

INTRODUCTION

Insuring Clause: Whereas the insured(s) listed in the schedule has completed a proposal for the insurance herein, and LMG Insurance Company Ltd. (hereinafter referred to as The Company) has agreed to accept such proposal in respect of the agreed premium having been paid. The terms and conditions of the insurance proposed and agreed are as follows;

Consideration: This Policy is issued in consideration of the Application, a copy of which is attached hereto and which constitutes an integral part of this Policy, and the payment of the required premiums stated in Schedule "A" or elsewhere.

Policy dates, term and premiums: Following payment of the first premium, this Policy will be in force as of the Policy Date which is shown in the Schedule. Each premium after the first is due on the first day of the period of insurance or part thereof to which it applies. Unless stated otherwise, the term of this policy is 12 months beginning on the Policy Date.

This Policy will not stay in force past the end of the period of insurance for which premiums are paid, except as stated in "Grace Period". (For reinstatement, see "Reinstatement of Policy" under DEFINITIONS.)

Premiums and renewal premiums are based on the insured(s) age on the first day of the period of insurance, the table of rates in effect on the premium due date, employment, residence, family status, physical, psychological, or emotional condition, and on previous claims experience. Renewal premiums and conditions will be subject to adjustment at the sole discretion of The Company.

Guaranteed Renewal of Policy: The Company guarantees that this Policy may be renewed from year to year by the insured at the rates advised to the insured by the Company prior to the date of renewal. It is incumbent upon the insured to notify the Company in writing prior to the renewal date of their intention to renew this insurance. To the extent that the Company does not receive written renewal advice prior to the date of renewal, then the Company will be under no obligation to renew this policy.

DEFINITIONS

Abandoned Claims: Should The Company deny liability for a claim and should such claim not have been referred to arbitrators (under provisions herein contained) within twelve (12) calendar months from the date of such denial, then the claim shall for all purposes be considered to be abandoned and shall not be recoverable thereafter.

Absolute Ownership: The Company shall unless otherwise expressly provided by endorsement be entitled to treat the Policy Holder as the absolute owner of this Policy and shall not be bound to recognize any equitable or other claim to or interest in this Policy. The receipt by the Policy holder (or by the Policy Holder's legal representative) shall be an effectual discharge of the obligation to pay any benefits arising hereunder.

Accident (definition): An event occurring entirely beyond the Insured Person's control and caused by violent, external and visible means.



TERMS AND CONDITIONS

Additions: Any other Person will become an Insured Person when the Company accepts the **Policy Holder's** written request therefore and provided that the additional required premium is duly paid.

Anaesthetist (definition): A physician specializing in anesthesiology and who is duly licensed or registered to practice anesthesiology under the relevant laws and regulations of the country in which he practices.

Arbitration: Any difference arising between the Policy holder or any Insured Person and the Company shall be referred to an arbitrator to be appointed by the parties to the dispute. If the parties are unable to agree on a single arbitrator, TWO arbitrators shall be appointed (one by each party). In the event of further disagreement, the arbitrators shall select an umpire. If the differences between the parties require medical knowledge (including any questions regarding the appropriate maximum indemnity for any medical service or an operation not listed in the schedule of surgical fees) the arbitrators may each elect a registered medical practitioner to advise thereon. Determination of an award (if any) shall be a Condition Precedent to Any Liability or right of action against the Company.

Attending Physician (definition): The physician responsible for the medical treatment of an illness or injury of an Insured Person.

Cancellation: The Policy holder may cancel this Policy at any time by notifying the Company of such intent in the form of a registered letter addressed to the Company's service center or head office, provided that no claims shall have been paid or are payable under said Policy. The Policy holder shall be entitled to a refund of premium, less the amount due the Company, computed at the Short-Period rates listed herein.

This Policy may only be cancelled by The Company through written notice to the Policy Holder at his last known address in the event of any of the following circumstances:-

- (a) misstatement of the age of the Policy Holder or relevant Insured Person;
- (b) misstatement or misrepresentation, whether by omission or commission, of the physical or mental condition of the Policy Holder or relevant Insured Person
- (c) withholding or failing to disclose any material information and/or fact regarding the Policy Holder's or relevant Insured Person's physical or mental condition;
- (d) failing to advise or disclose the Policy Holders' or relevant Insured Person's vocation or change of vocation
- (e) failing to advise of the Policy Holder's or relevant Insured Person's change of address

In the event of cancellation by the Company the Policy holder shall be entitled to a refund of premium, less any amounts due to the Company, computed at the Short-Period rates listed herein.

