

YOUR IAG INTERGLOBAL HEALTHCARE INSURANCE PLAN GUIDE

We would like to welcome **you** and thank **you** for choosing IAG InterGlobal Healthcare Insurance Plan. We aim to provide **you** with an International Healthcare Plan which **you** can rely on. To do this, it is important that **you** fully understand how **your plan** works. This guide, along with **your** selected **plan** Schedule of Benefits explains what is, and is not, covered.

This Guide will also provide **you** with important information about managing **your plan**, how to make a **claim** and what to do in the event of a medical **emergency**. Please spend some time reading carefully through this Guide to ensure that **you** are completely satisfied with the cover we are providing and that it meets all **your** requirements. If **you** have any questions about the information provided in this Guide or any questions **you** think it does not answer, please do not hesitate to contact **us** and one of **our** staff will be more than happy to help.

Some words and phrases used within this **plan** Guide and Schedule of Benefits have been given specific meanings that are relevant to **your plan**. These meanings have been defined in the list of **plan** definitions which can be found on pages 3 - 7 and have been highlighted throughout in **bold** print.

HOW TO CONTACT US

If **you** have an enquiry, please use the following contact details:

Customer Services

Telephone: +66 (2) 207 0266 Ext. 4900 to 4906

Fax: +66 (2) 207 0584, +66 (2) 207 0575

Email: interglobal@iag.co.th

Address Details

IAG Insurance (Thailand) Limited

24th Floor, Thanapoom Tower

1550 New Petchburi Road,

Bangkok, 10400

International Helpline

Please contact the International Helpline in the event of a medical emergency or to **pre-authorise in-patient and daycare treatment**.

Telephone Numbers:

Toll Free numbers from:

Thailand: 001 800 647 355

Australia: 1800 147 528

China: 10 800 640 0007

Hong Kong: 800 900 190

Indonesia: 001 80 364 17375

Japan: 00 531 642084

Malaysia: 1800 802 157

UK: 0800 085 2008

USA: 1888 826 6830

To make a collect call **you** must first contact the telephone operator in the country **you** are calling from. **You** must then advise that **you** would like to make a collect call and specify the number detailed above. The operator will then connect **you** to our International Helpline at no charge to **you**.

Call collect from elsewhere in the world: +64 9 356 1648

Fax Number: +64 9 525 1278

Further important details of when to contact the International Helpline are provided on page 32 of this Plan Guide.

INTERGLOBAL HEALTHCARE POLICY WORDING

THE INTERGLOBAL AGREEMENT - INDIVIDUAL PLANS (FOR INDIVIDUALS AND FAMILIES)

General Conditions

1. Insurance Contract

The Individual Application Form, Schedule of Benefits, the Schedule, Membership Card, Plan Guide and this Policy Wording form the contract and should be read together by **you**. The terms of this agreement apply to **you** and to all of the **insured persons** as specified on the Schedule.

We shall not be liable under this **plan** in the event of any failure by **you** or an **insured person** to comply with the terms and conditions of the **plan**.

We reserve the right to alter and/or amend the terms, conditions, premium rates, discounts and/or surcharges, at the beginning of **your plan year**. **You** will be advised of any changes prior to **your** renewal.

All the **benefits** covered under this **plan** are detailed on the Schedule of Benefits, which accompanies this Plan Guide.

Benefit limits are shown in Thai Baht.

2. Plan Definitions

Abuse means the excessive use of a substance including but not limited to alcohol and drugs. With regard to drugs, this includes use for a reason other than which a drug was intended for or in a manner or quantities that are not directed or prescribed on medical authority.

Accident means any involuntary, sudden, unexpected or unforeseen external event resulting in **bodily injury** to an **insured person**.

Acute means a **medical condition** that responds to **treatment**, which aims to return **you** to **your** previous state of health or leads to **your** full recovery.

Area of cover means the geographic area of the world in which the **plan** is operative and which is described in the Schedule.

Benefit means the coverage provided by this **plan** and any extensions or restrictions shown in these **plan** rules, Schedule and the Schedule of Benefits.

Birth defect means any deformity, anomaly, abnormality or disability, arising during pregnancy, or caused during childbirth.

Bodily injury means an identifiable physical injury.

Chronic means a medical or surgical condition that:

- a) fails to respond effectively to treatment, or
- b) is ongoing or consistently recurring, or

- c) requires palliative treatment, or
 - d) may require long periods of supervision.
- Claim** means an **insured person** or beneficiary seeking payment or settlement under the terms and conditions of the **plan**.
- Close business colleague** means an associate of the **insured person** who is employed within the same company.
- Close family member** means a **dependant**, parent, step-parent, parent-in-law, grandparent, grandchild, brother, sister, brother or sister in-law, son or daughter in-law or guardian. Maximum age is 75 years attained.
- Co-insurance** means an uninsured percentage of money, which the **planholder/ insured person** must pay towards the cost of a covered **claim** per **plan year**.
- Commencement date** means the **date of joining** or any subsequent **renewal date** relative to a specific **plan year**, as specified in a valid Schedule.
- Common carrier** means a licensed form of transportation for fare-paying passengers.
- Congenital abnormality** means a **medical condition** that is present at birth or is believed to have been present since birth, whether it is inherited or caused by an environmental factor.
- Consequential loss** means monetary loss resulting from loss or damage caused by a covered **claim**.
- Consultant**, please refer to the **specialist/consultant** definition.
- Country of residence** means the country stated on the Application Form, where **you** are now living, or intending to live.
- Critical** means a **medical condition** which is unstable and serious, where the outcome cannot be medically predicted, prognosis is uncertain and the individual concerned is in danger of dying.
- Curtailment** means abandonment of a **trip** by an **insured person** due to a factor or factors beyond the **insured person's** control.
- Date of joining** means the start date of an **insured person** shown in the Schedule on which cover under the **plan** first commenced.
- Daycare treatment** means treatment at a **hospital** where an **insured person** is admitted and occupies a bed, but does not remain overnight.
- Dependant** means an **insured person's**:
- spouse, common-law spouse or partner,
 - unmarried child, stepchild or child legally adopted under 18 years attained,
 - unmarried child under 25 years attained, if in full-time education (written proof must be supplied by the educational institution where they are enrolled).
- Diagnostic tests/procedure** means a **medically necessary** test or examination to investigate the cause of an **insured person's** symptoms.
- Emergency** means a sudden, unexpected **acute medical condition** or an unexpected acute exacerbation of a **chronic medical condition** that, without **treatment** within forty-eight (48) hours of onset, could result in death or serious impairment of bodily functions.
- Excess** means an uninsured amount of money, which the **planholder/s insured person** must pay towards the cost of a **claim** per **medical condition**, per **plan year**.
- Home country** means the **country** declared as such on the application form.

Hospital means an establishment legally licensed as an institution for providing **treatment** under the laws of the country in which it is located.

Immediate family is parent, spouse, dependant, brother or sister

In-patient treatment means treatment at a **hospital** where an **insured person** is admitted and occupies a bed for one or more nights.

Insured person means an individual who has satisfied the enrolment requirements of the **plan** and is named in a valid Schedule.

Legal representative means a personal representative with legal standing (by power of attorney or as executor of a will).

Local ambulance means road ambulance transport required due to an **emergency** or medical necessity to the nearest available and appropriate local **hospital**.

Medical condition means any **accident**, injury, illness, sickness, disease, or symptoms.

Medical practitioner means a **person** who is licensed to practice medicine in the country where the **treatment** is provided and has obtained the primary degrees in medicine and surgery following attendance at a recognised medical school listed within the World Directory of Medical Schools published by the World Health Organisation.

Medically necessary / medical necessity means **treatment** prescribed by the **insured person's medical practitioner**, attending **specialist/consultant**, which is appropriate for the **medical condition** and is in accordance with accepted medical standards.

Moratorium means a waiting period of twenty-four (24) months from the **date of joining**, or the date specified on the special terms section of the **insured person's** Schedule, that must have elapsed before **claims** for **pre-existing** conditions may be eligible under the **plan**.

