



POLICY WORDING



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**IF REQUIRING EMERGENCY MEDICAL TRANSFER,
REFERRAL TO A MEDICAL PRACTITIONER
OR A HOSPITAL OR HAVE ANY OTHER CLAIMS QUERY
PLEASE CALL THE CLAIMS HELPLINE ON:**

**THAILAND TOLL-FREE
1-800-777-999**

**ISOS EMERGENCY HOTLINE 24/7
+(65) 6339 1936**

**LAWTONASIA HELPLINE
+(66) 8 9770 1123**

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IMPORTANT NOTES

PRE-EXISTING MEDICAL CONDITIONS

No claim arising directly or indirectly from a pre-existing medical condition from which the insured person has suffered prior to the date of cover commencing under this Policy will be eligible for cover. (Refer to General Exclusion 1)

RETURN TO HOME COUNTRY

Cover will continue for temporary return to the home country and visits to the home country up to a maximum of 90 days during the period of insurance, provided the appropriate premium to include that geographical area has been paid.

If the insured person is returning permanently to their home country, please contact us to discuss continuation options.

TRAVEL OUTSIDE THE SPECIFIED GEOGRAPHICAL AREA

IMPORTANT NOTE: When the insured person is travelling outside the countries of the geographical area specified on the Certificate issued to the insured person we will pay for emergency treatment only. This emergency cover will only operate when the insured person does not travel for more than 30 days in total in any one period of insurance.

Non-emergency treatment is not covered at all outside the geographical area specified on the Certificate.

HOW THE HEALTHCARE PLAN OPERATES

This Policy describes the benefits which are available, **but the cover which will be provided to each insured person is that specified in the Certificate issued to the insured person** which attaches to and forms part of this Policy. Any benefit/programme not specified in the Certificate does not apply.

Premium payments must be made to us in Thai Bahts. When necessary, the exchange rate must be provided by us.

The insurance is effective only after the applicant has been accepted for cover by the Insurer and becomes, and remains, insured in accordance with the terms, provisions, conditions and exclusions laid down in this Policy.

In the event of the insured person's incapacity or decease, his / her legal personal representative shall have the right to act for him / her or his / her estate.

Benefits are payable on behalf of the insured person to the licensed providers of medical services for in-patient/day-care admission, childbirth delivery and evacuation/n transportation costs, where insured and eligible under this Policy. All other costs are reimbursable to the insured person, unless prior agreement is obtained in writing from us.

Benefit payments shall be processed by claims administrators, specialised in the handling of medical claims, who are appointed by the Insurer.

Cooling off period: If, when reading your policy, you decide that it does not meet your requirements, please return the policy and certificate to us within 30 days of the commencement date. On condition that you have not made a claim or know of any circumstances that may lead to a claim, we will refund any premium you have paid. The contract between you and us will be annulled, which means it will be treated as if it had never existed.

MEANING OF WORDS

Wherever the following words and phrases shown below appear in this Policy (and in the Certificate attaching to and forming part of the Policy) they will always have the meanings defined below.

ACCIDENT means a sudden, unexpected, unusual, specific event, which occurs at an identifiable time and place during the Period of Insurance.

ACUTE means a disease or illness of rapid onset, severe symptoms, and brief duration including any intense symptoms, such as severe pain.

BODILY INJURY means an identifiable physical injury that is sustained by an Accident which occurs during the Period of Insurance

CHRONIC means an illness or injury which has two or more of the following characteristics:

It has no known recognised cure

It continues indefinitely

It comes back or is likely to come back

It is permanent

Requires palliative treatment

Requires long-term monitoring, consultations, check-ups, examinations or tests

You need to be rehabilitated or specially trained to cope with it.

COINSURANCE means the proportion of costs for which the insured person remains responsible, when specified in the Certificate. The insured person must pay the coinsurance in respect of each diagnosed medical condition covered under this Policy.

COMMENCEMENT DATE means the date on which this Policy is first effected as specified in the Certificate.

COUNTRY OF RESIDENCE means the country or countries where the insured person has his / her primary and / or secondary home(s), as stated on the Application Form and specified in the Certificate.

DATE OF ENTRY means the date that cover first starts for an insured person.

DAY-CARE shall mean treatment provided in a hospital where an insured person is admitted but is not required, out of medical necessity, to stay overnight.

DEDUCTIBLE means the fixed amount each claim necessitated by each insured event which the insured person must pay, when specified in the appropriate Section of the Policy.

DEPENDANT means the insured person's legal spouse (or partner of the same or opposite sex who has been living with the insured person for more than six continuous months) who is not legally separated from the insured person, and his / her unmarried child, step-child or legally adopted child - provided that such child is less than 19 years old on the date the insured person is first included under this Policy or at any subsequent renewal of the Policy (or less than 25 years old if it can be demonstrated that the child is continuing in full-time education) and is financially dependent on the insured person for support.

ELECTED COUNTRY means the country within the geographical area specified in the Certificate, pre-selected on the Application Form as the country where the insured person opts to receive any major intervention for covered medical treatment, or subsequently selected by the insured person for such major intervention in the event of a claim. The elected country must be approved by us as suitable for the provision of the required treatment.

EMERGENCY DENTAL TREATMENT means treatment necessary as a result of an accident/injury by an extra-oral impact, received within 48 hours from the date and time of the accident/injury for the immediate relief of pain caused by natural teeth being lost or damaged in an accident.

EMERGENCY MEDICAL TRANSFER or EVACUATION means the medically necessary expense of emergency transportation when approved by our 24-hour Assistance Centre, and medical care during such transportation, to move an insured person who suffers a critical medical condition to the nearest suitable hospital where appropriate care and facilities are available, which may not necessarily be in the insured person's country of residence.