Change of residence, occupation, avocation or physical or mental condition: The Insured shall give or cause to be given immediate written notification to the Company of any change in address, occupation, avocation or physical or mental condition of any Insured Person. The Company shall not be liable for losses arising from such a change until and unless such notice is duly given, and until and unless the change is endorsed to the Policy and any necessary additional premium paid.



TERMS AND CONDITIONS

Claims: All claims must be submitted to the Company within sixty (60) days of completion of the events for which the claim is being made. Failure to submit a claim within such time will not affect the claim if it was not reasonably possible to submit a claim within such time. In no case will any claim be payable if it is not submitted within 180 days of the completion of the events for which a claim is made.

Claims are not deemed complete and eligible for benefits unless all bills, certificates, information, and evidence as may reasonably be required by the Company in respect there of said claim have been submitted and agreed upon by the Company. Only actual costs for expenses set out in the Benefits Schedule shall be considered for reimbursement.

Claim Forms: the Company shall provide the Insured with its usual forms for the filing of claims, and upon receipt of notice of claim, the Company shall provide any additional forms as needed.

Co-insurance: (definition) the portion the Company will pay expressed as a percentage of Expenses set out in the Benefits Schedule after the application of any Deductible.

Conditions Precedent to any Liability: All Liability of the Company to an Insured Person is wholly dependent upon:

- (a) The Company being furnished with all the required documentation as set out in the section herein entitled "claims" and the complete truth of all statements and declarations relevant thereto.
- (b) The due observance and fulfillment of the terms, conditions, provisions of this Policy and Endorsements insofar as they relate to anything to be done by or complied with by the Policy holder or an Insured.
- (c) Prior notification to and agreement from LMG Pacific Healthcare should the Policy Holder seek elective medical treatment outside of the Kingdom of Thailand that is estimated to be in excess of Bht.80,000.00

Congenital Condition, Birth Defect: (definition) a physical or mental abnormality existing at time of birth or manifesting itself within six (6) months from the date of birth.

Country of Residence (Home Country): (definition) the country in which an insured resides most frequently relative to other locations.

Custodial or Maintenance Care: (definition) care provided mainly for personal needs, comfort or convenience that could be provided by persons without specialized medical training or skills. It also includes care furnished mainly to maintain, rather than improve, a physical or mental function, or to provide a protected environment.

Deductible (definition): an amount as stipulated in the "Benefits Schedule" which shall be deducted from any claim prior to payment of said benefits hereunder.

Disability (definition): An Illness or Injury, and any symptoms, sequelae, or complications thereof requiring continuous medical treatment where the treatments are incurred at intervals of less than one year.



TERMS AND CONDITIONS

Eligible Expenses (definition): Charges for treatment and services set out in accordance with the benefit schedule, which are medically necessary for the treatment of a covered disability, and which are not payable by any other insurance.

Eligible Persons: (definition) are those Insured Person(s) forming part of a defined grouping as may be mutually agreed between The Company and the Policy Holder, and who shall have applied for and been accepted for coverage hereunder in the manner prescribed by The Company from time to time. To the extent that this policy shall be in respect of a family, then all immediate members of The Policy Holder's nuclear family are eligible persons. A child shall remain eligible for coverage as a child of the Policy Holder provided that the child shall not have attained the age of 20, and shall reside in the home; or shall not have attained the age of 24, and shall be a full time student at an accredited educational institution.

Emergency (definition): Any situation where there is a sudden deterioration in a person's health and which requires urgent medical or surgical intervention to avoid imminent danger to his life or health.

Emergency Assistance Benefits: When an Insured Person incurs illness or injury which;

- (a) Cannot be safely treated at the location where said illness or injury occurs, and
- (b) Is incapable of traveling as an unaccompanied, seated passenger on a public or private conveyance, and
- (c) Requires urgent and immediate medical or surgical intervention to prevent further serious deterioration of their physical condition, then

The Company shall reimburse the Insured Person the respective transportation and other expenses (not exceeding the amounts stated in the Schedule respectively) which may be reasonably incurred in effecting a medical evacuation to the nearest suitable medical facility via the most economical means of conveyance, provided always that all arrangements therefore shall be approved in advance by The Company or its designated representative.

To the extent that an Insured Person shall act without the Company's consent to the arrangements for travel or other expenses incurred in respect of an alleged medical evacuation, then the Company shall be at liberty to deny benefits therefore without explanation.