Nursing at home means services of a **registered nurse** in the home of an **insured person** when prescribed and supervised by a **medical practitioner, consultant** or **specialist** and **related** directly to a **medical condition** for which an **insured person** is receiving **treatment** covered under a **plan**.

Out-patient treatment means treatment, at a **hospital**, consulting room, or **out-patient clinic** where an **insured person** does not occupy a bed.

Palliative means **treatment**, the purpose of which is primarily to temporarily relieve and/or maintain the symptoms, rather than to cure the actual **medical condition** causing the symptoms.

Permanent total disablement means disablement which entirely prevents an **insured person** from attending to any business or occupation to which he/she is suited by way of education, training or experience and which lasts 12 months and at expiry of that period is beyond expectation of improvement.

Physiotherapist means a **person** who is qualified to practice physiotherapy and is licensed in the country in which **treatment** is being provided.

Plan means the contract between **you** and **us**, to provide cover in accordance with the Schedule of Benefits, General Conditions, Benefit Conditions and Benefit Exclusions contained within **your plan** documents.

Plan administrator means the person appointed by the **planholder** to administer the **insured person's** group healthcare **plan**, and to act as co-ordinator with **us**.

Plan year means the period of twelve (12) months, starting from the **commencement date**, as shown in a valid Schedule.

Planholder means the person or organisation to which **we** have issued the **plan** and is named in a valid Schedule.

Pre-authorise (d), Pre-authorisation means a process through which an **insured person** seeks approval from **us** prior to undertaking **treatment** or incurring costs. **Pre-authorisation** may be revoked if new information subsequently negates a **claim**

Pre-existing means any **medical condition** or **related medical condition** which:

- was foreseeable,
- manifested itself,
- the **insured person** had signs or symptoms of,
- the **insured person** sought advice for,
- the **insured person** received **treatment** for, or
- to the best of the **insured person's** knowledge, was aware existed, in the 24 months prior to the date of joining, or the date specified in the special terms section of **your** Schedule.

Registered nurse means a qualified nurse who is currently on the professional register of nursing in the country where **treatment** is provided.

Rehabilitation means **treatment** aimed at restoring health and/or mobility in order to allow the **insured person** to live a more independent life.

Related means a **medical condition** that in both **our** opinion and that of the **insured person's medical practitioner, specialist consultant**, is:

- directly or as a result of, or
- associated with, or
- an associated risk factor of, another **medical condition**.

Renewal date means the anniversary of the **commencement date** of the **plan** as specified in a valid Schedule.

Specialist/consultant means a **medical practitioner** who is practicing and holds in the country where **treatment** is provided:

- a **consultant** appointment, or equivalent, or
- a recognised certificate of higher **specialist** training in the field of medicine for which the **treatment** is required.

Terminal means an advanced or rapidly progressing incurable **medical condition**, where in the opinion of the **insured person's** attending **medical practitioner, specialist/consultant**, life expectancy is considered to be no longer than 12 months.

Therapist means a chiropractor, osteopath, homeopath, or acupuncturist who is qualified and licensed in the country in which **treatment** is being provided.

Treatment means any **medically necessary** surgical or medical services (including **diagnostic tests**) that are needed to diagnose, relieve, or cure a **medical condition**.

Trip means a journey, or period of travel which does not exceed the duration specified on the **insured person's** Travel Optional Add-on Plan Schedule. The **trip** includes the dates of departure from and the return to the **country of residence** (of the **insured person**), as declared by the **planholder**.

We/us/our means IAG Insurance (Thailand) Limited.

You/your / means the **planholder** or **insured person**.

3. **30 – Day Money Back Guarantee**

If **you** feel this **plan** does not meet **your** needs, **you** may cancel it without penalty. If **your** decision is to cancel, please confirm this to **us** in writing by letter, fax or e-mail and return **your** membership card and Schedule within 30 days of receipt of **your plan** documents. Provided **you** have not already made a **claim** under the **plan**, **we** will gladly and promptly refund the premium **you** have paid, in full.

4. **Eligibility**

Eligibility is subject to **our** acceptance of the Individual Application Form.

The **plan** is available to persons (subject to age limitations specified below) of all nationalities and their **dependants** except citizens of the USA residing in the USA, those persons who are subject to exchange controls or local licensing regulations, or where cover is illegal under local legislation.

The minimum age at entry for enrolment of a **planholder** is 18 years attained. In the case of an applicant being under the age of 18 years attained, a parent or guardian is required to sign the application form and will be considered to be the **planholder**.

The maximum entry age of an applicant is 74 years attained.

We reserve the right to refuse enrolment based on an Individual Application Form or an Individual Application Form including **dependants** without giving any reason, or to accept the applicant and/or **dependants** on any special terms which **we** may require and which will be specified in the Schedule.

5. **Commencement Date**

Cover under the **plan** will commence immediately upon receipt of the Individual Application Form, or on a future date specified by the applicant, subject to **our** acceptance. **We** are unable to back date coverage under any circumstances.

Premiums and **benefits** applied will be those in force at the **commencement date** of the **plan**. Any premiums due will be requested for collection.

6. **Paying Your Premium**

The **plan** is an annual contract and premiums are payable yearly in advance.

For all optional add-on **plans**, premiums are payable yearly in advance.

Premiums are payable in Thai Baht and the **plan** will be denominated in Thai Baht. Premiums are based on rates applicable to each **insured person's** attained age at the commencement of the relevant **plan year**.

Your premiums (including stamp duty and government tax) must be received on or before the due date(s) and in the currency of **your plan**.

7. **Methods of Premium Payment**

For premium payments, you can choose to pay by:

- Cash
- Bank draft/cheque
- Bank transfer

If **we** are unable to collect **your** premium on or before the premium due date, for whatever reason, **we** will cancel **your plan** in accordance with the terms of this contract.

Bank Draft/Cheques must be denominated in Thai Baht

Bank Transfers must be denominated in Thai Baht. Please ensure that **your** full name is given as the reference for **your** bank transfer.

8. **Unpaid or Late Premium Payments**

To enjoy the full **benefit** of **your plan**, **you** must ensure **your** premiums are paid on the due date. **We** will cancel **your plan** if **you** fail to pay the premium. **We** will notify **you** in writing that **your** premium payment is outstanding within 30 days from the due date. If payment is not received within 60 days from the due date, then **your plan** will be cancelled. While premiums are outstanding all **claim** settlements will be suspended. If the outstanding premium is settled within 60 days **we** may allow **your** cover to continue without **you** having to complete a new Individual Application Form.

If **your** premium is outstanding for more than 60 days, **you** will have to re-apply for a new InterGlobal **plan**. Premium rates in force at the time of re-application will be charged and cover will be subject to new underwriting terms. Any rights to the No Claims Discount achieved under **your** previous **plan** will no longer apply.

9. **Addition / Deletion of Dependants**

Should **you** wish to enrol **your dependants** after the **commencement date** of **your plan**, **you** may do so subject to acceptance by **us**. Application to enrol must be made in writing and may be made at any time during a **plan year**. **We** will issue **you** with a revised Schedule detailing the **date of joining** and any special terms that may apply, and premiums will be adjusted accordingly.

Should **you** wish to remove a **dependant** after the **commencement date** of **your plan**, **you** must make this request in writing and cover will cease at point of notification from **you** and acceptance by **us**. **We** will issue **you** with a revised Schedule detailing the changes and premiums will be adjusted accordingly.

Payment of any additional premiums applicable will be **your** responsibility. **We** are unable to back date coverage under any circumstances.

10. Addition of a New Born

Enrolling newly-born children as **dependants** may be done during the **plan year**, subject to acceptance by **us**. **We** will not apply any **moratorium** to the newly-born child's cover, providing **you** make an application in writing before the **dependant/s** is/are 30 days old. **We** will issue **you** with a revised Schedule detailing the changes and premiums will be adjusted accordingly. Payment of any additional premiums applicable will be **your** responsibility.

