

# Personal Accident Insurance My PA Policy

**Sell Through Electronic Channel (Online)** 

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**Remark:** The English Language used in this Insurance Policy is merely translation of Thai version. In case of a discrepancy, the Thai version shall prevail.

# **Personal Accident Insurance My PA Policy**

Sell Through Electronic Channel (Online)

Upon acceptance of the statements in the insurance application which constitutes an integral part of this Insurance Policy and in consideration of the premium payable by the Insured under the provisions, general terms and conditions, insuring agreements, exclusions, and endorsement attached to the Insurance Policy, the Company hereby undertake to the Insured as follows:

# Section 1. Definitions

Words or expressions to which specific meanings have been attached in any part of this Insurance Policy shall bear such specific meaning wherever they appear, unless otherwise stated in this Insurance Policy.

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1.1	Insurance Policy	refers to	policy schedule, table of benefits, general terms and conditions, insuring agreements, exclusions, endorsement or appendices attached to the Insurance Policy which are all constituted as an integral part of this Insurance Policy
1.2	Company	refers to	AXA Insurance Public Company Limited
1.3	Insured	refers to	a person named as Insured in the policy schedule and/or endorsements as a person is covered under this Insurance Policy
1.4	Accident	refers to	an event which happens suddenly from external means giving rise to a result which is not intended or anticipated by the Insured.
1.5	Injury	refers to	bodily injury which is caused directly and solely from an accident and is independent from other causes
1.6	Any Loss or Injury	refers to	bodily injury suffered by the Insured as a result of an accident which causes death, dismemberment, loss of sight, disability or injury
1.7	Deductible	refers to	the amount of loss which is first borne by the Insured in each accident
1.8	Physician	refers to	a person obtaining a medical degree and licensed to practice modern medicine with the Medical Council who can render medical treatment and surgery within the territory he/she is licensed
1.9	Nurse	refers to	a person licensed to perform nursing duties with the nurse council
1.10	Hospital	refers to	a legally constituted institution which is open for medical treatment and can provide overnight accommodation to its patient and provided with sufficient facilities and medical personnel and full range of services especially rooms for major surgery and duly permitted to registered as hospital pursuant to related law of such territory
1.11	Medial Facility	refers to	a legally constituted medical facility which is open for medical treatment and can provide overnight

			accommodation to its patient and duly permitted to registered as medical facility pursuant to related law of such territory
1.12	Clinic	refers to	any conventional clinic permitted by the law and managed by a medical doctor where medical examination can be performed but no overnight patient can be accepted.
1.13	Medical Standard	refers to	international rules or practices of conventional medical service that creates suitable treatment for the patient according to the medical necessity and correspondent with the summary from the injury and sickness background, finding, autopsy result or others (if any)
1.14	Necessary and Reasonable Medical Charges	refers to	the charge for health care that is consistent with the average rate or charge for identical or similar services in the hospital, medical facility, or clinic the Insured receives treatment.
1.15	Medical Necessity	refers to	medical treatment which meets the following conditions: 1) in accordance with the diagnosis, and treatment for such injury of the patients; 2) in accordance with medical indication of modern medicine; 3) not primarily for the convenience of the patient or his/her family or treatment provider and 4) in accordance with generally accepted standard to care for the patients, and considered appropriate for the treating patient's injury.
1.16	Policy Year	refers to	a period of one year from the first inception date or the subsequent annual anniversary thereafter.
1.17	Terrorism	refers to	an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

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

# 2.1 Insurance Contact

This insurance contract is executed based on the reliance on the statement declared by the Insured in the application form and additional declaration (if any) duly signed by the Insured as evidence to accept such Insurance Policy according to the insurance contract; this Insurance Policy is thus issued by the Company as evidence.

In case of the Insured has already known but provided false statement in the declaration as mentioned in first paragraph, or already known 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 execute insurance contact. In this regard, this insurance contract shall become void pursuant to

Section 865 of Civil and Commercial Code and the Company is entitled to terminate this insurance contract.

The Company cannot deny acceptance of responsibility except where there has been material misrepresentation in the aforementioned documents submitted by the applicant.