Endorsements: No alterations to the terms and conditions of this Policy shall be valid except by endorsement signed by an officer or other authorized representative of the Company.

Fraudulent/Unfound Claims/Failure to disclose information: In the event of a material misstatement by commission or by omission of the state of an Insured Person's health, occupation, avocation, residence age at the time of applying for insurance, or the filing of an unfounded claim for benefits, then the Company shall be at liberty to cancel this policy immediately by giving written notice to the Policy Holder's or insured's last known address, and the Company shall in such circumstances be under no obligation to refund any premium which might otherwise be standing to the credit of the Insured Person or Policy Holder. Furthermore, if any claim under this policy is in any respect fraudulent or unfounded, all benefits paid and/or payable in relation to that claim shall be forfeited and (if appropriate) recoverable.

FREE New Born Child Coverage: The new born child of an Insured Person is eligible for free medical benefits under the same plan as the Insured Person, 15 days after date of birth, upon receipt of policy application and birth certificate to the company and until the Policy Holder's next renewal. If the parents are insured for different levels of benefits, then the level of benefits for the child shall be the lower of such levels of benefit. Coverage for the child shall be subject to medical underwriting and will continue on renewal of the Policy provided the additional premium required by the Company at that time is duly paid, and a statement of health is provided to the Company in respect of such child.

Grace Period: A Grace Period of thirty (30) days shall be allowed on all premium payments after the first policy year. During the grace period the Policy will remain in force provided the premium for the succeeding policy year is paid.

Hospital: (definition) an institution which is legally licensed as a medical or surgical hospital in the country in which it is located and whose main activities are not those of a spa, hydro-clinic, sanatorium, nursing home, home for the aged, a place for alcoholics or drug addicts. It must be under the constant supervision of a resident physician.

Illness (definition): A physical condition marked by a pathological deviation from the normal healthy state.

Injury (definition): Physical damage arising wholly and exclusively from an event of violent, external, and visible nature.

Inpatient: An Insured Person is an inpatient if confined for a continuous period of not less than **18** hours as a registered bed patient in a Hospital. Additionally, such continuous period shall be referred to herein as a confinement.

Insured Persons: Insured persons under this Policy are those specifically listed and named herein, subject to the rules stated herein for Eligible Persons (Where such Insured Persons are included or deleted here from they may be referred to as "additions or deletions")

Legal Construction: This policy shall be governed by and constructed in accordance with the laws of Thailand.



TERMS AND CONDITIONS

Maternity Benefits: Any eligible expenses incurred by any female Insured Person in connection with her child birth or maternity arising twelve (12) months after the first Policy Date in respect of a normal birth or 90 days in respect of miscarriage or dilation and curettage. As per the benefits schedule, the benefit is an all inclusive limit, applicable per pregnancy and shall include all pre-natal and post-natal care, hospital room and board, professional fees and miscellaneous charges.

Medicines and Drugs: Those for which a physician's prescription is required and obtained and which are specifically prescribed for the treatment of a covered Illness or Injury.

Minimum Enrollment Age: No person shall be included for cover under this Policy who has not as yet attained the age of 15 days.

Miscellaneous Charges: Including eligible expenses for required laboratory exams, x-rays, professional fees, prescribed medicines, blood and plasma, wheel chair rentals, crutches, surgical appliances and devices and, intra-operative standard prosthetic devices, or as may be otherwise agreed by LMG Pacific Healthcare.

Normal, Usual, and Customary: Fees, expenses, or charges for medical or health services are deemed to be normal, usual, and customary if they are in accordance with standard business ethics of prior disclosure, and consistent with the prevailing fees and charges made for a covered service in a respective geographical proximity by those of similar professional standing.

Occupational Risk Classifications: The Employment and Occupational Risk Classifications referred to in this Policy are as follows:

Class I - Very Light Occupational Hazards: Professional and mercantile classes not superintending nor engaging in manual labor, that is, persons generally engaged in professional, administrative, managerial and clerical positions.

Class II - Light Occupational Hazards: Superintending but not engaging in manual labor or engaging in wholesale or retail trade and those involved in frequent traveling in connection with professional or business purposes.

Class III - Non hazardous manual labor.

Class IV - Occupations involving manual work or the use of machinery.

Organ Transplant: Covers the costs of the stated benefit per organ (up to 50% for donor) for kidney, heart, liver or bone marrow transplants confirmed by a physician to be necessary. The Company will not pay for the cost of acquiring an organ.