11. Transfers

If **you** wish to transfer cover from another insurer to InterGlobal, **we** will require an original Certificate of Insurance from **your** previous insurer, which details **your** original **commencement date**, deductibles, and any restrictions or special terms that may have applied. **You** will also need to complete an Individual Application Form and an Individual Declaration of Health Form. Any transfer will be subject to **our** acceptance and an additional premium loading.

If there is a break in cover between the expiry of **your** previous insurance **plan** and **your** application for an InterGlobal **plan**, the standard 24- month **moratorium** will apply.

12. Changing Your Cover and Add-On Plans

• Changing your plan type

Should **you** wish to upgrade or downgrade **your plan** type, please inform **us** in writing and **we** will effect this change from **your next renewal date**. **You** cannot make these changes during a **plan year**.

• Changing your Area of Cover

Should **you** wish to change **your area of cover**, please inform **us** in writing detailing the reason behind **your** change in circumstance. **You** can make these changes at any time, during a **plan year**, subject to **our** acceptance. Once accepted, **we** will effect this change from the date of notification or any future date specified by **you**.

• Changing your deductible (Excess or Co-insurance)

Should **you** wish to change **your** deductible please inform **us** in writing and **we** will effect this change from **your next renewal date**. **You** cannot make these changes during a **plan year**.

• Adding or removing an Optional Add-on Plan

Should **you** wish to add or remove an Optional Add-on **plan**, please inform **us** in writing and, subject to **our** acceptance, **we** will effect this change from **your next renewal date**. **You** cannot make these changes during a **plan year**.

13. Renewals

Your InterGlobal **plan** may be renewed each year subject to mutual agreement. Renewals will be subject to the definitions, **benefits**, terms and conditions in force at the time of each renewal and receipt of the renewal premium on or before the **renewal date**.

You will be issued with terms and instructions of how to proceed with **your plan** renewal, at least four weeks prior to **your renewal date**.

Each renewal premium will be based on **you** and **your dependants'** ages at the start of the new **plan year**, the number of **dependants** insured, **area of cover**, the **plan** type and any voluntary deductible that may apply.

Renewal premiums are subject to medical inflation increases and are age banded.

If any child insured under **your plan** marries, reaches the age of 18 years and ceases being in full time education or if they are in continuous full time education but have reached the age of 25 at **your renewal date** they will no longer be eligible for cover under **your plan**.

They can apply to have their own **plan** by completing an InterGlobal Application Form. Provided there is no break in their insurance cover their **date of joining** will remain the same as the date on which they joined **your plan**. Their application will be subject to the definitions, **benefits**, terms and conditions in force at the time of their transfer.

If **you** do not wish to renew **your plan**, please confirm this to **us** in writing, prior to **your renewal date**.

We reserve the right to apply whatever terms we deem appropriate, based on your age, medical history and other factors, when we offer renewal of your plan.

14. No Claims Discount (NCD)

While **your plan** remains **claims** free, the following No Claims Discounts will be applied to **your** renewal premiums:

- After Year 1 - 10% premium discount applies
- After Year 2 - 15% premium discount applies
- After Year 3 - 20% premium discount applies

The maximum No Claims Discount is 20% from Year 4 onwards.

If you file a **claim**, your No Claims Discount will revert to 0% (zero) at the next renewal.

If a **claim** relating to a previous **plan year** is subsequently submitted and accepted, and a No Claims Discount has already been given, **we** will deduct the equivalent monetary amount of the No Claims Discount from the value of the **claim**.

Please note that any **claims** made against the Wellness Benefit, Maternity, Travel and the Personal Accident Optional Add-on **plans** will not affect **your** No Claims Discount.

15. Cancellation of Cover

If **you** wish to cancel **your plan**, **you** must send a request to **us** in writing. **We** will cancel **your** cover from receipt of **your** instruction or on a future date specified by **you**.

We are not able to backdate the cancellation date of **your plan**. Provided **you** have not

made a **claim** under **your plan**, we will only charge **you** for the time **you** have been on cover. A pro-rata refund will be calculated for any unused periods of cover. **You** will not incur any additional charges for cancelling **your plan** with **us**.

If a **claim** has been submitted under **your plan**, no premium refund will be payable.

All Membership Cards and the Schedule must be returned to **us** with immediately upon cancellation of **your plan**.

16. Change of Circumstances

The **planholder** must inform **us** immediately in writing of any changes that may affect the cover or eligibility for cover of an **insured person**. By change **we** mean:

- Change of **planholder's** or **insured person's** address/country of residence
- Change of **insured person's** name
- Change of **insured person's** occupation
- Change of **planholder**

We reserve the right to alter the terms or cancel the **plan** upon a change of circumstances.

17. Break in Cover

Where there is a break in cover for whatever reason, **we** reserve the right to alter the terms of the **plan** and apply any special conditions.

18. GENERAL BENEFIT CONDITIONS

You are covered for the **benefits** applicable to **your** chosen **plan**. These **benefits** are subject to Benefit Conditions. Please read the following carefully.

BC1 All **treatment** must be given by **medical practitioners, specialists, consultants** and **registered nurses**, for the sole purpose of curing or actively and substantially relieving **acute medical conditions**.

BC2 Any **in-patient, daycare treatment** or evacuation for a **medical condition** must be **pre-authorised** by **us**. Once the **insured person** has received such **pre-authorisation**, **we** will settle all covered costs directly with the **treatment** providers concerned.

BC3 All **in-patient, daycare treatment** and medical **emergency** evacuation costs are professionally checked and negotiated before being incurred. Should an **insured person** or their representative not obtain **pre-authorisation** for **in-patient** or **daycare treatment** **we** will only provide **benefit** for the eligible costs **we** would have negotiated, had **we** become involved.

BC4 **Hospital** accommodation cover is limited to a single en-suite room, or if in Hong Kong, a semi-private dual occupancy room including the provision of a **hospital** bed, meals and house keeping.

- BC5** We shall have full authority to obtain all medical information necessary for the administration of a **claim** and shall have the right, through the **insured person's medical practitioner, specialist, consultant, physiotherapist, therapist or registered nurse** to examine the **insured person** whenever and as often as may be reasonably required for the handling of the **claim**.
- BC6** In the case of **out-patient treatment claims**, unless a direct billing facility is in place, **insured persons** are required to have the Medical Claim Form (supplied by **us**) completed and signed by their attending **medical practitioner(s)** and return these to **us** with the original itemised bills and original receipts as soon as possible. In any event, this should be no later than 6 months after receiving the **treatments** for which the **insured persons** concerned are claiming.
- BC7** In the Application Form, provision is made for details of the **insured person's** family **medical practitioner/s** over the last 2 years. If **medical practitioners'** details are not provided by the **insured person**, in the event of a **claim** being made by an **insured person** after the **commencement date** of the **plan**, and which is deemed by **us** as being for a **pre-existing medical condition**, such **claim** will be rejected.
- BC8** If an **insured person** makes a **claim** which is fraudulent, this shall render the **plan** void as from the **commencement date** and all **claims** hereunder shall be forfeited.
- BC9** All material facts must be disclosed to **us** by the **insured person / planholder**. Failure to do so may affect the **insured person's / planholder's** rights and the rights of any other **insured person** under the **plan**. A material fact is information likely to influence **us** in the assessment and/or acceptance of the insurance. If **you** are in any doubt as to whether the fact is material, then for **your** own protection **you** should disclose it. Please note that disclosure of **pre-existing medical conditions** will not result in their waiver or that of the 24-month **moratorium**.
- BC10** If a **claim** is covered hereunder and there is another policy or **plan** of insurance, including any reciprocal health arrangements, national health programmes or any other state or employer's cover effected in the **insured person's** name, which provides cover for the events **insured** under this **plan**, **our** liability will be limited to a rateable proportion of the **claim**.
- BC11** If an **insured person** is a citizen of the USA, cover under section N of the Schedule of Benefits will be terminated automatically when the time spent in the USA exceeds 180 days continuous stay in any one **plan year**.
- BC12** Where **we** deem an incident is not covered under the **plan** by reasons of a Benefit Exclusion, the burden of proof to the contrary shall be upon the **insured person**.
- BC13** An **insured person** under the **plan** shall receive the **claim** payment within 21 (twenty-one) days after **we** have received proof of **claim** in accordance with **our**

Claim Procedures requirements. In no case whatever shall **we** be liable for any **claim** after the expiration of 24 (twenty-four) months from the date of original **claim** unless the claim is the subject of pending legal action or arbitration.