GEOGRAPHICAL AREA means the Area specified in your Certificate for which the appropriate premium has been paid and to which cover applies:

AREA 1 comprises the following countries: Albania, Andorra, Austria, Belarus, Belgium, Bosnia Herzegovina, Bulgaria, Channel Islands, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Great Britain, Greece, Greenland, Hungary, Iceland, Ireland, all islands of the Mediterranean, , Isle of Man, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Madeira, Malta, Moldova, Monaco, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine, Vatican State.

AREA 2 comprises all countries worldwide with the exception of the following: United States of America, Canada, Anguilla, Antigua & Barbuda, Aruba, Bahamas, Barbados, Bermuda, Cayman Islands, Cuba, Curaçao, Dominica, Dominican Republic, Dutch Antilles (including St. Maarten), Grenada, Guadeloupe, Haiti, Jamaica, Martinique, Puerto Rico, St. Kitts-Nevis, St. Lucia, St. Vincent, Trinidad & Tobago, Virgin Islands.

AREA 3 comprises all countries worldwide.

HOME means the insured person's primary and / or secondary home(s) within the country or countries of residence as stated on the Application Form and specified in the Certificate.

HOME COUNTRY means the country of which the insured person holds a passport or the country which is stated as the insured person's home country on the Application Form, as specified in the Certificate. When a family is covered under this Policy the home country will be deemed to be the single country stated on the Application Form and specified in the Certificate.

HOSPITAL means any institution under the constant supervision of a resident physician which is legally licensed as a medical or surgical hospital in the country where it is located.

ILLNESS means any sickness, disease, disorder or alteration in the insured person's medical condition as duly diagnosed by a physician.

IN-PATIENT means treatment provided in a hospital where an insured person is admitted and, out of medical necessity, occupies a bed for one or more nights but not exceeding 12 months in total for any one insured event.

INSURED EVENT means an accident or illness which arising during the period of insurance within the geographical area which entitles the insured person to receive treatment.

Note: Accident or illness arising during the period of insurance but in a country outside the geographical area for which the appropriate premium has been paid will be deemed to be an insured event for the purposes of emergency treatment only, and on condition that no more than 30 days in total in any one period of insurance has been or will have been spent by the insured person outside the geographical area for which the appropriate premium has been paid.

INSURED PERSON means the individual who is included in the Programme subscribed to by the Policyholder, together with any dependant, all of whom are described on a completed Application Form for this insurance and have been accepted for cover by us, and for whom the appropriate premium has been paid.

LOCAL AMBULANCE SERVICES shall mean the necessary medical transportation to or from a local hospital.

MAJOR INTERVENTION means scheduled treatment:

- * involving surgery under general or rachidian anaesthesia (excluding childbirth) which, according to our physicians, requires a minimum of 3 nights spent in hospital. OR
- * for accident or illness which, according to our physicians, requires a minimum of 7 nights spent in hospital. OR
- * for illness involving chemotherapy or radiotherapy. OR
- * involving one or more of the following, subject to submission to us and with our prior approval:
 - exceptionally complicated surgical operations;
 - high risk childbirth;
 - examinations involving sophisticated technology and a highly-specialised team;
 - intensive medical therapies of a lengthy duration.

MEDICAL EXPENSES shall mean the usual reasonable and customary expenses incurred for treatment of an accident or illness as a result of an insured event.

ORGAN TRANSPLANT means medical treatment incurred in respect of kidney, heart, heart-lung or liver transplant, and does NOT include the implantation of an artificial heart.

OUT-PATIENT SERVICES shall mean the medical treatment provided to the insured person or ordered by a physician when it is not medically necessary for an insured person to be admitted as an in-patient or day-care patient in a hospital or any other facility for medical care.

PALLIATIVE means treatment, the primary purpose of which is only to offer temporary relief of symptoms rather than to cure the illness or injury causing the symptoms.

PERIOD OF INSURANCE means the period of 12 consecutive months from the commencement date specified in the Certificate for which the appropriate premium has been paid.

PERMANENT TOTAL DISABLEMENT means a disablement which entirely prevents the Insured Person from attending to any and every occupation and which lasts twelve months and at the end of that period is beyond hope of improvement.

PHYSICIAN means a legally licensed medical practitioner who is a doctor recognised by the law of the country where treatment covered under this Policy is provided and who, in rendering such treatment is practising within the scope of his / her licence and training. The insurer and its medical advisors are medical practitioners employed, contracted or sub-contracted by the insurer.

PHYSIOTHERAPY means treatment recommended by a physician for medical reasons following an insured incident and provided by a licensed Physiotherapist.

POLICYHOLDER means the Company, Corporation, Organisation or Employer which subscribes to this Programme and pays or undertakes to pay the appropriate premium on behalf of the insured person(s).

PRE-EXISTING MEDICAL CONDITION means a medical or psychological condition from which the insured person has suffered or for which symptoms have manifested themselves (whether or not investigated) or for which the insured person has received medical treatment (including medication, injections or special diets) or advice (including consultations) prior to the insured person being first included for insurance under this Policy.

PRESCRIPTION DRUGS shall mean medications whose sale and use are legally restricted to the order of a physician. Items which may be purchased without a physician's prescription are not included in this Definition and are not covered by the insurance.

RENEWAL DATE shall mean the annual anniversary of the commencement date.

TREATMENT shall mean any medically necessary surgical procedure or medical intervention which is required to cure an accident/injury or illness. or to provide relief of a Chronic condition.

WE/OUR OR US means the Insurer as shown on the Certificate.

COMPLAINTS PROCEDURE

We aim to provide a first class service at all times. However, if an insured person has any complaint regarding the standard of service received under this Policy, the following procedure is available to resolve the situation:

In the first instance the insured person should write to the

Quality Manager
Safety Insurance Public Company Limited
Orakarn Building
26/5-6 Chidlom Road,
Lumpini,
Pathumwan,
Bangkok 10330
Thailand

or e-mail on: m2@safety.co.th

If we cannot give you a final decision within 4 weeks from the date we receive your complaint, we will explain why and tell you when we hope to reach a decision.