Other Insurance: In the event that any eligible expenses or portion thereof are found to be payable under another policy of insurance, then the benefits for the respective portion thereof shall be null and void. Furthermore, it is a condition precedent to any liability of the Company hereunder that any Insured Person must advise the Company of the existence of such insurance and provide the Company with a copy of the benefits thereof.



TERMS AND CONDITIONS

Payment of Benefits: If an Insured Person incurs eligible expenses during the Period of Insurance, the Company will pay a benefit in accordance with the Benefits Schedule. In Benefits Schedules providing for deductible or coinsurance amounts, the Company will pay The Eligible Expenses in excess of any stipulated deductible for that year, less any coinsurance percentage that may apply.

All benefits will be paid to the Insured Person or to the estate of the Insured Person or to the Policy Holder if directed in writing to do so by the Policy Holder. The Company may, at its option, pay a provider of service requested in writing by an Insured Person or the Policy Holder.

Policy Currency: All benefit payments shall be in Thai Baht

Policy, Schedule, Application, and Endorsements as One Contract: This Policy, the proposals or applications therefore and all schedules and endorsements attached thereto are the whole contract and shall be read as one contract. Any change in this Policy must be approved by an executive officer of the Company and such approval must be endorsed or attached to this Policy. If a special meaning is attached to any word or expression in this Policy, or its Schedules, Applications, or Endorsements, it will continue to bear such meaning throughout this contract.

Policy holder (definition): an entity to whom the Policy has been issued in respect of insurance for persons specifically identified as Insured Person(s).

Physician, Surgeon, Specialist, or Doctor (definition): a person qualified by degree and duly licensed or registered to practice medicine in the geographical area in which he serves.

Pre-existing Conditions: Any medical condition, which presents signs or symptom that, would cause a reasonable person to seek diagnosis, care or treatment, or for which diagnosis, care or treatment was given in the 5 years before the Policy Date or 7 years in respect of cancer or which was known by the Insured person to exist prior to the commencement of the Policy whether or not treatment, or medication, or advice, or diagnosis was sought or received.

Private Nurse (definition): Special nursing staff providing close observation and performing special treatments all of which are certified medically necessary by the attending physician which would not normally be provided by a hospital's general nursing staff.

Professional Fees: means expenses for surgical and medical services provided by an occupational therapist, physiotherapist, acupuncturist, attending physician or consultant (non-surgical), pathologist, surgeon, psychiatrist or dentist as may be provided in the Schedule.



TERMS AND CONDITIONS

Reinstatement of Policy: If a renewal or installment premium is not paid in the time granted, later payment of the premium will constitute application for reinstatement of the Policy. Any receipt for the payment made will be conditional on approval of a new insurance proposal, and if this is not forthcoming the payment will be refunded. The Company may require additional information or documentation in support of this proposal, and no Policy may be considered to be in force without written confirmation thereof signed by an executive officer of the Company. The reinstated Policy will cover eligible medical benefits expressly provided by the prior policy, and the Company shall be entitled to treat the Policy Holder and all Insured Persons as though they were newly insured.

Short Period Rates: The Short Period Rates of the Company are: For period not exceeding one month: 20% of annual premium. For each succeeding month: 10% of annual premium. For a period exceeding 9 months: FULL annual premium

Successor Insured: If an Insured Person who is the Policy Holder dies, the spouse, if then an Insured Person, will become the Policy Holder.

Surgeon's fee: means the fee that a surgeon charges for providing surgery to treat a disability.

Surgery: (definition) is the operative procedure for the correction of physical abnormalities and defects, repair of injuries or diagnosis or cure of illness and the adverse physical effects on an Insured Person thereof.

Cosmetic Surgery and Re-constructive Surgery: Surgery undertaken with a view to improving or enhancing the patient's appearance.

Termination of Benefits: Insurance on all Insured Persons will end when this Policy terminates on the last day hereof.

Treatment Area: The geographical area listed on the Benefits Schedule.

Upgraded Policies: If the benefits available in respect of any Insured Person under the terms of this Policy are increased while the Policy is in force or at the time of renewal, the up-graded policy shall be subject to underwriting review at the discretion of the Company.

Waiting Period: Benefits are eligible for illness arising after the first 30 days of coverage of the first policy year. Benefits for injuries due to covered accidents occurring wholly after the effective date are covered immediately.