BC14 We shall have full rights of subrogation at all times. We shall be entitled to conduct all proceedings arising out of, or in connection with, **claims** in the name of the **insured person** and to instruct solicitors of **our** own choice for any such purpose. Unless done with **our** prior written consent, if the **insured person** has admitted liability of any kind, or has given any other undertaking, such admittance or undertaking will be binding upon the **insured person** only, and not on **us**.

BC15 Elective Treatment

Should **you** elect to have **treatment** outside **your country of residence**, then provided:

1. the costs will not exceed the cost of similar **treatment** at Bumrungrad Hospital in Bangkok, Thailand; and
2. **you** have obtained **treatment** quotations from the elected **hospital** and submitted this to the International Helpline for **pre-authorisation** prior to receiving **treatment** and such **pre-authorisation** has been granted;

Then cover shall apply but always subject to the Terms, Conditions and Exclusions of **your plan**. Costs in excess of the cost of similar **treatment** at Bumrungrad Hospital in Bangkok, Thailand, are not recoverable.

Notwithstanding the above, the transportation and accommodation costs to the elected hospital (other than a **pre-authorised** Emergency Evacuation) are not recoverable.

It is recommended that to enable **your treatment** to be approved you allow at least 5 working days between notification to the International Helpline and receipt of **treatment**.

BC16 The **plan** is subject to Thai Law

19. GENERAL BENEFIT EXCLUSIONS

This policy does not cover costs arising from:

BE1 *A pre-existing medical condition that, within a 24 month period prior to the date of joining, or the date specified on the special terms section of insured person's Schedule, has one or more of the following characteristics:*

- *was foreseeable,*
- *manifested itself,*
- *the insured person had signs or symptoms of,*
- *the insured person sought advice for,*
- *the insured person received treatment for, or*
- *to the best of the insured person's knowledge, existed.*

*After a period of 24 months continuous insurance under the **plan**, **pre-existing medical conditions** may become eligible for **benefit**, if the **insured person** has not:*

- experienced symptoms,*
- sought advice,*
- required **treatment**, medication, or special diet, or*
- received **treatment**, medication or special diet*

*in respect of such. If an **insured person** has experienced any of the above, they will be required to wait a further 24 months from the last date of **treatment** and must meet the above criteria, before being eligible to **claim benefit** for the **pre-existing medical condition** in question.*

- BE2** *Pregnancy, childbirth and post-natal costs whether normal or complicated, unless the **insured person** is covered under the terms and conditions of the “Maternity Optional Add-on Plan”.*
- BE3** *Travel expenses for journeys from the **country of residence**, specifically made for the purpose of obtaining medical **treatment**, unless **pre-authorized** by **us** under the **Emergency Evacuation or Repatriation Benefit**.*
- BE4** *Non-emergency transportation, other than inter-hospital ambulance transportation.*
- BE5** *Burial, cremation or transportation where death of an **insured person** occurs in their **home country***
- BE6** ***Chronic medical conditions**, unless otherwise provided for under the **plan**.*
- BE7** *Any journey, activity, action or pursuit undertaken against the advice of a **medical practitioner, specialist / consultant, registered nurse or therapist***
- BE8** ***Treatment by a medical practitioner, specialist or consultant** who is in any way related to the **insured person**.*
- BE9** *The **abuse** of alcohol, drug or any other intoxicating substance or any addictive condition of any kind and any **medical condition** arising directly or indirectly from any such **abuse** or addiction*
- BE10** *A **medical condition** due to an **insured person** being under the influence of alcohol, drugs or any other intoxicating substance.*
- BE11** *Any type of infertility **treatment**, contraception, sterilisation or fertilisation, **treatment** for sexual problems (including impotence, whatever the cause), sex changes, assisted reproduction (e.g. IVF **treatment**), unless otherwise provided for under the terms and conditions of the **plan**.*

- BE12** *Treatment of venereal and sexually transmitted diseases, and/or HIV (Human Immune-Deficiency Virus), its **related medical conditions** including AIDS (Acquired Immune Deficiency Syndrome) and/or any mutant derivative or variations, however caused.*
- BE13** *Experimental or unproven **treatment**, unless we have given specific **pre-
authorisation**.*
- BE14** *Bone marrow transplants, **treatment** incurred as a result of the removal of a donor organ from a donor, or **treatment** for removal of an organ from an **insured person** for the purposes of transplantation into another person and any complications arising thereafter.*
- BE15** *Cryopreservation, implantation or re-implantation of living cells or living tissue, whether autologous or provided by a donor.*
- BE16** *Foetal **treatment**.*
- BE17** *Hormone Replacement Therapy (HRT), unless in connection with, and immediately after a **pre-
authorised** surgical procedure, unless otherwise provided for under the terms and conditions of the **plan**.*
- BE18** *Termination of pregnancy, **congenital abnormalities** or **birth defects**, unless otherwise provided for under the terms and conditions of the **plan**.*
- BE19** *Suicide, attempted suicide and/or any wilful, self-inflicted **medical condition***
- BE20** *Self-exposure to needless danger, except in an attempt to save human life.*
- BE21** *Kidney dialysis other than in the case of **acute** reversible kidney failure, unless otherwise provided for under the **plan**.*
- BE22** ***Medical conditions** sustained by military, naval or air force personnel resulting from participation in any military, naval or air force operation or exercise.*
- BE23** *Participation in war, riots, strikes, lock-outs, civil commotion, rebellion, revolution, insurrection, terrorism, military or usurped power or any illegal/criminal act including resultant imprisonment.*
- BE24** *The release of weapon/s of mass destruction, (nuclear, biological or chemical) whether such involves an explosive sequence/s or not.*
- BE25** *Contamination from chemical, biological and nuclear materials, including waste products from the combustion of nuclear fuel*
- BE26** ***Medical conditions** due to the participation in professional sports*

- BE27** Sleep apnoea, sleep **related** breathing disorders, snoring, or insomnia.
- BE28** Allergic **medical conditions** that the **insured person** is aware of.
- BE29** Learning difficulties and/or disorders, developmental problems and speech and/or voice problems
- BE30** Cosmetic, reconstructive, or remedial **treatment**, whether or not for psychological reasons, and/or any complications arising thereafter, unless required as the direct result of a covered **medical condition** which occurs after the **date of joining**.
- BE31** Removal of fat from any part of the body, breast reduction or breast enlargement.
- BE32** Psychiatric/psychological **treatment**, rest cures, institutionalisation, isolation, quarantine, sanatorium care, unless otherwise provided for under the terms and conditions of the **plan**.
- BE33** **Treatment** in a nursing home, hydro, spa, health farm or similar establishment.
- BE34** Vaccinations, inoculations, preventative **treatment**, preventative sight and hearing examinations, check-ups or health screening, unless otherwise provided for under the terms and conditions of the **plan**.
- BE35** Myopia, hypermetropia, astigmatism, natural/non-medical degenerative sight defects, non-medical/natural degenerative hearing defects and aids to assist eye sight and hearing, unless otherwise provided under the terms and conditions of the **plan**.
- BE36** Ear or body piercing and tattooing, and any **treatment** required following these.
- BE37** Routine dental **treatment**, preventative dental examinations, prophylaxis **treatment**, scraping, cleaning, polishing, dentures, false teeth and/or orthodontic **treatment**, semiprecious or precious crowns, unless otherwise provided under the terms and conditions of the **plan**.
- BE38** Compulsive or addictive eating disorders and/or homesickness, unless otherwise provided for under the terms and conditions of the **plan**.
- BE39** Special diet, weight control, children's food, baby supplies, vitamin, mineral or organic supplements.
- BE40** Supply, fitting and maintenance of physical aids or devices not forming a permanent part of the body
- BE41** Charges or fees incurred for the completion of Medical Claim forms.