Our decision is final and based on the evidence presented. If you feel that there is any new evidence or information that may change our decision you have the right to make an appeal.

Should the insured person remain dissatisfied or fail to receive a final answer within eight weeks* of us receiving your complaint, you have the right to refer the matter directly to the Insurer, as documented on the Certificate, who will advise you of the referral procedure, in addition to your contractual rights under the insurance.

*NOTE: The timescales given above are dependent on you responding immediately to any correspondence we send you.

PREMIER INTERNATIONAL HEALTHCARE BENEFITS & SERVICES

We will pay costs up to THB 83,000,000 for each insured person, each period of insurance, for treatment of an insured event which occurs and for which reasonable and necessary expenses are incurred during the period of insurance. Our liability in respect of all claims will cease immediately upon termination of the Policy and/or deletion of an insured person from the Policy.

SECTION 1 - EMERGENCY MEDICAL TRANSFER / EVACUATION (Operative under all Programmes)

WHAT IS COVERED:

If during the period of insurance an insured event occurs either inside, or when the insured person is travelling outside, the country of residence and which, in the opinion of the insurer and its medical advisors, requires the insured person's emergency medical transfer or evacuation:

- * We will arrange and pay all necessary costs for the insured person's medical transportation to the nearest suitable and appropriate hospital, which may be in a country other than the one where the insured person is located at the time the insured incident occurs.
If the insured person has been hospitalised as the result of the insured incident, we may arrange for the insured person's medical transfer to a hospital which is more suitably equipped or more suitably specialised to treat his / her condition.
- * If our physicians decide that the insured person's best interests will be served by arranging for emergency medical transfer or evacuation to a country outside the geographical area for which the insured person has paid the premium, then all subsequent medical costs of necessary treatment agreed by our physicians in such country will be met by us, during the period of insurance.
- * The insured person's emergency medical transfer or evacuation will be effected by the most appropriate means available locally. If by air we will employ a regular scheduled or charter airline, or, if medically necessary in the opinion of our physicians, a specially chartered air ambulance. If the insured person had been travelling by plane, air transportation by regular scheduled airline shall be in the same class as the insured person's original airline ticket (unless medical needs prescribe otherwise). If the insured person had been travelling other than by plane, the air transportation shall be by the airline's economy / tourist class (unless medical needs prescribe otherwise).
- * We will arrange and pay for a medical escort to accompany the insured person during the transportation, when agreed by our physicians as medically necessary.
- * We will arrange and pay the reasonable travel costs of one other person (being a relative or friend) travelling with the insured person at the time the insured incident occurred, to accompany the insured person during the transportation.

In addition, we will pay for his / her overnight accommodation to stay near by the insured person while the insured person is hospitalised, up to THB 3,600 each night for a maximum of 10 nights.

- * On completion of the insured person's hospital treatment which has given rise to the need for emergency medical transfer or evacuation, and within three days of our physicians pronouncing the insured person fit to travel, we will arrange and pay all necessary costs for the insured person to return to the insured person's nearest place of residence (or to a suitable hospital near to this place of residence) in the country of residence, by the same class of air travel if the insured person had been flying, or by first class rail or economy / tourist class air if the insured person had been originally travelling other than by air.

We will arrange and pay for a medical escort to accompany the insured person, if deemed medically necessary by our physicians.

When applicable, we will arrange and pay the reasonable return travel costs of the travelling companion who accompanied the insured person during the emergency medical transfer or evacuation to return to the travelling companion's nearest place of residence in the country of residence.

SPECIFIC CONDITIONS APPLYING TO SECTION 1

1. The decision of our physicians is final and we are entitled to refuse any request which is incompatible with the insured person's medical condition and safety.
2. Our physicians will set up the medical team and resources to be used as and when appropriate, to ensure the insured person's safety during the emergency medical transfer or evacuation.
3. If the insured person rejects the assistance procedures we propose then we shall be released from our obligations under this Section.

WHAT IS NOT COVERED:

- a) any subsequent transfer costs arising out of the same insured event once we have returned the insured person to the place of residence.
- b) the amount of any deductible and / or coinsurance specified in the Certificate.
- c) anything mentioned in General Exclusions applying to all Sections and all Programmes.

Additional Assistance Services:

Medical Referral

- * If the insured person suffers from or is concerned about a minor ailment (not an emergency situation or a Chronic illness requiring emergency medical transfer or evacuation):
 - Provision of basic medical advice by telephone.

- Access to names and addresses of local doctors, hospitals, clinics and dentists when consultation or minor treatment is required, and arranging for a doctor to call.

- * In the event of any one or more of the insured person's children aged 18 years or younger, left in the insured person's home country, becoming ill or suffering injury, we will, at the insured person's request, arrange for medically advisable treatment or advice to be made available and we will monitor the situation until the insured person's return home.
- * Assistance in replacing essential prescription drugs which have been lost or are unobtainable in the insured person's travel location, and lost or broken prescription glasses or contact lenses, or in supplying blood, which are unobtainable in the insured person's travel location.

SECTION 2 - MEDICAL & HOSPITAL BENEFITS

(Operative under all Programmes – please note section specifically excluded under In-patient Programme)

WHAT IS COVERED:

A - Local Ambulance Services

We will arrange for the insured person's transport to the nearest suitable hospital by the most appropriate means available, comprising road / off-road ambulance, train, helicopter or fixed-wing aircraft, with a medical escort if necessary in the opinion of our physicians.

What is not covered:

- a) the amount of any deductible and / or coinsurance specified in the Certificate.
- b) anything mentioned in General Exclusions applying to all sections and all Programmes..

B - Hospitalisation Costs

We will arrange for the insured person's in-patient or day-care admission to the hospital recommended by our physicians.