GENERAL EXCLUSIONS

The Company shall not pay any charges for care, treatment, services or supplies incurred for or by:

1. Pre-existing medical conditions not declared to and accepted by the Company.
2. Treatment for which payment is not required or which is payable by any other insurance or indemnity covering the Policy Holder, or Insured Person.
3. Treatment of impotence or infertility, artificial insemination, in vitro fertilization, or embryo transfer, surgical, mechanical or chemical methods of birth control or any conditions arising therefrom.
4. Which are in excess of normal, usual & customary charges for the geographical area where incurred.
5. Congenital conditions and birth defects.
6. Either by omission or commission of the state of an insured's health, occupation, avocation, or age at the time of applying for insurance, or the filing of an unfounded claim for benefits.
7. Dental treatment except emergency treatment necessary to restore or replace sound natural teeth lost or damaged in an accident and dental treatment for the immediate relief of pain following an accident.
8. Cosmetic surgery or any cosmetic related complication, consequences, reconstructive surgery, including corrective eye surgery for refractive error not arising as a result of injury or illness arising during the Period of Insurance
9. Injury or Illness arising directly or indirectly out of the consumption of alcohol or misuse of drugs or chemicals or addiction of any kind.
10. A disability resulting from declared or undeclared war or any act thereof, service in the military, naval or air forces, riot, rebellion, hostilities, revolution, nuclear and chemical contamination or civil commotion in any country
11. Participating in any of the following hazardous activities or activities of similar risk; racing of any kind except foot racing, professional or organized contact sports, motorcycling (except as transportation on paved road), skydiving, hang gliding, flying (other than as a fare paying passenger on a duly licensed commercial aircraft), caving or climbing with ropes or other equipment, bungee jumping, non-sport diving, SCUBA diving not under the supervision of a NAVI or PADI approved dive master or instructor, or to depths greater than 30 meters, polo or steeple chasing.
12. Self inflicted injury or illness or any attempt there at, deliberate exposure to exceptional danger, except in an effort to save human life.
13. Human Immunodeficiency Virus (HIV) related illness including Acquiring Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) and/or any mutation, derivation, or variation thereof arising within 5 years of the first policy year.
14. Participation in any illegal activity.
15. Services rendered outside the Area of Cover.
16. Charges incurred for the provision of all certificates, documentation, information and evidence as required by the Company.
17. Death of or injury to the insured or other direct or indirect related costs caused by or contributed to or arising from the failure or inability at any time of any computer, electronic equipment, data processing equipment or media, microchip, embedded chip, integrated circuit or similar device or any computer software, whether the property of the insured or not, to recognize correctly or treat any date as its true calendar date and/or capture save retain process manipulate or interpret correctly any data information command or instruction as a result of its failing to treat any calendar date as its true date or the operation of any programmed command which by reason of a failure or inability to treat any date as its true calendar date causes the loss of data or an inability to capture save retain or process correctly such data at any time.



TERMS AND CONDITIONS

PERSONAL ACCIDENT BENEFITS

If during the Period of Insurance the Insured Person shall sustain accidental bodily injury caused by violent external and visible means which solely and independently of any other cause shall within 12 calendar months result in death, loss of sight in one or both eyes, loss of one or both hands or feet, or permanent and total disablement, then the Company will pay to the Insured Person the benefits set out herein described in Personal Accident Benefits (Scale 1)

Personal Accident Benefits (Scale 1)

Benefits payable as a percentage of the Capital Sum set out in the Schedule of Benefits

| | |
|--|------|
| Accidental Death: | 100% |
| Total and irrecoverable loss of sight in one or both eyes: | 100% |
| Total loss of one or more limbs: | 100% |
| Total and irremediable loss of use of two or more limbs: | 100% |
| Other Permanent Total Disablement: | 100% |
| Total and irremediable loss of use of one limb: | 50% |

Liability limits – After age 75 the benefit is limited to B1,000,000. Child benefit limits are B100,000 to B500,000 and shall not exceed 10% of the parents' Sum Insured. If the Sum Insured of the parents are different, then it shall refer to whoever has the lower benefit.

Total Benefit Payable - The aggregate total of all percentages payable in respect of any one accident shall not exceed 100% of the capital sum. The total amount payable in respect of any one injury shall not exceed the Sum Insured per Insured Person.

ADDITIONAL DEFINITIONS FOR PERSONAL ACCIDENT BENEFITS

Accident (definition): An event occurring entirely beyond the Insured Person's control and caused by violent, external and visible means.

Bodily Injury: Physical bodily damage arising from an accident which solely and independently of any other cause results in death dismemberment or permanent total disablement within 12 calendar months of the date of the Accident.

Permanent Total Disablement: Should total disablement prevent an Insured Person from attending to their occupation for more than 104 weeks that Insured Person shall be deemed to be permanently and totally disabled from following any gainful occupation.

