



# **Tropical Disease Health Insurance for Individual**

**Tropical Disease Insurance**  
(Sell through Electronic Channel (Online))

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**Remark:** The English version is a translation of the original in Thai for information purpose only. In case of a discrepancy, the Thai original shall prevail.

**Tropical Disease Insurance**  
**(Sell through Electronic Channel (Online))**  
**(Translation Only)**

In reliance upon the statement in the application form for insurance which is considered a part of this insurance Policy, and in consideration of the premium paid by the Insured, and subject to the general terms and conditions, insuring agreements, exclusions and attached endorsements of this insurance Policy, the Company agrees to indemnify the Insured as follows:

**Section 1: Definitions**

Words or expressions to which specific meanings have been attached in any part of this insurance Policy or of the Policy Schedule shall bear such specific meanings wherever they shall appear unless stated otherwise in this Policy

<b>1. Policy</b>	means	The Policy Schedule, terms and conditions, insuring agreements, exclusions, addendum, application form, endorsements and policy summaries, which form part of this insurance contract.
<b>2. Company</b>	means	The insurer under this policy.
<b>3. The Insured</b>	means	The person(s) named as the Insured in the Policy Schedule, who is covered under this Policy.
<b>4. Waiting Period</b>	means	The period from the effective date of this Policy which the insured will not be covered for each specified disease under this insurance Policy.
<b>5. Pre-existing Condition</b>	means	Chronic disease, injury or illness (including complications) specified under this Policy that existed before the effective date of this Policy which has not been fully cured or has sufficient indication for a general person to seek diagnosis, care or treatment or for a physician to provide diagnosis or treatment.
<b>6. Illness</b>	means	Symptoms or physical abnormalities caused by disease.
<b>7. Medical Practitioner</b>	means	A person who has graduated in medical sciences and is legally registered with the Medical Council as a medical practitioner to practice the medical treatment profession in the locality in which the medical or surgical services are provided.
<b>8. Hospital</b>	means	Any medical facility that provides medical services which can accommodate overnight patients or provide treatments from diseases or injuries for 24 hours and is licensed or registered as a "Hospital" in the locality in which the services are provided.
<b>9. Medical Facility</b>	means	Any medical facility that provides medical treatment in the locality in which the services are provided.
<b>10. Clinic</b>	means	Any medical facility that provides medical treatment but cannot accommodate overnight patients and is licensed or registered as a "Clinic" in the locality in which the services are provided.
<b>11. Per Confinement</b>	means	Any hospitalization as an Inpatient or treatment by day surgery at the Hospital each time and shall include hospitalization as an Inpatient or day surgery at the Hospital any times on the same Injury or Illness which is not fully recovered including related or consequential complications within 90 days from the date of the latest discharge from the Hospital which shall be deemed as the same hospitalization

<b>12. Inpatient</b>	means	A person who is required be admitted in a Hospital to receive medical treatment from injury or illness for at least six consecutive hours and must be registered as an Inpatient, including the case of an Inpatient who dies prior to the completion of 6 hours.
<b>13. Outpatient</b>	means	A person receiving medical service from injury or illness in an outpatient department or emergency room of a Hospital without medical necessity to be admitted as an Inpatient.
<b>14. Medical Standards</b>	means	Rules or practices for treating the Injury or Illness in accordance with academic principles in compliance with the medical standards in the locality in which the service is provided, which consist of: (1) Professional standards and related professional requirements (2) Health Facility standards (3) Medicine and Medical Tools Standards (4) Non-discriminatory patient care
<b>15. Medical Necessity</b>	means	The necessity to use medical services or other services of the Health Facility for examination or treatment of Injury or Illness which shall be subject to the following conditions: (1) It shall conform to the diagnosis and treatment according to the Injury or Illness condition of the Insured. (2) It shall conform to the Medical Standards. (3) It shall not for convenience of the Insured or the Insured's family or the treatment provider only.
<b>16. Alternative Medicine</b>	means	Any treatment of Injury or Illness performed by the Medical Practitioner holding the medical practitioner's license in the locality in which the service is provided in the field of Thai traditional medicine or Chinese traditional medicine or Chiropractic or other fields which are not conventional medicine.
<b>17. Major Operation</b>	means	An operation through body walls or hole in which General anaesthesia or Regional anaesthesia is required.
<b>18. Day Surgery</b>	means	A Major Operation or procedure in lieu of Major Operation or use of special treatment tool which can replace Major Operation without the need of hospitalization as an Inpatient at the Hospital
<b>19. Policy Year</b>	means	A period of one year form the date the insurance Policy first come into effect or from the anniversary date of the following year

## **Section 2: General Terms and Conditions**

### **1. Insurance Contract**

This insurance contract is based upon the information provided by the Insured in the application form and additional declaration (if any) through electronic channel (online) by the Insured as evidence for the purpose of obtaining insurance coverage thus this Policy is issued by the Company.