BE42 *Any consequential loss.*

BE43 *Treatment after the expiry date of the **plan**, or after the expiry date of an **insured person's** cover, whichever occurs first, unless the **plan** or the **insured person's** cover has been renewed and the premium paid.*

BE44 *Treatment outside your area of cover, unless covered under the **Emergency Out of Area Benefit** applicable to your plan.*

BE45 *Terminal/incurable medical conditions.*

BE46 *Any treatment relating to a **hospital** admission at the time of the **insured person's** commencement date, which was not disclosed to, and accepted by us.*

BE47 *Any treatment relating to a planned **hospital** admission that the **insured person** was aware of at the commencement date, which was not disclosed to, and accepted by us.*

Insuring Agreement

UltraCare Plan

If during the **plan year**, an **insured person** incurs a **medical condition**, we, under the terms and conditions of the **plan**, will pay necessary, customary and reasonable expenses up to an overall maximum, per **insured person**.

Section A - In-Patient and Daycare Treatment

1. Accidents and Emergencies, Intensive Care and Theatre costs
2. **Hospital** Accommodation
3. Nursing fees, medical expenses and ancillary charges
4. Surgeons', **consultants**', anaesthetists', **medical practitioners**' fees
5. Prescribed medicines and drugs
6. Reconstructive surgery following an **accident** or following surgery for an eligible **medical condition**
7. Prostheses: artificial body parts designed to form permanent parts of **insured person's** body
8. MRI and CT scans
9. X-ray, pathology, **diagnostic tests** and procedures
10. Oncology test, drugs and **consultants**' fees including cover for chemotherapy and radiotherapy
11. Physiotherapy by a registered **physiotherapist**, when referred by a **medical practitioner, consultant** or **specialist**
12. Parent accommodation, insured parent with an insured child under 18 years of age in **hospital**
13. Post hospitalisation **treatment** received within 90 days of being discharged from **hospital**
14. Accidental damage to natural teeth
15. Psychiatric treatment up to 30 days available after 12 months continuous cover under the **plan**

Section B - Out-Patient Treatment

1. Primary consultations and **treatment** to include **medical practitioners**' fees, prescribed medicines, drugs and dressings
2. X-ray, pathology, **diagnostic tests** and **procedures**
3. **Specialists**' and **consultants**' fees for consultations, prescribed medicines, drugs and dressing
4. Psychiatric **treatment** available after 12 months continuous cover under the **plan**
5. Complementary medicine and **treatment** by a **therapist**, when referred by a **medical practitioner, consultant** or **specialist**. This **benefit** extends to osteopathic, chiropractic, homeopathic and acupuncture **treatment**. Complementary medicine and **treatment** are covered up to a maximum sub-limit of THB 34,000 per **insured person**, per **plan year** on Comprehensive **Plan** and THB 17,000 per **insured person**, per **plan year** on Select Plan

6. Physiotherapy by a registered **physiotherapist** when referred by a **medical practitioner, consultant or specialist**. Physiotherapy is covered up to a maximum sub-limit of THB 34,000 per **insured person**, per **plan year** on Comprehensive **Plan** and THB 17,000 per **insured person**, per **plan year** on Select Plan
7. Oncology test, drugs and **consultants'** fees including cover for chemotherapy and radiotherapy.
8. MRI and CT scans
9. **Out-patient** surgical operations

Excess

An **excess** of THB 1,800.00 per **medical condition** per **plan year** applies.

Section C - Dental Out-Patient Treatment

1. **Emergency treatment** for the immediate relief of dental pain and accidental damage to natural teeth
2. Routine **treatment** for the restoration of natural teeth including x-rays, filling, extractions, root-canal **treatment**, gum **treatment**

Co-insurance

A 25% **co-insurance** will be deducted from each **claim** per **plan year**

Section D - Wellness Benefit

1. Medical check-up/cervical smear/mammogram/prostate cancer test.

The **benefit** under Section D is limited to once yearly and available after 12 months continuous cover under the **plan**

Section E - Chronic Medical Conditions

1. Maintenance (**palliative treatment** and prescribed medication)
2. Stabilisation of **acute** exacerbations / episodes of **chronic medical conditions**

Section F - Emergency Local Ambulance

1. Costs of road ambulance transport required due to an **emergency** or **medical necessity** to the nearest available and appropriate local **hospital**

Section G - Organ Transplant

1. Cost of the surgical procedures in performing an organ transplant of either; kidney, liver, heart, lung, or heart and lung, in respect of the **insured person** as recipient and not the organ donor

Section H - Nursing at Home

1. Primary care services of a **registered nurse** in the **insured person's** home immediately after, or instead of, **in-patient** or **daycare treatment**

Section I - Compassionate Emergency Home Visit

1. Costs incurred by an **insured person** for an economy class return airfare to travel to and from an **insured person's home country** in the event of a **medical condition** of a **close family member**, up to the attained age of 75 years, resulting in that **close family member** being placed on a **critical list**, or death of **close family member**.

The **benefit** under Section I is limited to one return journey per **insured person** per **plan year**.

Section J - Hospital Cash Benefit

1. Cash payment payable for each night where **treatment** is received by an **insured person** as a non-paying patient (Public **Hospital**).

Section K - Legal Expenses

1. Legal expenses incurred by an **insured person** with **our** prior written consent in pursuit of **claim** against a third party who has caused **bodily injury** to, or the death of, an **insured person**

BENEFIT EXCLUSIONS APPLICABLE TO SECTION K - LEGAL EXPENSES

The legal expenses section does not cover costs arising from:

LBE1 *Legal expenses incurred without **our** prior agreement.*

LBE2 *Any legal expenses where **we** consider the prospects of success in achieving a reasonable outcome are insufficient.*

LBE3 *Any costs incurred in the pursuit of any legal action against **us**.*

Section L - Emergency Evacuation and Repatriation

1. The transportation costs of an **insured person** to the nearest centre where adequate medical facilities are available. Payment of this **benefit**, including **treatment** incurred, will be subject to the **insured person** suffering from a **medical condition**;
 - (a) that necessitates the **insured person** being placed on a **critical list**, or
 - (b) for which, in **our** opinion, adequate **treatment** is not available in the country where such **treatment** is required and/or recovery would be substantially expedited thereby
2. Return airfare economy class following an **emergency** medical evacuation, to **country of residence**
3. Travelling, accommodation and economy class return airfare expenses of **pre-authorised** costs of a **close business colleague**, or the **insured person's dependents**, or in the case of the **insured person** being a **dependant**, a parent or **close family member**, having to accompany the **insured person** for an **emergency** medical evacuation. Return airfare/s: Economy Class

We will only evacuate you within your area of cover which is detailed in **your** Schedule.

Section M - Repatriation, Burial or Cremation of Mortal Remains

1. In the event of death, the cost of preparation and air transportation of the body, mortal remains or the ashes of an **insured person**, from the place of death to the **home country**,

or the preparation and local burial or cremation of the mortal remains of the **insured person**, who dies outside of the **home country**.

Section N - Emergency Medical Treatment Outside Area of Cover

1. **Emergency medical treatment** cover outside of **area of cover** shown in the Schedule.

BENEFIT EXCLUSIONS

The UltraCare Plan does not cover costs arising from the Benefit Exclusions listed in General Benefit Exclusions BE 1 to BE 47 on page 13 to 17.

Insuring Agreement

Maternity Optional Add-On Plan

The following additional Benefit Conditions and Benefit Exclusions apply to **your** Maternity Optional Add-on Plan. If **you** have an Optional Add-on plan, this will be detailed on **your** Schedule of Benefits.

Section A - Normal Pregnancy and Childbirth

Delivery costs, ante-natal and post-natal checkups and examinations

CO-INSURANCE DEDUCTION – SECTION A

A **co-insurance** will be deducted from each **claim** submitted in this section.