ADDITIONAL CONDITIONS FOR PERSONAL ACCIDENT BENEFITS

Following hereon are additional conditions to the Terms and Conditions, the due observance of which are precedent to the Company's obligation to pay any benefits in respect of any claim for losses arising as a result of accidental injury or death.

1. The liability of the Company is entirely conditional: -

- (a) on the truth of the statements and particulars in the application for insurance or in any declaration made by any Insured Person or the Policy Holder.
- (b) on the due observance and fulfillment of the Terms and Conditions or Personal Accident Conditions of this policy insofar as they relate to anything to be done or complied with by the Policy holder, or any Insured Person.

2. Policy not Assignable

This Policy is not assignable and the Company shall not be affected by notice of any trust charge in lieu of assignment or other dealing with this Policy.

3. Claims Procedure

Upon the occurrence of any Accident likely to give rise to a claim under this Policy, the Insured Person shall give immediate notice to the Company with full particulars of the accident and injuries and shall as soon as possible procure and act on proper medical or surgical advice. The Insured (or his representatives) shall at his own expenses furnish to the Company all such certificates, information and evidence as may be required by the Company and the Insured Person shall wherever reasonably required to do so submit to a medical examination on behalf of the Company. In event of the death of the Insured Person, the Company shall be entitled to have a post mortem examination carried out at its own expense and expects to receive notice of the time and place of any appointed inquest, intended interment or cremation.

4. Payment of Claims

The Company shall not be liable to make any payment under this Policy in respect of any Bodily Injury until the entire amount payable in respect to such injury is ascertained and agreed. No such amount shall carry interest.

5. Expiry of Liability

The Company shall not be liable for any claim arising from an accident that is not notified to them in writing or for which proper medical care and treatment is not sought or followed. In no case shall the Company be liable for any claim made after twelve (12) months following the date of an accident unless the claim is in arbitration.

6. Age limit: No Capital Sum benefit shall be payable in respect of any Accident which shall befall any Insured Person who has reached the age of 75 years of age.

TERMS AND CONDITIONS



ADDITIONAL EXCLUSIONS FOR PERSONAL ACCIDENT BENEFITS

In addition to the General Exclusions, the Company will not pay any benefit in respect of:

1. Accidents occurring through participation in martial arts, boxing wrestling, organised American football, rugby, SCUBA diving to a depth of more than 30 meters, yachting beyond 12 miles from the shoreline, water skiing, horse-riding, hunting, motor-cycling as a driver or passenger, winter sports, motor racing, show-jumping, horse-racing, mountaineering or hiking above 5,000 meters, ice or water skiing, ice hockey, polo, hang gliding, parachuting and steeple chasing.
2. Accidental bodily injury sustained whilst the Insured Person is engaging in any of the Excluded Activities set out in General Exclusion No. 11.
3. Accidental bodily injury or illness arising from or contributed to by
 - (a) intentional self injury, suicide, attempted suicide, or by actions occurring whilst an Insured Person is insane
 - (b) the taking of any drug unless taken in accordance with the direction and prescription of a registered medical practitioner
 - (c) maternity or child birth
 - (d) being under the influence of alcohol, drugs or other chemical agents
4. Any consequence of war, (whether war be declared or not), invasion, act of foreign enemy, terrorism, civil war, rebellion, revolution, or military or usurped power.
5. Radioactive contamination, or nuclear explosion
6. Activities engaged in whilst serving as an employee aboard any aircraft or ship.
7. Serving in the military, police force, or paramilitary forces of any country.
8. Involvement in any criminal activities other than as a proven victim or by-stander.
9. Murder or attempted murder
10. Deliberate exposure to exceptional danger except in an attempt to save human life.

DENTAL BENEFITS: (Where included in the policy)

The Company will pay normal, usual and customary charges for dental treatment performed by a dentist

All dental conditions requiring treatment as of the first visit of the relevant Insured Person to a Dentist or after the Policy Effective Date shall be; and shall be deemed to be, pre-existing conditions for the purposes of this Policy and the liability of the Company to pay benefits under this Policy whether such dental conditions shall be identified or diagnosed at such first visit to a Dentist or not. On such first visit to a Dentist, a full dental examination shall be performed and a full set of dental x-rays shall be taken. The cost of such first visit to a Dentist, including the fees of the Dentist and the cost of the x-rays shall be covered under this Policy. A complete dental examination report of the relevant Dentist must be submitted with the first claim for benefits under these optional dental benefits.