We will pay necessary costs, when approved by our physicians, for the following medical expenses and services:

- * Hospital accommodation in a single-bedded room, meals, all hospital medical facilities, medical treatment and services ordered by a physician for in-patient or day-care admission, including Surgeon's and Anaesthetist's charges, physician's charges, consultations, diagnostic procedures, physiotherapy, and prescription drugs.
- * Intensive care unit accommodation when medically necessary.
- * If the insured person is a child aged under 16 who requires hospitalisation, we will

pay for necessary overnight accommodation for one parent in the same hospital, or when no such accommodation is available, for necessary bed and breakfast accommodation in a nearby hotel.

- * Day-care surgery of a type formerly carried out on an in-patient basis. Treatment of mental illness, psychiatric and psychological disorders will be covered on an in-patient basis only, and for a maximum period of 30 days only, and in all during any one period of insurance. In the case of what our physicians deem to be an unreasonable length of stay or unreasonable hospital charges, we reserve the right to limit payment to what our physicians deem to be usual, reasonable and customary costs.
- * During the three month period immediately following the insured person's discharge from an in-patient admission in a hospital, we will also pay for post-hospitalisation treatment received on an outpatient basis provided the insured person remains under the control and supervision of the treating physician or specialist consultant or such treatment has been ordered by the physician and for which treatments are directly resultant from the accident or illness for which the insured person was hospitalised.

WHAT IS NOT COVERED:

- a) the amount of any deductible and / or coinsurance specified in the Certificate.
- b) anything mentioned in General Exclusions applying to all Sections and all Programmes.

C - Nursing at Home

Following a valid claim for hospitalisation under this Section, when the insured person has been discharged from an in-patient admission in a hospital, as agreed by us we will pay for necessary medical services of a licensed nurse in the insured person's home when prescribed by a physician and directly related to the insured event. The maximum we will pay arising out of any one insured event is THB 54,000.

WHAT IS NOT COVERED:

- a) mental illness, psychiatric or psychological disorders.
- b) the amount of any deductible and / or coinsurance specified in the Certificate
- c) anything mentioned in General Exclusions applying to all Sections and all Programmes.

**D - Out-Patient Costs
(not operative under In-patient Programme)**

We will pay necessary costs agreed by us for out-patient services, including physician's fees, laboratory and X-Ray, medical scanning, imagery services, prescription drugs and physiotherapy. Chiropractic, osteopaths, homeopaths and acupuncturist fees shall be covered when referred by a physician.

In the case of medical necessity, as agreed by our physicians, we will pay up to THB 18,000 each insured person in respect of any one insured event for the purchase or hire of crutches, walkers, wheelchairs and basic orthopaedic prostheses and equipment.

WHAT IS NOT COVERED:

- a) the amount of any deductible and / or coinsurance specified in the Certificate
- b) anything mentioned in General Exclusions applying to all Sections and all Programmes.

E – Chronic Conditions

In-Patient Programme Cover:

Where an accident/injury or illness is deemed to be 'chronic' (See Chronic definition), we will pay necessary costs of treatment, received on an In-Patient basis, to stabilise an unexpected Acute exacerbation of a Chronic condition.

Programme Two Cover:

Where an accident/injury or illness is deemed to be 'chronic' (See Chronic definition), we will pay necessary costs of treatment to stabilise an unexpected Acute exacerbation of a Chronic condition.

In addition, we will pay in full up to the annual overall limit for each period of insurance in respect of all necessary and reasonable treatment costs for the routine management and Palliative treatment of Chronic conditions.

Programme Three Cover:

Where an accident/injury or illness is deemed to be 'chronic' (See Chronic definition), we will pay necessary costs of treatment to stabilise an unexpected Acute exacerbation of a Chronic condition.

In addition, we will pay up to a maximum benefit of THB 720,000 each period of insurance in respect of all necessary and reasonable treatment costs for the routine management and Palliative treatment of Chronic conditions.

WHAT IS NOT COVERED:

- a) treatment for a chronic condition which existed prior to the date of entry of an insured person under this policy.
- b) The amount of any deductible and/or co-insurance specified in the Certificate.
- c) Anything mentioned in General Exclusions applying to all Sections and all Programmes.

SECTION 3 - ADDITIONAL TRANSPORTATION BENEFITS (Operative under all Programmes)

WHAT IS COVERED:

If following an insured event we have carried out an emergency medical transfer or evacuation under Section 1, or the insured person has been hospitalised within the terms of Section 2, we will provide the following benefits.

Care of Unaccompanied Children

- * If any one or more of the insured person's children is left at home unsupervised, we will arrange and pay for the child or children to travel to a destination specified by the insured person within the geographical area, by first class rail or economy / tourist class air travel.

Alternatively, we will arrange and pay for one return ticket by first class rail or economy / tourist air travel for a person nominated by the insured person to travel to the insured person's home and care for the child / children.

- * If any one or more of the insured person's children was travelling with the insured person on a journey we will arrange and pay necessary additional travel costs, by the same means and class as their original ticket, for the child or children to return home or continue to a destination specified by the insured person within the geographical area.
- * In either case we will also pay the travel costs of one adult to accompany the child or children. When the insured person cannot nominate this adult, we will arrange and pay for a suitable escort.

Visit of Relative or Friend

In the event that no travelling companion is available to accompany the insured person during the emergency medical transfer or evacuation, and the insured person is hospitalised more than 400 km (250 miles) from the insured person's nearest place of residence:

- * We will arrange and pay for one return trip, by first class rail or by economy/tourist class air travel, for a relative or friend nominated by the insured person to travel to the location where the insured person is situated.
- * We will pay for necessary overnight accommodation for the insured person's nominated relative or friend while the insured person remains hospitalised, up to THB 3,600 each night for a maximum of 10 nights.