Section B - Complications in Pregnancy During the Ante-natal Period

Treatment as an **in-patient** or an **out-patient** of a medical complication which arises during the ante-natal period due to a **medical condition**.

Section C - Complications in Pregnancy During Childbirth

Treatment as an **in-patient** or an **out-patient** of a medical complication which arises during childbirth due to a **medical condition**.

Section D - Birth Defects and Congenital Abnormalities

Investigation and **treatment** of **birth defects** and **congenital** conditions, including birth trauma, provided that such become apparent in the first six (6) months from birth

Please note: This benefit is available per pregnancy for a period of twelve (12) months from the initial diagnosis date, up to the specified limit shown.

Section E - Termination of Pregnancy

Termination of pregnancy when **medical necessary**

Section F - New-born Accommodation

Fourteen (14) days **hospital** accommodation costs for a new-born child to accompany it's mother while she is receiving **treatment** as an **in-patient** in a **hospital** for a condition covered under the Maternity Optional Add-on Plan.

Section G - Local Ambulance Services

Cost of road ambulance transport required due to an **emergency** or **medical necessity** to the nearest available and appropriate local **hospital**.

BENEFIT CONDITIONS APPLICABLE TO THE MATERNITY OPTIONAL ADD-ON PLAN

BCM1 The minimum age at entry for individual enrolment is 18 years attained.
The maximum age of entry for individual enrolment is 44 years attained. Cover will

cease under the **plan** upon the **renewal date** after the age 46 years has been attained.

BCM2 We reserve the right to refuse enrolment based on an individual application form or application form including **dependants** without giving any reason.

BENEFIT EXCLUSIONS APPLICABLE TO MATERNITY OPTIONAL ADD-ON PLAN

The Maternity Optional Add-on Plan does not cover costs arising from the Benefit Exclusions listed in General Benefit Exclusions BE1 to BE47 on page 13 to 17, and the Benefit Exclusions listed below:

BEM1 *A pregnancy that was conceived within 6 months after **your** original inception date of the Optional Maternity Add-on Plan.*

BEM2 *Birth defects or congenital abnormalities which either parent is aware exists, suffers from, has had **treatment/medication** for, prior to the **plan** inception date, or has knowledge that the **birth defect/ congenital abnormality** has occurred in their **immediate family**.*

BEM3 *Treatment and/or surgery to birthmarks*

Insuring Agreement

Personal Accident Optional Add-On Plan Worldwide Cover

The following additional Benefit Conditions and Benefit Exclusions apply to **your** Personal Accident Optional Add-on Plan. If **you** have an Optional Add-on plan, this will be detailed on **your** Schedule of Benefits.

Note: This Optional Add-on is only available for persons in managerial, clerical and administrative roles, and for persons aged between 5 years and 74 years.

If during the **plan year**, an **insured person** sustains bodily injury, due to an **accident**, we will pay:

Section A - Accidental Death Benefit

Section B - Loss of Sight of One or Both Eyes

Section C - Loss of, or Permanent Loss of Use of, One or More Limbs

Section D - Permanent Total Disablement

(Other than total loss of sight of one or both eyes or Loss of, one or more limbs)

In the case of disablement which entirely prevents an **insured person** from attending any business or occupation to which the **insured person** is suited by way of education, training or experience and which lasts twelve (12) months and expiry of period is beyond expectation of improvement.

BENEFIT CONDITIONS APPLICABLE TO PERSONAL ACCIDENT OPTIONAL ADD-ON PLAN

BCPA1 We reserve the right to refuse enrolment based on an Individual Application Form or Application Form including **dependants** without giving any reason.

BCPA2 If an **insured person** shall regularly engage in any occupation, sport, pastime or activity in which materially greater risk may be incurred than disclosed in connection with this **plan** without first notifying **us** and obtaining **our** written agreement to the amendment of this **plan** (subject to the payment of such additional premiums as **we** may reasonably require as the consideration for such agreement), then no **claim** shall be payable in respect of any **accident** arising therefrom.

BCPA3 Compensation shall be payable once for each and every **claim**.

BCPA4 We shall not be liable to pay compensation for more than the amount stated as the maximum accumulated liability from all sources and the maximum sum insured directly from the **plan**.

BCPA5 Observance and fulfilment of the relevant terms and conditions incumbent on an **insured person**, or anyone acting on an **insured person's** behalf, or duly authorised to represent an **insured person**, shall be a condition precedent to any liability of **ours**.

BENEFIT EXCLUSIONS APPLICABLE TO PERSONAL ACCIDENT OPTIONAL ADD-ON PLAN

The Optional Personal Accident Add-on Plan does not cover costs arising from:

BEPA1 *Losses resulting directly or indirectly from being under the influence of alcohol*

BEPA2 *Claims resulting directly or indirectly from Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) howsoever this syndrome has been acquired or may be named.*

BEPA3 *Claims resulting in any way from attempted suicide and/or any wilful, self-inflicted injury.*

BEPA4 *Claims resulting from self-exposure to needless danger, except in an attempt to save human life.*

BEPA5 *Claims submitted by military, naval or air force personnel in time of declared war, or while under orders for war-like operations, or restorations, or public orders, or any disabilities and/or injuries sustained whilst on military, naval or air force training exercise.*

BEPA6 *Claims and/or disabilities, costs and expenses, resulting from participation in war, riots, strikes, lock-outs, civil commotion, rebellion, revolution, insurrection, terrorism, military or usurped power or any illegal act, including resultant imprisonment.*

BEPA7 *Claims arising directly or indirectly from, or acquired as a consequence of, chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel.*

BEPA8 *Claims directly or indirectly, occasioned by, happening through, or in consequence of, aviation, other than as a fare-paying passenger in a fully certified passenger carrying aircraft, flown in the course of licensed operation for the transportation of passengers by properly licensed crew.*

BEPA9 *Claims and/or disabilities resulting from participation in mountaineering and/or rock-climbing requiring the use of ropes and/or pitons, pot-holing, winter sports, canyoning, racing of any kind except on foot and professional sports.*

Insuring Agreement

Personal Travel Optional Add-On Plan Worldwide Cover

Including Private Medical Insurance Cover Outside of Country of Residence

The following additional Benefit Conditions and Benefit Exclusions apply to **your** Personal Travel Optional Add-on Plan. If **you** have an Optional Add-on plan, this will be detailed on **your** Schedule of Benefits.

This is an annual **plan**. The **benefits** apply per **insured person**, per **trip** made, of not more than the duration specified on **your** valid Schedule, at a time, during the **plan year**.

Section A - Medical Benefits

If, during a **trip**, an **insured person** incurs a **medical condition**, we will pay necessary, customary and reasonable expenses, including:

- **Emergency dental treatment** for the immediate relief of dental pain up to a maximum of THB 68,000 (sixty-eight thousand) per **trip**
- If **medically necessary**, extra accommodation and travel expenses, which will allow **you** to return to **your home country**, if **you** cannot return as originally booked
- Necessary, customary and reasonable **in-patient/daycare/out-patient** medical expenses.

Excess for Section A

A standard amount of THB 1,800.00 (one thousand and eight hundred) will be deducted from each **claim you** submit under this Section of **your plan**. The **excess** is applied once per **claim**.

BENEFIT EXCLUSIONS APPLICABLE TO SECTION A – MEDICAL BENEFITS

Section A of the Travel Optional Add-on Plan does not cover cost arising from Benefit Exclusions listed in the General Benefit Exclusions BE1 to BE47 on page 13 to 17.

Section B - Loss of Deposits, Cancellations or Curtailments

We will reimburse an **insured person**, or if applicable, the **insured person's** representative, for the loss of irrecoverable deposits, pre-payments and other charges paid or contractually due to be paid for travel and/or accommodation if a **trip** is cancelled, or curtailed as a direct result of one of the following:

1. The death, illness or injury of:
 - 1.1 The **insured person**
 - 1.2 The person with whom the **insured person** is travelling, or had arranged to travel
 - 1.3 A **close family member**
 - 1.4 A **close business colleague**

2. Jury service, attendance under subpoena as a witness in a court of law of an **insured person**, or of the person with whom the **insured person** is travelling, or had arranged to travel.
3. Compulsory quarantine restriction of an **insured person**, or of with whom the **insured person** is travelling, or had arranged to travel.
4. Listed natural disasters and similar force majeure causes which occur after a **trip** is booked.