TERMS AND CONDITIONS



VISION BENEFITS: (Where included in the policy)

The Company will pay normal, usual and customary charge for eye examinations and spectacles, eyeglasses and contact lenses. The company will not pay expenses for or in connection with corrective eye surgery for refractive error and any treatment in relation to any subsequent complications or consequences thereof and such expense are not covered under this Policy.

TRAVEL BENEFITS: (Where included in the policy)

This insurance covers an unlimited number of trips for each policy year for persons over the age of 6 weeks, provided always that the maximum number of covered days for each business or pleasure trip to be covered under this insurance shall be 60 days.

Coverage under this insurance under all sections commences on departure from the international departure point and ceases on return to an international arrival area or at midnight on the last day of insurance whichever shall be earlier. No benefit shall be payable for losses arising in the country of residence.

Deductible for all items is Baht 1,000.-

MEDICAL EMERGENCY BENEFITS

Covers illness or injury when traveling outside your country of residence including:-

1. Emergency medical treatment, hospitalization, surgery, ambulance and paramedic services, diagnostic tests and medicines prescribed by the attending physician.
2. Treatment of acute illness which occurs wholly while traveling (unless one of the purposes of the trip is to seek medical treatment) for up to 30 days or until the condition can be safely treated in the country of residence whichever is less.
3. "Get You Home" expenses such as additional costs of economy class travel and essential medical evacuation cost including charges for a qualified nurse accompanying the Insured Person if such is deemed medically necessary.

This insurance does not cover:

- a) Medical care or treatment for which payment is not required or which is payable by any other insurance or indemnity covering the Insured Person(s).
- b) Pre-existing conditions, congenital conditions or maternity care
- c) Cosmetic surgery and any cosmetic surgery related consequences, eyeglasses, refraction aids or hearing aids.
- d) Communications and local transportation.

Please Note: The hospital room benefit is limited to Baht 12,000.- each day but this amount is doubled when such charges are inclusive of all medical treatment services and tripled when the hospital charges each day include all professional fees and medical services.



TERMS AND CONDITIONS

BAGGAGE BENEFIT

1. The Insured Person(s) shall observe ordinary and proper care for the safety or the property insured, including examination of luggage when received and in the event of any destruction, loss or damage coming to the notice of Insured Person(s) he shall give IMMEDIATE notice to:
 - a) The police in case of theft, loss or willful damage by a third party.
 - b) The carriers when loss or damage has occurred in transit.
2. The limit of the Insurer's liability for each item/pair or set is Baht 10,000.-, and the overall limit for each Insured Person/year is the stated sum insured for baggage on the schedule.
3. The Company shall pay at his option by replacement or repair. To indemnify the Covered person(s) against such loss or damage, the maximum liability of the Company shall not exceed the sum insured for each Insured Person and each and every claim shall be subject to a deductible of Baht 1,000.-
4. The insurance does not cover loss or damage in consequence of delay, confiscation, detention or examination by custom authorities or other officials.
5. This section of the insurance does not cover loss of cash, bank notes, travel documents, negotiable instruments, or securities.
6. The insurance does not cover unaccompanied baggage, or losses arising from personal negligence or unexplainable disappearance.
7. This insurance does not cover:
 - a) Breakage or damage to fragile articles of every description, stereo, video and other electronic equipment, camera, record players, radios, household appliances, china, glassware, porcelains, object d'art, set and unset precious or semiprecious stones unless specifically declared to and accepted by the Company.
 - b) Wear and tear, moth or vermin, cleaning, repairing or restoring process, atmospheric or climatic changes, extremes in temperature or depreciation in value (wholly at the discretion of the Company)
 - c) Loss, breakage or damage to hearing or refraction aids, including eyeglasses & contact lenses.
 - d) Business merchandise or samples.
 - e) Any property or personal belongings elsewhere specifically insured.

BAGGAGE DELAY BENEFIT

The company will pay up to the amount shown in the schedule for each Insured Person for emergency purchases of essential items of clothing or requisites consequent upon temporary deprivation of baggage for at least 12 hours from the time of arrival at destination due to delay or misdirection in delivery.

Provided always that:

- i) The delay is certified by an official Baggage Irregularity Report from the airline or in writing by letter from the tour operator.
- ii) The delay is not a result of detention, confiscation by customs or officials.
- iii) A statement with supporting documents is produced by the Insured Person showing the details of the expenditure.
- iv) This benefit can only be utilized once by each Insured Person during any one trip.
- v) A claim cannot be made under this section if the same loss is claimed for under the baggage section of this insurance.