WHAT IS NOT COVERED:

- a) any additional travelling costs incurred by the nominated relative or friend if it is necessary for us to subsequently arrange for the insured person's transfer to a second hospital inside the same country.

- b) the amount of any deductible and / or coinsurance specified in the Certificate.
- c) anything mentioned in General Exclusions applying to all Sections and all Programmes.

SECTION 4 - EMERGENCY DENTAL TREATMENT (Operative under all Programmes)

We will arrange and pay for emergency dental treatment necessary as a result of an extra-oral impact and received within 48 hours from the date and time of the accident/injury for the immediate relief of pain the insured person suffers as the direct result of an accident occurring during the period of insurance.

We will pay up to a maximum of THB 36,000 in total each insured person in any one period of insurance.

WHAT IS NOT COVERED:

- a) treatment made necessary by the accident/injury if:
 - the injury was caused by eating or drinking anything, even if it contains a foreign body;
 - the damage was caused by normal wear and tear;
 - the damage was caused by toothbrushing or any other oral hygiene procedure;
 - the injury was caused by any means other than extra-oral impact.
- b) emergency dental treatment shall not include restorative or remedial work, the use of any precious metals, and orthodontic treatment of any kind or dental surgery performed in a hospital, unless dental surgery is the only treatment available to alleviate the pain.
- c) the amount of any deductible and / or coinsurance specified in the Certificate.
- d) anything mentioned in General Exclusions applying to all Sections and all Programmes.

SECTION 5 - ROUTINE HEALTH CARE (Operative under Programme Three only)

WHAT IS COVERED:

We will pay up to an overall maximum of THB 72,000 each insured person in total in any one period of insurance in respect of the following services and benefits which become necessary.

Routine Dental Care

We will pay the usual reasonable and customary cost of:

- * One annual check-up and hygienist visit to a dentist in each period of insurance, including de-scaling and polishing treatment.
- * Dental treatment as specified below, subject to an overall maximum of THB 36,000 each insured person in total in any one period of insurance:
 - X-rays or moulds
 - fillings using amalgam or composite materials;
 - extractions (including wisdom teeth if treatment carried out in a dental surgery)

- new porcelain crowns or bridges;
- root canal treatment
- treatment for the relief of an infection, including prescribed antibiotics and temporary fillings.

WHAT IS NOT COVERED:

- a) any claim for routine dental treatment if the insured person has not undergone a routine dental check-up within the 12 months prior to their date of entry to this Policy or prior to requiring the treatment.
- b) any claim for routine dental treatment if the insured person has not undergone all necessary treatment recommended by a dental practitioner prior to their date of entry to this Policy.
- c) dental procedures other than those specified, the cost of precious metals in any dental procedure, orthodontic treatment, dentures, gingivitis, periodontitis or gum disease of any kind.
- d) the amount of any deductible and / or coinsurance specified in the Certificate.
- e) any payment which exceeds the overall limit for this Section.
- f) anything mentioned in General Exclusions applying to all Sections and all Programmes.

Routine Optical Care

We will pay the usual reasonable and customary cost of:

- * One annual vision test in each period of insurance.
- * Glasses or contact lenses prescribed by an ophthalmologist, subject to an overall maximum of THB 10,800 each insured person in total in any one period of insurance.

WHAT IS NOT COVERED:

- a) contact lenses supplied for purely cosmetic purposes only.
- b) sunglasses of any kind, including prescription sunglasses.
- c) the amount of any deductible and / or coinsurance specified in the Certificate.
- d) any payment which exceeds the overall limit for this Section.
- e) anything mentioned in General Exclusions applying to all Sections and all Programmes.

Hearing Care

We will pay the usual reasonable and customary cost of:

- * One annual hearing test in each period of insurance.
- * A hearing aid prescribed by a physician, subject to an overall maximum of THB 10,800 each insured person in total in any one period of insurance.

WHAT IS NOT COVERED:

- a) the amount of any deductible and / or coinsurance specified in the Certificate.
- b) any payment which exceeds the overall limit for this Section.

- c) anything mentioned in General Exclusions applying to all Sections and all Programmes.

**SECTION 6 - MATERNITY CARE
(Operative under Programmes Two and Three)**

WHAT IS COVERED:

We will arrange for maternity care when the insured person's expected delivery date is at least 10 months after the date of entry to this Policy. This condition will not apply if the insured person becomes pregnant in the second or subsequent period of insurance following renewal of this Policy.

Programme Two Cover:

As agreed by our physicians as being usual reasonable and customary, we will pay up to a maximum of THB 144,000 in total each pregnancy in any one period of insurance for the following:

- * Pre-natal examinations by a physician;
- * All costs of normal childbirth.
- * Post-natal examinations by a physician.

Programme Three Cover:

As agreed by our physicians as being usual reasonable and customary, we will pay up to a maximum of THB 288,000 in total each pregnancy in any one period of insurance for the following:

- * Pre-natal examinations by a physician;
- * All costs of normal childbirth.
- * Post-natal examinations by a physician.

If however any medical complications arise in connection with pregnancy or childbirth, the cover under Section 2 of this Policy will apply instead, and the insured person will be covered up to the limit of Section 2 in respect of any necessary medical expenses arising from such medical complications.

WHAT IS NOT COVERED:

- a) the amount of any deductible and / or coinsurance specified in the Certificate.
- b) terminations of pregnancy, other than miscarriage, ectopic pregnancy and still birth.
- c) Elective caesarean section deliveries not agreed by our physicians as being medically necessary and treatment consequent of such deliveries.
- d) Ante-natal classes, mid-wifery costs when not directly associated with the delivery.
- e) Complications which may arise during or as a result of a planned home birth delivery.
- f) anything mentioned in General Exclusions applying to all Sections and all Programmes.

SECTION 7 - REPATRIATION FOLLOWING DEATH (Operative under all Programmes)

WHAT IS COVERED:

If the insured person dies during the period of insurance as the result of an insured event, we will provide the following benefits according to the wishes of the insured person expressed prior to decease or of the next-of-kin.