# 2.2 No Dispute or Objection of Invalidity of the Insurance Contract

The Company shall not dispute or object to invalidity of this insurance contract when the Insurance Policy has been effective for 2 consecutive Policy Years or more from the initial effective date unless the premium payment is not made.

In the event of the Company's acknowledgement of any information which may lead to termination of the insurance contract but the Company does not exercise its right to do so within one month from the date of such acknowledgement, the Company shall not be able to nullify validity of the insurance contract in this case.

### 2.3 Completeness of the contract and changes in the Insurance Policy

This Insurance Policy together with the insuring agreements and endorsements are forming part of the insurance contract. Any changes of wordings in the contract must be approved by the Company and noted in the Insurance Policy or endorsement before such changes shall be valid.

# 2.4 Report of Accident

The Insured, the beneficiary or the representative of the said person, whichever the case may be, must report the accident to the Company without delay. In the event of death, an immediate notice must be made to the Company unless it can be proved that the circumstances make it impossible to do so and the notification is given to the Company as soon as possible.

### 2.5 Proof of Loss and claiming

In claiming for compensation, the Insured, the beneficiary or the representative of the said person, whichever the case may be, must furnish all necessary evidences as required at their own expense to the Company.

For death or disability claims, the evidence stated above must be given to the Company within 30 days from the date of death or the commencement of the disability. For other types of compensation, the evidence must be furnished within 180 days from the date of accident. Nevertheless, non-compliance within the specified time shall not jeopardize the right to claim if it can be proved that there is reasonable explanation why a claim could not be made in a timely manner and that the claim was filed as soon as possible.

# 2.6 Medical Examination

The Company has the right to require a medical examination and diagnosis records of the Insured as deemed necessary for claim consideration and entitled to perform autopsy if necessary, by the expenses of the Company, and such autopsy is necessary and within the limit of law.

# 2.7 Indemnification

The compensation shall be paid by the Company within 15days after receipt of complete and proper proof of loss. Compensation for death will be paid to the beneficiary while other types of compensation will be paid to the Insured.

In case it is doubtful that such above mentioned claim is not in compliance with the insuring agreement in the Insurance Policy, the prescribed period may be extended as deemed necessary but shall not exceed 90 days commencing from the date Company received complete documents.

If the Company cannot settle the claim within the specified time limit, the Company is liable to pay the interest at 15 percent per annum of the amount due, calculated from the due date of the compensation.

# 2.8 Beneficiary

The Insured can specify his/her beneficiary in the Insurance Policy. Upon the Insured's death, the benefit will be paid to such named beneficiary. However, if no beneficiary is named on the Insurance Policy, the benefit will go to the estate of Insured.

In case that there is only one beneficiary named in the Insurance Policy and the beneficiary died before or at the same time of the Insured, the Insured must inform the Company in writing for the change of beneficiary. If this is not done or cannot be done, the Company will pay compensation to the estate of Insured upon the Insured's death.

In case the Insured named more than one person as beneficiary and any beneficiaries die before the Insured, the Insured must inform the Company in writing for the change of beneficiary or the change of the benefits to the rest beneficiaries. If this is not done or cannot be done, the Company will pay compensation to the rest of persons named as beneficiary equally upon the Insured's dead.

# 2.9 Change of Occupation

If the Insured suffers an injury while under a remunerated occupation which is considered more hazardous than which had been previously declared to the Company, the Company shall pay the compensation equal to the coverage amount of which the previously paid premium can buy for the new occupation.

If the Insured changes occupation to one which the Company considers as less hazardous, the Company will reduce the premium and refund it to the Insured on a pro rata basis as from the date the Company received such evidence of change.

### 2.10 Cancellation of Insurance Policy

2.10.1 The Company may cancel this Insurance Policy by giving written notice not less than 15 days in advance by registered mail to the Insured at the last known address as declared to the Company. In such event, the Company shall refund the premium to the Insured on a pro-rata basis.

2.10.2 The Insured may cancel this Insurance Policy by giving written notice to the Company and shall be entitled to receive a refunded premium after deducting premium for the period that the Insurance Policy has been in force according to the Short Period Schedule.