In case the Insured has already known but provided false statement in the declaration as mentioned in the first paragraph, or has already known of any fact but concealed thereof, of which if it is known to the Company, it may motivate the Company to demand higher premium or refuse to issue this Policy or void the Policy as per Section 865 of Civil & Commercial Code.

The Company shall not refuse its liability by referring to any declaration other than those declared by the Insured in the first paragraph.

## **2. Incontestability or objection of the completeness of the insurance contract**

The Company waives the right to dispute or objection the validity of the insurance contract after 2 (two) years from the first inception date, except when the premium is not received.

In case the Company becomes aware of any cause or reason which may lead the insurance contract to be void, but does not exercise the right to void it within 1 (one) month after that information is known, the Company can no longer exercise the right to void this insurance contract.

## **3. Completeness of Contract and Changes in the Insurance Policy**

This Insurance Policy together with the Insuring Agreements and Endorsements form the insurance contract. Any changes in the wording of the contract must be approved by the Company and endorsed in the Insurance Policy or endorsement before the change is valid and covered under the Insurance Policy

## **4. Notification of Claims**

The Insured must submit the following documents at their own expenses to the Company within 30 (thirty) days as from the date of discharge from a hospital or clinic.

1) Claim Form specified by the Company

2) A full physician's report containing diagnosis of the covered disease, important symptoms and confirmed diagnosis

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

4) Original receipt and invoice showing

Failure to submit such documents within the above stated time shall not diminish the right for claim indemnification if it can be proven that there are practical reasons for not being able to do so and such documents have been submitted as early as possible.

The receipt with detailed expense items must be the original receipt and the Company shall return the original receipt noting the amount paid so that the Insured can claim the balance from other Insurers. But if the Insured has already received reimbursement from government or other welfares or other insurances, the Insured may submit a copy of the receipt together with a certified statement showing the amount already paid by the government or other entities in order to claim the balance from the Company.

## **5. Examination of Medical History**

The Company has the right to examine the medical and diagnosis history of the Insured as considered necessary under this Policy and the right to conduct an autopsy where necessary and within the limits of law at the expenses of the Company.

In case the Insured does not allow the Company to investigate the claims or access to examine the medical and diagnosis history to support claims payment consideration, the Company reserves the right to decline coverage for the Insured.

## **6. Payment of Sum Insured**

The Company will pay the benefits within 15 days from the date on which correct and complete evidence of damage is received by the Company. If the Insured dies, the Company will pay the benefits to the beneficiary named on the Policy Schedule.

If there are reasonable grounds for suspecting that a claim for benefits under the Policy is not made in accordance with the insuring agreements hereunder, the Company may extend the payment period as necessary, but to no more than 90 days from the date of its receipt of complete evidence of damage.

If the Company is unable to completely pay the benefits within the stipulated time, the Company is liable to pay interest at 15 percent per annum on an amount payable by it, as from the due date of payment thereof.

## **7. Premium Payment and Inception Date**

Annual Premium Payment

The first payment is due immediately or before the inception date. The coverage will commence from the inception date as stated in the Policy Schedule.

## **8. Renewal of the Policy**

The insurance Policy may be renewed depending on the consideration of the insurance Company as follows;

8.1 In the event that the Company agrees to renew the Policy, the Company reserves the right to;

8.1.1 Adjust the premium rate to reflect the risk level in accordance with the Insured's increasing age and

8.1.2 Amend some insurance conditions, insuring agreement and endorsement of the insurance policy of the renewal year as necessary. The Company will notify the Insured of any changes of conditions or other part of important documents that form a part of this insurance contract.

8.2 If the insurance policy is renewed and the insured pays the premium within the grace period of 30 days, the Company will not re-apply the conditions of Incontestability or objection of the completeness of the insurance contract, Waiting Period and Pre-existing Conditions to the Policy. If the Insured fails to pay the premium within the grace period, it shall be deemed that the coverage under this policy has expired from the due date of the last premium payment. If there are claims to be paid during the grace period and the Company is still unable to collect the premium due, the Company will deduct the outstanding premium from the payable claim amount under this insurance policy.

8.3 The Company may refuse the renewal of the insurance contract by notifying the Insured in writing at least 30 days before the expiry date of the policy as stated in the Policy Schedule.

## **9. Notice of Cancellation**

For Annual Premium Payment

9.1 The Company has the right to terminate this insurance policy by giving no less than 30 days advance written notice by registered mail to the Insured at the address last notified to the Company. The Company will refund of premium after deducting the customary short rate premium for the time the Policy has been in force.