Repatriation of Remains

- * We will arrange and pay for preparation and repatriation by air transportation of the mortal remains of the insured person from the country where death occurs to the place of the funeral in the home country or in the country of residence. We will make all necessary arrangements as required under international regulations and will pay up to THB 10,800 towards the cost of the coffin.
- * We will also arrange and pay the additional travel costs of one other person who was accompanying the deceased insured person, to return by first class train or economy / tourist class air travel to attend the funeral.

OR

Cremation

Alternatively we will arrange and pay:

- * up to THB 10,800 towards the cost of cremation in the country where death occurs; and
- * for transportation of the funeral urn to the home country or to the country of residence.

OR

Local Burial

- * We will arrange and pay up to THB 36,000 for burial in the country where death occurs if the insured person dies outside the home country or the country of residence.

WHAT IS NOT COVERED:

- a) the amount of any deductible and / or coinsurance specified in the Certificate.
- b) anything mentioned in General Exclusions applying to all Sections and all Programmes.
 - * Referral to a Lawyer or to the appropriate Embassy or Consulate if legal advice is needed.
 - * Arranging for payment of reasonable emergency legal expenses or bail, against the insured person's prior guarantee of repayment.

SECTION 8 - ELECTIVE MEDICAL TRANSFER (Operative under Programmes Two and Three)

WHAT IS COVERED:

- * If we agree that it is necessary for the insured person to undergo a scheduled major intervention, we will arrange and pay for the insured person's transfer, by regular scheduled or charter airline (and with medical escort if necessary), to the insured person's elected country as specified in the Certificate, as soon as the insured person's medical condition permits, and on condition that:

1. There is a suitable hospital available in the elected country, which accepts the insured person for admission.
2. Our physicians are of the opinion that the transfer is not likely to induce any additional risk or deterioration in the insured person's medical condition.
3. Our physicians agree that such transfer can safely be made by regular scheduled or charter airline.
4. The airline company accepts the insured person as a passenger.
5. A suitable flight is available within a satisfactory time period, bearing in mind the insured person's medical condition.

In an emergency situation, we will only agree to the insured person's transfer to the elected country if such election does not significantly delay the emergency medical transfer or evacuation.

- * On completion of the insured person's treatment and within three days of our physicians pronouncing the insured person fit to travel, we will arrange and pay for the insured person's return to home in the country of residence, by first class rail travel or economy / tourist class air travel. We will arrange and pay for a medical escort to accompany the insured person, if deemed medically necessary by our physicians.

WHAT IS NOT COVERED:

- a) the insured person's election of transfer to a country which would significantly delay the insured person's emergency transfer or evacuation.
- b) transfer to any elected country which is not approved by our physicians for any reason.
- c) any payment in respect of care of an unaccompanied child under Section 2 in the event of a scheduled major intervention which does not involve the insured person's emergency medical transfer or evacuation.
- d) the amount of any deductible and / or coinsurance specified in the Certificate.
- e) anything mentioned in General Exclusions applying to all Sections and all Programmes.

SECTION 9 – PERSONAL ACCIDENT (Operative under all Programmes)

WHAT IS COVERED:

If the insured person dies or suffers a Bodily Injury resulting in Permanent Total Disablement during the period of insurance as the result of an Accident, we will pay to the Insured Person, or their estate, the sum of THB 64,800.

In the case of death of an insured person, we shall be entitled to have a post-mortem examination conducted at our own expense.

WHAT IS NOT COVERED:

- a) Any medical condition, physical defect or infirmity which contributes to an Accident and which existed prior to the inception of this insurance.
- b) Flying or taking part in any other aerial activities except whilst travelling as a fare-paying passenger in a power-driven aircraft licensed to carry passengers.
- c) The Insured Person's deliberate exposure to exceptional danger (except in an attempt to save human life).
- d) Pregnancy or childbirth.
- e) Motorcycling as a rider or passenger for whatever purpose.
- f) Participation in any of the following activities;
 - the occupational use of power-driven woodworking machinery;
 - caving, pot-holing or aqua-lung diving;
 - racing of any kind other than on foot;
 - mountaineering normally involving the use of guides or climbing normally involving the use of ropes;
 - hunting, polo, point-to-point, steeple-chasing or horse-racing of any kind;
 - parachuting or bungee jumping;
 - boxing, wrestling, karate and any form of martial arts or unarmed combat, including judo;
 - professional sport;
 - yachting outside territorial waters.
- g) anything mentioned in General Exclusions applying to all Sections and all Programmes.

GENERAL CONDITIONS APPLYING TO ALL SECTIONS & ALL PROGRAMMES

- 1 The insured person must declare to us all facts which are likely to affect this insurance. Failure to do so may prejudice entitlement to claim. If the insured person is uncertain as to whether a fact is material, the insured person should declare it to us.
2. The insured person must immediately inform us of any change in the information given on the Application Form, in particular relating to the insured person's address or country of residence, the birth or adoption of a child or any other change involving the insured person's dependant(s).

Newborns can be added to the policy from the date of birth provided notification of birth is received within 14 days; otherwise the addition will take effect from the date of notification.