Short Period Schedule

Period (not over/month)	% of annual premium
1	15
2	25
3	35
4	45
5	55
6	65
7	75
8	80
9	85
10	90
11	95
12	100

### 2.11 Automatic Termination of the Contract

This Insurance Policy shall be automatically terminated should the Insured be imprisoned by lawful authority, for which the premium shall be returned to the Insured on a pro-rata basis.

### 2.12 Arbitration

In case of argument, dispute, or appeal under this Insurance Policy between the person who is entitled for compensation versus the Company, and if so desired by that person to settle the disputed claim by use of arbitration, the Company must conform and allow the case to be judged by arbitration according to the Arbitrating Regulation governed by the Office of Insurance Commission (OIC).

### 2.13 Precedent Condition

The Company shall not be liable to compensate the Insured or other party under this Insurance Policy unless the Insured has complied with the insurance contract and the Conditions of this Insurance Policy.

# 2.14 The right to cancel the policy (Free look Period)

If the insured wished to cancel this policy for any reason, the Insured has the right to cancel the insurance policy and return the insurance policy to the company within 15 days from the date of receipt of the insurance policy. The insured shall not return the insurance policy to the company, if the company has issued the insurance policy through electronic means.

The cancellation of this insurance policy shall become effective retroactively from the date of commencement as specific in the policy schedule. The company shall not liable for any loss or damage in any circumstance under this insurance policy, the company shall refund the premiums paid in full.

# **Section3. General Exclusions**

This Insurance Policy does not cover

- 3.1 Any Loss or Injury arising from/ or in consequence of the following causes:
  - 3.1.1. Action of the Insured while under the influence of alcohol, addictive drugs, narcotic drugs to the extent of being unable to control one's mind

The term "under the influence of alcohol" in case of having a blood test refers to a blood/alcohol level of 150mg percent and over

- 3.1.2. Suicide or attempted suicide or self-inflicted injury.
- 3.1.3. Infections except pyogenic infections, tetanus, or rabies from a wound or cut suffered as a result of an accident.
- 3.1.4. Medical treatment or surgical treatment except the necessary treatment for the injury which is covered under this Insurance Policy and occurring within the period of this Insurance Policy.
- 3.1.5. Miscarriage and abortion
- 3.1.6. Dental care or root canal treatment except dental treatment which is given within 7 days from the date of accident
- 3.1.7. Replacement of or new sets of dentures, dental crowns, artificial denture
- 3.1.8. Food Poisoning
- 3.1.9. Backache as a result of Disc herniation, Spondylolisthesis, Degenerative disc disease, Spondylosis, Defect or Pars interarticularis (Spondylolysis) except if there is a fracture or dislocation of spine as a result of an accident
- 3.1.10. War (whether declared or not), invasion, act of foreign enemies or warlike whether declared or otherwise, or civil war, insurrection, rebellion, riot, strike, civil commotion, revolution, coup d'état, martial law announcement or any incident causing the announcement or maintenance of martial law.
- 3.1.11. Terrorism
- 3.1.12. Radiation or radioactivity from any nuclear fuel or any nuclear refuse arising from the combustion of nuclear fuel and any process of self-sustaining nuclear fission/fusion.
- 3.1.13. The radioactive toxic explosive or other hazardous property of any explosive nuclear assembly or nuclear component thereof.
- 3.2 Loss or injury which occurs (except the coverage extension is endorsed for extended cover):-
  - 3.2.1. While the Insured is racing of all kinds of car or boat, horse racing, ski racing including jet-ski, skate racing, boxing, parachute jumping (except for the purpose of life saving), boarding or traveling in a hot-air balloon, gliding, bungee jumping, or diving with oxygen tank and breathing equipment under water.
  - 3.2.2. While the Insured is riding or traveling on a motorcycle
  - 3.2.3. While the Insured is boarding or traveling in an aircraft which has no license for carrying passengers or does not operate as a commercial aircraft
  - 3.2.4. While the Insured pilots or works as a crew in any aircraft
  - 3.2.5. While the Insured is taking part in a brawl or taking part in inciting a brawl.
  - 3.2.6. While the Insured is committing a felony or while the Insured is being arrested, under arrest, or escaping the arrest
  - 3.2.7. While the Insured serves as a soldier, police, or a volunteer and participates in war or crime suppression. If the time served is more than 30 days, the Company shall refund the premium from the date of service until such service is ended. After such time, the Insurance Policy shall become effective again until the expiry date on the policy schedule.