9.2 The Insured has the right to terminate this Policy by giving a written notice to the Company and has the right to a refund of premium after deducting the customary short rate premium for the time the Policy has been in force, which is:

**Table of Customary Short Rate premium**

<b>Period of Insurance (not less than / month)</b>	<b>% of Annual Premium</b>
1	15
2	25
3	35
4	45
5	55
6	65
7	75
8	80
9	85
10	90
11	95
12	100

Regardless which party is giving notice of cancellation, the Policy will be cancelled entirely. It is not possible to cancel only a certain part of coverage.

## **10. Automatic Termination of Coverage**

10.1 On the expiry date of the Policy as specified in the Policy Schedule (In case policy renewal has not been requested)

10.2 In the year the Insured has attained the age of 70 years old.

10.3 When the Insured fails to pay insurance premium according to the General Terms and Conditions clause 7.

10.4 When the Insured dies from an uninsured cause.

10.5 When the Insured is confined to a prison or penitentiary.

For termination of coverage under clause 10.4 or 10.5, the Company will refund of premium after deducting the customary short rate premium for the time the Policy has been in force.

10.6 The coverage for each insuring agreement will be terminated when the Company has paid compensation up to the maximum limit as stated in each insuring agreement on the Policy Schedule. The Company shall continue to provide coverage until the expiry of the period of insurance only for the sum insured of the remaining Insuring Agreement.

10.7 The policy and all insuring agreements under this insurance policy will be terminated at 24.00 hours Thailand time on the expiry date of the policy.

#### **11. Arbitration**

If there is any dispute, conflict, or claim under this Policy, between a person who is entitled to exercise a claim hereunder and the Company, and if the person agreed that the dispute should be settled by means of arbitration, the Company agrees to have the dispute settled by arbitrators in accordance with the rules of arbitration of the Office of the Insurance Commission (OIC).

#### **12. Precedent Condition**

The Company shall be liable to compensate under this Insurance Policy when the Insured, the beneficiary and/or the representatives thereof have complied with the insurance contract and the policy conditions.

#### **13. Free Look Period**

If the Insured wishes to terminate this Insurance Policy for whatever reason, the Insured can request a cancellation of the policy and return the Insurance Policy to the Company within 15 days from the date of receipt of the insurance contract, except in the case of electronic delivery of the policy schedule, then the Insured is not required to return the policy to the Company. In this regard, this insurance policy shall be deemed invalid as from the inception date of the insurance period as specified in the Policy Schedule. The Company will not be liable for any loss or damage incurred under this insurance policy and the Company will return all the premium received to the Insured according to the method that have been agreed upon without deducting any expenses.

### **Section 3: General Exclusions**

**This policy does not cover any claim directly or indirectly from:**

**3.1 Any illness occurs within the Waiting Period.**

**3.2 Pre-existing Condition**

**3.3 Health Check-up or request for treatment in hospital or for surgery, rehabilitation or restoration, or treatment by bed rest or stay in the hospital in order to have a general care assistant, laboratory test for cause not directly in connection with treatments in a hospital, treatments or laboratory test for cause not medically necessary or in contrary to medical standards.**

**3.4 Treatment that is not classified as modern-style treatment Including alternative medicine**

**3.5 Expenses arising from medical examination at the insured Which is the doctor ordered for himself Including expenses arising from medical examinations from the physician who is the father, mother, spouse or child of the insured**

**3.6 Special nurse service.**

**3.7 Treatments or diagnostic tests that are not related to the diagnosis, symptoms or conditions associated with the covered disease.**

**3.8 All kinds of orthosis, prosthesis, medical equipment and durable medical supplies.**

**Section 4: Insuring Agreement**

Under the insuring agreements, general conditions, exclusions and endorsements to this Policy, and in consideration of the premium payable by the Insured, the Company agrees to indemnify the Covered Person as follows:



### **Insuring Agreement Specific Disease**

While this Policy is in force and after the waiting period specified for each covered disease as stated on the policy schedule, if the Insured is diagnosed with one of the covered diseases as stated in the Policy Schedule for this Insuring Agreement, as follow:

<b>Covered Disease (s)</b>	<b>Waiting Period</b>
As specified in the Policy Schedule	30 days

The Company will pay compensation to the Insured in accordance to the sum insured as stated in the policy schedule and the coverage hereunder ceases immediately.

**Attachment**  
**Disease and Waiting Period**  
**For Tropical disease Health Insurance for Individual**  
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<b>Disease</b>	<b>Waiting Period</b>
1. Dengue fever	30 days
2. Chikungunya disease	
3. Malaria disease	
4. Encephalitis disease	
5. Zika Virus Disease	

Remark: Disease No. 2 – 5 depends on the insurance plan.