- 3 This Policy is subject to the Laws of Thailand.
- 4 The insured person must avoid needless self-exposure to peril unless attempting to save human life
- 5 Our help and intervention depends upon and is subject to local availability and has to remain within the scope of national and international law and regulations. Our intervention depends upon us obtaining the necessary authorisations issued by the various competent authorities concerned.
- 6 The insured person's full compliance with the terms and conditions of this Policy is necessary before a claim will be paid.
- 7 We are entitled to take over the insured person's rights in the defence or settlement of a claim, or to take proceedings in the insured person's name for our own benefit against another party and we shall have full discretion in such matters.
- 8 We may, at any time, pay to the insured person our full liability under this Policy after which no further liability shall attach to us in any respect or as a consequence of such action.
- 9 If another insurance company or a state scheme pays part of the insured person's claim the insured person must send us the original bill which clearly shows the amount paid by the insurer or scheme.
- 10 If we have admitted liability, any dispute as to the interpretation of this Policy, or as to any rights or obligations under this Policy shall be referred to Arbitration under the provisions laid down under current legislation. Where any dispute is referred to arbitration under the terms of this Condition, the insured person shall not exercise any right of legal action against us before an award is made in the course of the arbitration.
- 11 If any fraudulent claim is made or if any fraudulent means or devices are used to obtain any benefit under the insurance, this Policy shall become void and the premium paid shall be forfeited. Any benefits so claimed and received must be repaid to us.

- 12 We shall not cancel this Policy for covered medical reasons, unless we decide not to continue to underwrite this type of insurance in the insured person's country of residence. If we do decide to cease underwriting in the insured person's country of residence, we shall give the Policyholder not less than 120 days' notice in writing prior to this Policy's next annual renewal date.
- 13 The Policyholder must advise us immediately of any insured person leaving or joining the Policy in the course of the current period of insurance. Joiners and Leavers will be added/deleted from the Policy from the date of notification or from a future date, as notified. Premiums due or refundable in respect of such insured persons shall be charged or credited on a daily pro-rata basis.
- 14 The Policyholder may terminate the entire insurance contract:
- after an initial period of six months following the commencement date of this policy; or
 - following any subsequent renewal.

Termination of the insurance shall take effect from the date the notice is received or on the future date specified in the notice, whichever is the later.

If premium has been paid for any period beyond the date of termination of this insurance by the Policyholder, then (subject to no claim having been submitted) a pro-rata refund of premium will be made equivalent to the unexpired portion of the period of insurance less a ten per cent (10%) deduction for administration costs. No refund will be paid if the unexpired portion of the period of insurance is less than 2 complete months.

- 15 The insurance period is 12 consecutive months. We reserve the right to refuse to renew the insurance. If we offer renewal terms in writing this Policy shall automatically renew for a further 12 months on those renewal terms unless the Policyholder has advised us within 14 days in writing of their unwillingness to renew on such terms.

GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS AND ALL PROGRAMMES

No part of this Policy shall apply in respect of the following.

1. Any claim arising from a pre-existing condition known to the insured person or for which the insured person has received medical treatment or for which symptoms have manifested themselves (whether or not such symptoms have been investigated) prior to first applying for insurance under this Policy.

However, with the exception of a Chronic condition, a pre-existing medical condition which remains free from symptoms, treatment (including medication, injections or special diets) and advice (including consultations) for any period of 24 consecutive months subsequent to the date of entry of an insured person for cover under this Policy shall cease to be excluded.
2. Medical treatment for alcoholism, narcotics, drug and substance abuse/dependency or any addictive condition of any kind and any injury or illness arising directly or indirectly from such abuse or condition.
3. Self-inflicted injury, needless self-exposure to peril (except in an attempt to save human life), suicide or attempted suicide.
4. Contraception, sterilisations (or its reversal), fertilisation, vasectomy, venereal disease, sexually transmitted diseases, gender reassignment or any other form of sexual related condition, infertility and any related condition or form of assisted reproduction.
5. Chronic or end-stage kidney failure which has required regular or long-term dialysis.
6. Intentional or fraudulent acts on the insured person's part or their consequences.
7. Travel outside the geographical area specified on the Certificate for more than 30 days in any one period of insurance.
8. Any claim arising in the course of travel undertaken against medical advice.
9. Air travel when the insured person is more than 28 weeks pregnant.
10. Claims arising from birth injuries or defects, hereditary conditions or congenital illness or anomalies more than two months following birth.
11. Artificial heart implantation.
12. Any costs arising after expiry of the current period of insurance, unless this Policy has been renewed for a subsequent 12 months.
13. The costs associated with locating a replacement organ or any costs incurred for the removal or the organ from the donor, transportation costs of the organ and all associated administration costs. All costs associated with organs not specified within the meaning of words of organ transplant.
14. Care or medical treatment which arises directly or indirectly from Human Immunodeficiency Virus or HIV related illness, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC) and any similar infections, illnesses,

- injuries or medical conditions arising from these conditions, however caused, unless the insured person has completed 5 years' continuous membership with Us, after which this condition will become eligible for benefit under Section 2 E –Chronic Conditions.
- 15 Medical treatment and consequences of experimental or unproven medical treatment or drug therapy. Drugs and other medicines purchased without a physician's prescription and routine or preventative medicines, vaccinations and check-ups.
 - 16 Cosmetic surgery or remedial surgery, removal of fat or other surplus body tissue and any consequences of such medical treatment, weight loss or weight problems/eating disorders, whether or not for psychological purposes, unless required as a direct result of an accident or surgery for cancer which occurs during the period of insurance.
 - 17 Surgery to correct short or long sight or any other eye defect, unless caused as a result of an accident or illness occurring during the period of insurance.
 - 18 Medical treatment performed by a medical practitioner, physician or consultant who is related to the insured person, unless previously approved by us.
 - 19 Medical treatment associated with cryopreservation, implantation or reimplantation of living cells or living tissue whether autologous or provided by a donor.
 - 20 Mortal remains shall not include the costs of a religious practitioner or floral tributes.
 - 21 Claims arising as a result of the insured person's participation in professional sport (not including recreational or amateur participation) or any hazardous sport or activity such as (but not limited to) the following: motor sports, aerial sports, scuba diving below 30 metres or where a PADI Certificate is not held, any sport involving animals, speed competition, skiing off-piste and racing of any form (other than on foot). If a hazardous sport or activity is not specified in this list, the insured person must contact us to ascertain if it is acceptable for insurance before cover will apply.
 - 22 Any claim arising when the insured person is under military authority or is engaged in activities involving the use of firearms or physical combat or in an area of military conflict, except in connection with tourist trips made on a private basis during leave.
 - 23 Any expenses relating to search and rescue operations to find an insured person in mountains, at sea, in the desert, in the jungle and similar remote locations including air/sea rescue charges for evacuation to shore from a vessel or from the sea.
 - 24 Any expense not specifically stated in this Policy as being insured.
 - 25 Any expense for which there are no original documents, and where the invoice is received by us more than three months after the occurrence of the insured event, unless specifically agreed by us.
 - 26 Accommodation and treatment costs in a nursing home, hydro, spa, nature clinic, health farm or the alike or a hospital where the establishment has effectively become

the insured person's home or permanent resident and the admission is arranged wholly or partly for domestic reasons.

