
11. *Experimental or unproven treatment, examination and treatment for sleep apnoea, sleep related breathing disorders, snoring*
12. *Vaccinations, inoculations, unless hydrophobia vaccinations after being bitten by an animal, and tetanus vaccinations after being injured.*
13. *Examination and treatment by non-medical doctor, including alternative doctor, such as acupuncture, hydro spa, chiropractor and massage.*
14. *Treatment by the Insured who is a doctor himself, including treatment by a doctor who is father, mother, spouse or children of the insured person.*
15. *Expenses not related to medical treatment, such as telephone, special meal, drink, newspaper, etc.*
16. *Any type of medical equipment, such as crutch, eye glasses, hearing aid, speech device, all kinds of heart pumping equipment.*
17. *Injury arising while the insured is in a brawl or takes part in inciting a brawl.*
18. *Injury arising while the insured is committing a felony or being arrested, or escaping the arrest.*
19. *Injury arising while the insured is racing all types of car, boat, horse, ski including jet ski, skates, boxing, parachute jumping (except for life saving) while the Insured is while boarding or unboarding or traveling in hot-air balloon or gliding, bungee jumping, diving with oxygen tank and under water breathing apparatus.*
20. *Injury arising while the insured is boarding or traveling in an aircraft not registered for carrying passengers and is not running by commercial airlines.*
21. *Injury arises while the insured is a pilot or works as a crew on the aircraft.*
22. *Injury arises while the insured is riding or being a passenger on a motorcycle*
23. *Injury arises while the insured serves as a soldier, police, or volunteer, or participates in a war or crime suppression*
24. *Any operation or treatment that, in the doctor's opinion, is not necessary or can be postponed until the Insured return to Thailand.*
25. *While the Insured works in a high risky place or labor work or use of mechanical engine.*

Claims Process for Hospital Cash Benefit for Being an In-Patient in a Hospital Arising Out of an Accident or Illness

The Insured shall send the following documents with his/her own expenses to the Company within 30 days to support the claim.

1. Policy Schedule or Certificate of Insurance
2. The Company's claims form
3. Medical Certificate/Medical Report
4. Medical receipts/Medical Bills from hospital
5. Copies of the Insured's passport
6. Any other documents the Company may require if necessary

Remarks : The English language used in this policy is merely a translation of Thai version.