**Summary of Terms and Conditions, Coverage and General Exclusions**  
**Tropical disease Health Insurance for Individual**  
**(Sell through Electronic Channel (Online))**

**Section 1: Definitions**

<b>1.1 Policy</b>	means	The Policy Schedule, terms and conditions, insuring agreements, exclusions, addendum, application form, endorsements and policy summaries, which form part of this insurance contract.
<b>1.2 Company</b>	means	The insurer under this policy.
<b>1.3 The Insured</b>	means	The person(s) named as the Insured in the Policy Schedule, who is covered under this Policy.
<b>1.4 Waiting Period</b>	means	The period from the effective date of this Policy which the insured will not be covered for each specified disease under this insurance Policy.
<b>1.5 Pre-existing Condition</b>	means	Chronic disease, injury or illness (including complications) specified under this Policy that existed before the effective date of this Policy which has not been fully cured or has sufficient indication for a general person to seek diagnosis, care or treatment or for a physician to provide diagnosis or treatment.

**Section 2: Important General Terms and Conditions**

**2.1 Incontestability or objection of the completeness of the insurance contract**

The Company waives the right to dispute or objection the validity of the insurance contract after 2 (two) years from the first inception date, except when the premium is not received.

In case the Company becomes aware of any cause or reason which may lead the insurance contract to be void, but does not exercise the right to void it within 1 (one) month after that information is known, the Company can no longer exercise the right to void this insurance contract.

**2.2 Notification of Claims**

The Insured must submit the following documents at their own expenses to the Company within 30 (thirty) days as from the date of discharge from a hospital or clinic.

1) Claim Form specified by the Company

2) A full physician's report containing diagnosis of the covered disease, important symptoms and confirmed diagnosis.

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

4) Original receipt and invoice showing itemized expenses.

Failure to submit such documents within the above stated time shall not diminish the right for claim indemnification if it can be proven that there are practical reasons for not being able to do so and such documents have been submitted as early as possible.

The receipt with detailed expense items must be the original receipt and the Company shall return the original receipt noting the amount paid so that the Insured can claim the balance from other Insurers. But if the Insured has already received reimbursement from government or other welfares or other insurances, the Insured may submit a copy of the receipt together with a certified statement showing the amount already paid by the government or other entities in order to claim the balance from the Company.

**2.3 Payment of Sum Insured**

The Company will pay the benefits within 15 days from the date on which correct and complete evidence of damage is received by the Company. If the Insured dies, the Company will pay the benefits to the beneficiary named on the Policy Schedule.

If there are reasonable grounds for suspecting that a claim for benefits under the Policy is not made in accordance with the insuring agreements hereunder, the Company may extend the payment period as necessary, but to no more than 90 days from the date of its receipt of complete evidence of damage.

If the Company is unable to completely pay the benefits within the stipulated time, the Company is liable to pay interest at 15 percent per annum on an amount payable by it, as from the due date of payment thereof.

#### **2.4 Free Look Period**

If the Insured wishes to terminate this Insurance Policy for whatever reason, the Insured can request a cancellation of the policy and return the Insurance Policy to the Company within 15 days from the date of receipt of the insurance contract, except in the case of electronic delivery of the policy schedule, then the Insured is not required to return the policy to the Company. In this regard, this insurance policy shall be deemed invalid as from the inception date of the insurance period as specified in the Policy Schedule. The Company will not be liable for any loss or damage incurred under this insurance policy and the Company will return all the premium received to the Insured according to the method that have been agreed upon without deducting any expenses.

### **Section 3: General Exclusions**

**This policy does not cover any claim directly or indirectly from:**

**3.1 Any illness occurs within the Waiting Period.**

**3.2 Pre-existing Condition.**

**3.3 Health Check-up or request for treatment in hospital or for surgery, rehabilitation or restoration, or treatment by bed rest or stay in the hospital In order to have a general care assistant, laboratory test for cause not directly in connection with treatments in a hospital , treatments or laboratory test for cause not medically necessary or in contrary to medical standards.**

**3.4 Treatment that is not classified as modern-style treatment Including alternative medicine**

**3.5 Expenses arising from medical examination at the insured Which is the doctor ordered for himself Including expenses arising from medical examinations from the physician who is the father, mother, spouse or child of the insured.**

**3.6 Special nurse service.**

**3.7 Treatments or diagnostic tests that are not related to the diagnosis, symptoms or conditions associated with the covered disease.**

**3.8 All kinds of orthosis, prosthesis, medical equipment and durable medical supplies.**

### **Section 4: Insuring Agreement**

**4.1 Specific Disease Insuring Agreement**

**\*\* Coverage and Conditions in complete details are as specified in the Tropical disease Health Insurance for Individual Policy(Sell through Electronic Channel (Online)) which is approved by the Office of Insurance Commission (OIC)\*\***

#### **Remarks:**

1. This document only serves as a summary of the general conditions, insuring agreements and exclusions of the Insurance Policy. The Insured is advised to thoroughly read the full details of the Insurance Policy and insurance plan offered.
2. The Company has the right to select coverages/ endorsement for plan packaging.



Contact our Agent / broker

## Contact us



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