- 27 Rehabilitation unless it forms an integral part of medical treatment received as an in-patient and is under the control or supervision of a specialist and is undertaken in a recognised rehabilitation unit.
- 28 Medical treatment for learning difficulties, hyperactivity, attention deficit disorder, speech therapy, behavioural problems or child development.
- 29 Medical treatment for mental or nervous disorders, psychiatric treatment and the costs of a psychotherapist, psychologist, family therapist or bereavement counsellor (other than 30 days in-patient stay).
- 30 Evacuation costs where the insured person is not being admitted to a hospital for medical treatment or where the cost has not been approved by us prior to travel commencing.
- 31 The transfer of a pregnant woman to hospital to give routine childbirth, unless agreed by our physicians as necessary due to medical complications.
- 32 Any costs which in the opinion of our physicians are unnecessary or excessive
- 33 Any claim in any way caused or contributed to by the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent.
- 34 War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power or taking part in civil commotion or riot of any kind.
- 35 Bodily Injury or Illness caused by an Act of Terrorism, except where such injury/illness is sustained as an innocent bystander excluding any Act of Terrorism involving the use of nuclear weapons or devices, chemical or biological agents. Benefit is limited to medical treatment costs up to a maximum of THB 1,800,000 each Insured Person, each incident (For the purpose of this Policy, an Act of Terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear).
- 36 Any expense which at the time of happening is covered by, or would, but for the existence of this Policy, be covered by any other existing insurance certificate, policy, or state scheme. If there is any other cover in force which may pay in respect of the event for which the insured person is claiming, the insured person must tell us at the time he / she first contacts us.
- 37 Costs which would have been payable if the event being the subject of a claim had not occurred.

- 38 Consequential loss of any kind arising from the provision of, or any delay in providing, the services to which this Policy relates, unless negligence on our part can be demonstrated.
- 39 Force Majeur (including but not limited to reprisals, restrictions on the free movement of individuals or the circulation of goods and strikes). The insured person must take all reasonable steps to avoid or minimise any claim. The insured person must act as if not insured
- 40 Any claims directly or indirectly caused by or aggravated by the actual or potential inability of any computer, data processing equipment or media, microchip, integrated circuit software or stored programme to correctly recognise any date as its true calendar date of to continue to function correctly in respect of or beyond that date.

CLAIMS PROCEDURE

MEDICAL EMERGENCY HELPLINES 24 HOURS A DAY, 365 DAYS A YEAR

The following explains what to do if a Medical Transfer or Medical Treatment is needed.

To ensure the most appropriate care possible the insured person should contact us on the telephone number shown below, giving us a telephone, fax or telex number where we can contact the insured person or leave messages at any time of day or night.

The insured person must bear in mind that to comply with the terms and conditions of the insurance we must be contacted for our pre-authorisation before the insured person incurs costs for treatment of any kind which are likely to exceed THB 18,000 on completion of treatment. This sum includes in-patient, day-care and out-patient treatment, as well as transportation and ancillary costs.

In case of an emergency, if the insured person is physically prevented from contacting us immediately, the insured person or someone designated by him / her must contact us within 48 hours. The insured person must make no admission, offer, promise or payment without our prior consent. We must be telephoned first.

If the insured person fails to follow these conditions, he/she will be liable to pay a co-insurance share of 25 per cent of the cost of treatment and hospital services incurred.

In the case of hospital charges guaranteed by us prior to the insured person receiving treatment, the Policyholder agrees to reimburse us with the amount of the deductible and any coinsurance specified in the Certificate, at the time we are required to guarantee such hospital charges.

In respect of any other costs, the insured person will be required to reimburse to us, within one month of our request to the insured person, any costs or expenses we have paid out on the insured person's behalf which are not covered under the terms of the insurance

The insured person must give us written details of any claim within 28 days of our request to the insured person to do so. As often as we require the insured person shall submit to medical examination at our expense. In the event of the death of an insured person we shall be entitled to have an autopsy carried out at our expense (where this is not forbidden by local law). The insured person must supply us with a written statement substantiating the insured person's claim, together with (at his / her own expense) all original invoices, certificates, information, evidence and receipts that we require.

Where you receive treatment as an out-patient, and where costs are below THB 18,000 and do not require pre-authorisation, all costs must be paid for in full by you at the time of receiving the treatment. You must then submit a claim to us for reimbursement. Please ensure that a claim form is fully completed by the insured person and the treating physician. Submit this with the original receipts and all other information supporting your claim, including but not limited to x-rays, test results, medical reports etc.



**IF REQUIRING EMERGENCY MEDICAL TRANSFER,
REFERRAL TO A MEDICAL PRACTITIONER
OR A HOSPITAL OR HAVE ANY OTHER CLAIMS QUERY
PLEASE CALL THE CLAIMS HELPLINE ON:**

**THAILAND TOLL-FREE
1-800-777-999**

**ISOS EMERGENCY HOTLINE 24/7
+(65) 6339 1936**

**LAWTONASIA HELPLINE
+(66) 8 9770 1123**