# Section 4: Insuring Agreements

Subject to the insuring agreement, exclusions, general terms and conditions, and attached endorsements of this Insurance Policy, the Company affords coverage in consideration for the premium paid as attached.

# Insuring Agreement Loss of Life, Dismemberment, Loss of Sight or Total Permanent Disability (Or.Bor.1)

# **Definitions**

**Dismemberment** refers to the loss of body organ from the wrist joint or ankle joint

and shall inclusively mean total loss of usage of such organs with clear medical indication that such organ

will never be able to function at any time in the future. complete blindness, which is permanently incurable.

**Loss of Sight** refers to

**Total Permanent Disability** refers to disability to the extent of being unable to perform the

normal duty in the Insured's regular occupation or any

other occupation totally and permanently.

# Coverage

This Insurance Policy covers any Loss or Injury of the Insured arising from bodily injury, which is caused by an Accident, resulting in the Loss of Life, Dismemberment, Loss of Sight or Total Permanent Disability of the Insured within 180 days from the date of Accident or Injury causes the Insured to receive continuous medical treatment as in-patient in the Hospital or Medical Facility and loss of life occurs later because of such injury. The Company will pay compensation in accordance with the sum insured stated in the schedule as below:

1	100% of the sum insured	For Loss of Life
2	100% of the sum insured	For Total Permanent Disability which continue
		not less than 12 months after the Accident or if
		there is any medical indication that the Insured
		suffers a Total Permanent Disability
3	100% of the sum insured	For loss of both hands from the wrist joint or both
		feet from the ankle joint or Loss of Sight for both
		eyes
4	100% of the sum insured	For loss of one hand from the wrist joint and one
		foot from the ankle joint
5	100% of the sum insured	For loss of one hand from the wrist joint and Loss
		of Sight in one eye
6	100% of the sum insured	For loss of one foot from the ankle joint and Loss
		of Sight in one eye
7	60% of the sum insured	For loss of one hand from the wrist joint
8	60% of the sum insured	For loss of one foot from the ankle joint
9	60% of the sum insured	For Loss of Sight in one eye

The Company shall compensate only one item of loss which has the highest amount.

The total compensation for this insuring agreement shall not exceed the maximum sum insured stated on the policy schedule. If the Company has not paid up to such maximum amount of sum insured, the remaining benefit is still valid until the expiry of the insurance period.

# Claiming for Death Benefit

The beneficiary must submit the following documents to the Company within 30 days from the date of death at their own expense.

- 1. Company's claim form
- 2. Copy of death certificate
- 3. Copy of autopsy report, certified by the authorized personnel
- 4. Copy of the police's daily report, certified by authorized officer
- 5. Copy of Identity Card and house registration of the Insured stating the Insured is "Deceased"
  - 6. Copy of Identity Card and house registration of the beneficiary

# Claiming for Total Permanent Disability or Dismemberment or Loss of Sight

The Insured must submit the following documents to the Company within 30 days from the date of the Physician's diagnosis of Total Permanent Disability or Dismemberment or Loss of Sight at their own expense.

- 1. Company's claim form
- 2. Attending Physician's summary certifying the Insured has suffered from Total Permanent Disability or Dismemberment or Loss of Sight

Nevertheless, non-compliance within the specified time shall not jeopardize the right to claim if it can be proved that there is reasonable explanation why a claim could not be made in a timely manner and that the claim was filed as soon as possible.

# **Insuring Agreement**

# Loss of Life, Dismemberment, Loss of Sight, Loss of Hearing, Loss of Speech or Permanent Disability (Or.Bor. 2)

# Definitions

Dismemberment	refers to	the loss of body organ from the wrist joint or ankle joint and shall inclusively mean total loss of usage of such organs with clear medical indication that such organ will never be able to function at any time in the future.
Loss of Sight	refers to	complete blindness, which is permanently incurable.
Total	refers to	disability to the extent of being unable to perform the normal
Permanent		duty in the Insured's regular occupation or any other occupation
Disability		totally and permanently.
Partial	refers to	disability to the extent of being unable to perform the normal
Permanent		duty in the Insured's regular occupation permanently but being
Disability		able to perform other work for remuneration.