The amount payable in respect of cancellation **claims**, will be limited to the scale of cancellation charges as defined in the booking conditions relating to the **trip**.

Section C - Travel Delays

We will an **insured person** the sum of THB 3,400.00 (three thousand and four hundred) for the first full twelve (12) hours delay and THB 3,400.00 (three thousand and four hundred) for each subsequent twelve (12) hours delay, subject to a maximum of THB 10,200.00 (ten thousand and two hundred) per **trip**, due to strike/industrial action, adverse weather conditions, or mechanical breakdown, or failure of aircraft, sea vessels, train, or other licensed public transport.

Section D - Missed Departures, Travel Disruption

We will reimburse an **insured person** up to a maximum sum of shown per **trip** in respect of additional accommodation and travel costs incurred to connect the **insured person** with his/her group, or tour, or to transport the **insured person** to his/her destination in the event that he/she misses the original departure due to severe weather conditions, or an **accident** to, or breakdown of, the licensed public transport that the **insured person** was travelling in to his/her point of departure.

Section E - Hijack

We will pay an **insured person** a sum of THB 3,400.00 (three thousand and four hundred) for each full twenty-four (24) hours period that the **insured person** is prevented from reaching his/her destination following the forced hijack of a conveyance on which the **insured person** is travelling, up to a maximum shown.

Section F - Baggage and Personal Effects

Subject to the terms and limitations of the policy, we will indemnify an **insured person** for the intrinsic value, or cost of repairs, or re-issue, whichever is less, of property taken, or purchased during a **trip** by the **insured person**, or sent in advance up to twenty-four (24) hours prior to the **insured person**'s departure date shown on the itinerary relating to the **insured person**'s **trip** which, during the period of insurance, is lost, damaged or stolen while on a **trip**, up to a maximum value of THB 136,000.00 (one hundred and thirty six thousand) per **trip**, subject to a maximum of THB 20,400.00 (twenty thousand and four hundred) for any one article, pair or set of articles;

We will pay:

1. For losses from vehicles hired or owned by the **insured person**, providing the property concerned was secured in a locked boot or glove compartment.
2. Up to THB 20,400.00 (twenty thousand and four hundred) (in all) in respect of cameras and photographic equipment, telescopes and binoculars, antiques, jewellery, watches, furs and precious stones and articles made of, or containing gold, silver or other precious metals.

Section G - Loss of Money

We will pay for the theft or **accidental** loss of cash, traveller's cheques, postal or money orders, owned or held by an **insured person**.

Section H - Loss of Passport, Travel Documents

We will pay for the cost of replacing passport and/or travel documents stolen or **accidentally** lost, owned or held by an **insured person**.

Section I - Delayed Baggage

In the event of baggage being delayed or misdirected by a carrier on the outward journey for at least twelve (12) hours from the time of an **insured person's** arrival, we will reimburse up to a maximum of THB 6,800.00 (six thousand and eight hundred) per **trip** for the purchase of essential toiletries and clothing.

Excess for Sections B to I

A standard amount of THB 1,800.00 (one thousand and eight hundred) will be deducted from each **claim** you submit under these Sections of **your plan**. The **excess** is applied once per **claim**.

BENEFIT CONDITIONS APPLICABLE TO THE TRAVEL OPTIONAL ADD-ON PLAN

BCT1 We reserve the right to refuse enrolment based on an individual application form or Application Form including **dependants** without giving any reason.

BCT2 We shall not be liable to pay compensation for more than the amount stated as the maximum accumulated liability from all sources and the maximum sum insured directly from the **plan**.

BCT3 We must be advised immediately by the **insured person** of any occurrence or loss which may give rise to a **claim**. The maximum period for notification of a **claim** is 31 days after the end of a **trip**.

BCT4 Observance and fulfilment of the relevant terms and conditions incumbent on an **insured person**, or anyone acting on an **insured person's** behalf, or duly authorised to represent an **insured person**, shall be a condition precedent to any liability of **ours**.

BENEFIT EXCLUSIONS APPLICABLE TO THE TRAVEL OPTIONAL ADD-ON PLAN

THE TRAVEL OPTIONAL ADD-ON PLAN DOES NOT COVER COSTS ARISING FROM:

BET1 Claims arising directly or indirectly from, or as a consequence of, chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel

BET2 Claims for items more specifically ***insured*** elsewhere. If an ***insured person*** can ***claim*** under another policy or ***plan*** which provides ***benefits*** which are the subject of a ***claim*** under this ***plan***, we must be notified in writing and shall not be liable for more than ***our*** rateable proportion of the ***claim***.

BET3 Claims brought against a tour operator, travel agent or carrier.

BET4 Claims for any ***consequential loss***.

BET5 Claims caused by pressure waves resulting from any aircraft or other flying object travelling at, or above the speed of sound.

BET6 Claims arising from changes or fluctuations in exchange rates.

BET7 Claims for any expenses ***you*** would normally incur in respect of ***your trip***.

BET8 Claims resulting from any person, organisation or company becoming insolvent, being unable or unwilling to fulfil any part of their obligation to ***you***.

BET9 Claims arising from ***you*** being involved in or resulting in any illegal or criminal act.

BET10 Claims resulting from when the ***insured person*** is under the influence of intoxicating liquor or drugs unless taken in accordance with ***treatment*** prescribed and directed by a registered ***medical practitioner*** but not for the ***treatment*** of drug addiction.

BET11 Claims where ***you*** cannot provide the necessary supporting evidence.

SECTIONS B, D, G & H OF THE TRAVEL OPTIONAL ADD-ON PLAN

Loss of Deposits, Cancellations or Curtailment, Missed Departures, Travel Disruption, Loss of Money & Loss of Passport or Travel Documents

You are not covered for any costs arising from:

BET12 Government regulations (other than in respect of compulsory quarantine), currency restriction or act.

BET13 Omission or default of provider of transport or accommodation or an agent through whom the travel arrangements were made.

BET14 *Disinclination to travel or financial circumstances of an **insured person** (other than such arising from the **insured person's** loss of employment where the **insured person** has been in the same full-time employment for a minimum period of two (2) years).*

BET15 *Expenses payable by the tour operator, hotel, airline or other carrier.*

BET16 *Delay in commencement of holiday.*

BET17 *Surcharges levied by the tour operator increasing basic brochure prices.*

BET18 *Failure to notify a travel agent, tour operator or provider of transport or accommodation immediately it is found necessary to cancel the travel arrangements.*

BET19 *Where an **insured person** has not checked in prior to any **trip** according to the itinerary supplied to the **insured person** relating to that **trip** and where a **claim** is not supported by a signed statement or report confirming the period of delay from the carrier (or the carriers' handling agents), the tour operator or tour operators' representative at place of departure.*

BET20 *Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of a relevant port authority, or the Civil Aviation Authority or of any similar body.*

BET21 *Strike or industrial action existing or publicly declared on or before the date the **trip** is booked.*

BET22 *Arrival by an **insured person** at the airport or dock after check-in time (except for late arrival due to strike or industrial action or documented mechanical failure or breakdown of public transport).*

BET23 *If you knew you would need to cancel or cut short your **trip** when purchasing this policy or booking your **trip**.*

BENEFIT EXCLUSIONS APPLICABLE TO SECTIONS F, G, H & I OF THE TRAVEL OPTIONAL ADD-ON PLAN

Baggage and Personal Effects, Loss of Money, Loss of Passport, Travel Documents & Delayed Baggage

You are not covered for any costs arising from:

BET24 *Damage due to moth, vermin, wear and tear, atmospheric or climatic conditions, gradual deterioration, loss of value, mechanical or electrical breakdown or damage caused by any process of cleaning, repairing or restoring, or damage caused by leaking powder or fluid carried within an **insured person's** baggage.*

BET25 *Breakage of fragile articles including china, glass or sculpture.*

- BET26** *Damage to sports equipment/clothing whilst in use.*
- BET27** *Loss due to confiscation or detention by customs or other authority.*
- BET28** *Loss of, or damage to, stamps, documents, deeds, manuscripts or securities of any kind.*
- BET29** *Loss or damage whilst in the custody of an airline or other carrier unless reported immediately upon discovery and in the case of an airline, a Property Irregularity Report obtained.*
- BET30** *Loss of, or damage to, goods, samples or tools hired or held in trust by an **insured person**, but not owned by that **insured person**.*
- BET31** *Loss of, or damage to, jewellery or photographic equipment packed in a suitcase or other like receptacle whilst travelling.*
- BET32** *Loss of, or damage to, contact or corneal lenses.*
- BET33** *Shortages due to error, omission, exchange or depreciation in value.*
- BET34** *Theft or suspected theft not reported to the local police within twenty-four (24) hours of discovery of loss and a report obtained.*
- BET35** *Cash not personally carried by the **insured person** on his/her person unless held in a safety deposit box or safe that is not in the **insured person's** room or apartment.*
- BET36** *Unattended baggage*

Claim Procedures

1) How to make a claim under your plan for In-Patient or Daycare Treatment.

You must obtain **pre-authorization** for any **in-patient** or **daycare treatment** you require.

See **your medical practitioner** in the usual way.

If **your medical practitioner** refers **you** for a **specialist** consultation for **treatment** requiring a stay in a **hospital** or clinic as an **in-patient**, or for **daycare treatment**, **you** must call the International Helpline immediately on the telephone number shown in the Claims Contact Details section. The International Helpline is open 24 hours a day, 365 days a year. When calling the International Helpline please remember to quote **your** Member Number. **You** will also need to provide **your** attending **medical practitioner's** name and the name and telephone number of the **hospital/clinic**.

The International Helpline will then contact **your medical practitioner** and the **hospital** or clinic concerned, to ensure arrangements are in place for **your treatment**.

The International Helpline will contact **you** to confirm **pre-authorization** and the arrangements that have been put in place for **your treatment**. Unless a deductible applies to **your plan**, **you** will not be required to pay for any **treatment** as all eligible costs will be met directly with the **medical practitioner, consultant, hospital** or clinic concerned. **You** will not need to complete any Medical Claim Forms.

2) How to make a claim under your plan for Emergency Evacuations.

We will only provide **benefit** for evacuation costs if **your medical condition** is considered life threatening, or if **our** International Helpline considers there are no adequate medical facilities in **your** area. This will be based on **medical necessity** and approved by **us**. **We** will only evacuate **you** within **your area of cover** which is detailed in **your** Schedule.

In a medical **emergency**, **you** or **your** representative must contact the International Helpline on the telephone numbers shown in the Claims Contact Details section.

3) How to make a claim under your plan for Out-Patient Treatment.

See **your medical practitioner** in the usual way.

You need not contact the International Helpline for **pre-authorization**, but if **you** require any advice, please contact the Claims Team on the number detailed below or by email: claims@interglobal-nz.biz

You are provided with Medical Claim Forms to pass on to **your medical practitioner** for completion. **Treatment** received from a **therapist, specialist** or **consultant** must always be on referral from **your medical practitioner**. Medical Claim Forms can be obtained by

contacting the Claims Team or the International Helpline. **You** can also download Medical Claim Forms by visiting **our** website www.interglobal-nz.biz.

When **you** pay **your** bill for the **treatment** **you** have received, please obtain a receipt with the itemised bill and a completed Medical **Claim** Form. Send the original itemised bill together with the original receipt and the completed Medical **Claim** Form to the Claims Team at the address shown in the Claims Contact Details section.

Please note: **Out-patient treatment** is not covered under the UltraCare Standard **Plan**.

4) How to make a claim under your Direct Billing Facility for In-Patient, Daycare or Out-Patient Treatment (Only applies to Corporate or Group Plans).

If **you** are part of a corporate or group **plan**, **you** may be entitled to a direct billing **claims** facility. **We** will provide **you** with a list of **hospitals** that will accept **you** on a direct billing arrangement.

When attending the **hospital** for **in-patient**, **daycare** or **out-patient treatment**, please show **your** Membership Card. The **hospital** will then take over all the **claim** administration and the relevant **treatment** will be provided. If **pre-authorisation** for **in-patient** or **daycare treatment** is required, then the **hospital** administration team will gain this approval from the International Helpline.

On occasions **you** may need to provide payment towards a deductible applicable to **your plan**.

5) How to make a claim under your Travel Optional Add-on Plan

If **you** need to make a **claim** under Section A of **your** Travel Optional Add-on Plan please follow steps 1-3 of the Claims Procedures. If **you** need to make a **claim** under sections B to I of **your** Optional Travel Add-on **Plan**, please contact the Claims Team on the telephone or fax numbers shown in the Claims Contact Details section.

6) How to make a claim under your Personal Accident Optional Add-on plan

If **you** need to make a **claim** under **your** Personal Accident Add-on Plan, please contact the Claims Team on the telephone or fax numbers detailed in the Claims Contact Details section.

7) Claims Checklist

- Carry **your** Membership Emergency Assistance Card at all times.
- Familiarise yourself with the cover provided under **your plan**.
- Ensure that **your dependants** or business colleagues are aware of **your** international private medical insurance arrangements.
- Contact the International Helpline if **in-patient** or **daycare** medical **treatment** is required.
- When submitting an **out-patient claim**, make sure that both **you** and the **medical practitioner** attending **you** have completed all the sections on the Medical Claim Form.

- Attach the original receipts with **your** Medical Claim Form for **out-patient treatment claims** and include the original itemised bills. (Keep copies for **your** own records.)
- Quote **your** Member Number in all correspondence.

8) Payment of Eligible Claims

All eligible **claims** will be settled in Thai Baht unless **we** are specifically requested to do otherwise. If **we** need to convert from one currency to another in respect of a **claim** payment, **we** will use an exchange rate from the www.oanda.com website, on the date **we** assess the **claim**.

Eligible **claims** payments can be made by Bank transfer in Thai Baht

We will not be responsible for any loss **you** may incur due to exchange rate fluctuations.

Claim Contact Details

International Helpline Telephone Numbers:

Toll Free numbers from:

Thailand: 001 800 647 355

Australia: 1800 147 528

China: 10 800 640 0007

Hong Kong: 800 900 190

Indonesia: 001 80 364 17375

Japan: 00 531 642084

Malaysia: 1800 802 157

UK: 0800 085 2008

USA: 1888 826 6830

To make a collect call you must first contact the telephone operator in the country you are calling from. You must then advise that you would like to make a collect call and specify the number detailed above. The operator will then connect you to International Helpline at no charge to you.

Call collect from elsewhere in the world: +64 9 356 1648

Fax Number: +64 9 525 1278

Claims Department

Level 14, Oracle Tower,

56 Wakefield Street,

PO Box 8672, Symonds Street,

Auckland, New Zealand

Phone number: +64 (0) 9 309 2119

Fax number: +64 (0) 9 309 4119

E-mail: claims@interglobal-nz.biz

Complaints

It is **our** aim at all times is to provide **you** with a first class standard of service. There may nevertheless be occasions when **you** may feel that this objective has not been fully achieved, or that **you** would like further clarification from **us**. In such an event please contact:-

Chief Technical Officer

Royal and Sun Alliance Insurance (Thailand) Limited
24th Floor, Thanapoom Tower
1550 New Petchburi Road,
Bangkok, 10400
Telephone: +662 207 0266
Fax: +662 207 0575

In order to assist **us** please quote **your plan** number and **claim** number (if applicable) with as much information as **you** can regarding **your** query, comment or complaint, as well as **your** full contact details.