Maximum benefits are as stipulated in the Benefits Schedule.

PERSONAL MONEY BENEFIT

The company will indemnify the Insured Person(s) against losses of personal money in the form of bank notes, cash or travelers checks arising only from theft from hotel/bank deposit boxes, burglary or armed robbery up to the limits as stated in the Schedule:

Provided Always That:

- i) Any such loss is reported to the police within 24 hours and a certified copy of the police report obtained and additionally in respect to traveler's checks, such losses must be reported within 24 hours to the local branch or agent of the issuing authority.
- ii) The company shall not be liable for loss or shortages due to error, omission, currency exchange, confiscation or devaluation.
- iii) The first Baht 1,000. - (or the equivalent thereof) of each and every loss is excluded from cover.

HOSPITAL CASH INCOME

Pay Baht 1,200.- per day for each complete day as an additional payment to any reimbursement for hospitalization of an Insured Person, subject to the maximum benefit limit as stipulated in the Benefits Schedule.

Provided always that:

- i) Such hospitalization shall be in excess of 24 hours in duration and that the medical or surgical condition requiring treatment as an in-patient is covered by this insurance.
- ii) Documentation satisfactory to the Company is produced in support of any claim under this section of the insurance, which indicates the date, time, duration and place of such hospitalization. A copy of the medical report which states the nature of the sickness or disability is also required.
- iii) The cause of such hospitalization is an acute one and does not arise from any Pre-existing or excluded Conditions.

STRIKES AND HIJACK BENEFIT

Pays Baht 1,000.- each day the Insured Person's travel is delayed or if the Insured Person is prevented from reaching the scheduled destination shown on the confirmed travel itinerary wholly due to organized industrial action or hijack of the vehicle, provided always that the resulting delay is of more than 12 hours duration.

Maximum benefits are as stipulated in the Benefits Schedule.

PERSONAL LIABILITY

With the exception of the operation of any vehicle or vessel powered by combustion engine or, electrical or electronic engines, the company agrees to reimburse the insured the cost of any third party claim awarded by a court or licensed arbitrator to the maximum amount as stated in the schedule of benefits inclusive of all fees for the legal defense thereof.

This insurance does not cover any liability, loss or claim:

- (i) Payable by any other insurance company or third party
- (ii) Arising or indirectly from:
 - i) Employers' liability, contractual liability or liability to the immediate family members of an Insured person.
 - ii) Properties or animals held in trust, care custody or control of an Insured Person.



TERMS AND CONDITIONS

- iii) Any willful, malicious, unlawful or deliberate act.
- iv) Pursuit of a trade, business or profession.
- v) Ownership or occupation of lands or buildings (other than occupation of any temporary residence).
- vi) Insanity, the use of any drug (except as medically prescribed but excluding drug addiction), or intoxicating liquor, or the use of firearms.

ADDITIONAL EXCLUSION FOR TRAVEL BENEFITS

1. Engaging in sports or games for a professional club or amateur league or tournaments or practicing therefore, rock or mountain climbing (whether or not involving the use of ropes or pitons), abseiling, spelunking, potholing, sea kayaking, white water rafting or kayaking, rugby, para-gliding, parachuting, parasailing, riding or driving in any kind of race or practicing therefore, ski-jumping, ski-bob racing, snowmobiling, the use of bob-sleighs and similar devices, winter sports competitions of any kind, trekking over 17,000 feet above sea-level, and scuba diving more than 100 feet below sea-level, or any other hazardous adventure/activities.
2. When entering or descending from any commercial aircraft not as a ticketed passenger of a licensed multi-engine aircraft operated by a recognized airline, or engaging in any occupation or trade of a manual or technical nature, service as security personnel or in the armed forces of any person, company, country or state and employment on commercial watercraft of any description.
3. The Account holder/Insured Person(s) agrees that the Company may at their own expense take proceedings in the name of the Account holder/Insured Person(s) to recover compensation from any Third Party in respect of any indemnity provided under this insurance and any amount so recovered shall belong to the Company.
4. In the event of Emergency Service being utilized and the total amount charged exceeds the total amount payable under this insurance then the Account holder/Insured Person shall be liable for all such excess and shall repay said amount no later than thirty (30 days) following the date of loss.

SIGNED BY FOR & ON BEHALF OF

LMG INSURANCE COMPANY LIMITED

THE UNDERWRITER OF LMG PACIFIC HEALTH CARE.

AUTHORIZED SIGNATURE