# Coverage

This Insurance Policy covers Any Loss or Injury to the Insured arising from bodily injury, which is caused by an Accident, resulting in the Insured's Loss of life, Dismemberment, Loss of sight, Loss of Hearing, Loss of Speech or Permanent Disability within 180 days from the date of Accident or Injury causes the Insured to receive continuous treatment as an in-patient in the Hospital or Medical Facility as Inpatient and loss of life occurs later because of such injury. The Company will pay compensation in accordance with the sum insured stated in the schedule as below:

1.	100% of the sum insured	for loss of life
2.	100% of the sum insured	for Total Permanent Disability which continues not less
		than 12 months after the accident or if there is any medical
		indication that the Insured suffers a Total Permanent
		Disability
3.	100% of the sum insured	for loss of both hands from the wrist joint or both feet from
		the ankle joint, or loss of Sight for both eyes
4.	100% of the sum insured	for loss of one hand from the wrist joint and one foot from
		the ankle joint
5.	100% of the sum insured	for loss of one hand from the wrist joint and Loss of Sight in
		one eye
6.	100% of the sum insured	for loss of one foot from the ankle joint and Loss of Sight in
		one eye
7.	60% of the sum insured	for loss of one hand from the wrist joint
8.	60% of the sum insured	for loss of one foot from the ankle joint
9.	60% of the sum insured	for Loss of Sight in one eye
10.	50% of the sum insured	for permanent loss of hearing or speech
11.	15% of the sum insured	for permanent loss of hearing in one ear
12.	25% of the sum insured	for loss of a thumb (two joints).
13.	10% of the sum insured	for loss of a thumb (one joint)
14.	10% of the sum insured	for loss of an index finger (three joints)
15.	8% of the sum insured	for loss of an index finger (two joints)
16.	4% of the sum insured	for loss of an index finger (one joint)

17.	5% of the sum insured	for loss of each finger (not less than two joints) other than a
		thumb and an index finger
18.	5% of the sum insured	for loss of a big toe
19.	1% of the sum insured	for loss of each toe (not less than one joint) other than a big
		toe

For any one event, the Company shall compensate only one item under the Schedule, being that item has the highest limit except in the case of loss of fingers or toes according to items No. 12 to 19 and where the Insured cannot claim on items 1 to 9. In any event or insurance period, all items combined cannot exceed the limit of liability stated in the policy schedule.

In case a Partial Permanent Disability is incurred by the Insured which could not be compensated under item no.2 to 19, and it is not either loss of taste or loss of smell, the Company will compensate in accordance with the opinion of the Company's appointed doctor and in no case will compensation exceed 50% of the sum insured specified in the policy schedule.

In the aggregate, the total compensation for this insuring agreement shall not exceed the sum insured stated on the policy schedule. If the Company has not paid up to such maximum amount of sum insured, the remaining benefit is still valid until the expiry of the insurance period.

# **Claiming for Death Benefit**

The beneficiary must submit the following documents to the Company within 30 days from the date of death at their own expense.

- 1. Company's claim form
- 2. Copy of death certificate
- 3. Copy of autopsy report certified by authorized personnel
- 4. Copy of the police's daily report certified by authorized officer
- 5. Copy of identity card and house registration stating the Insured is "Deceased"
- 6. Copy of identity card and house registration of the beneficiary

# **Claiming for Permanent Disability or Permanent Dismemberment**

The Insured must submit the following documents at their own expense within 30 days of diagnosis by a physician that the Insured suffers from Total Permanent Disability or Permanent Dismemberment.

- 1. Company's claim form
- 2. Attending Physician's Summary certifying the Insured has suffered from permanent disability or permanent Dismemberment.

Nevertheless, non-compliance within the specified time shall not jeopardize the right to claim if it can be proved that there is reasonable explanation why a claim could not be made in a timely manner and that the claim was filed as soon as possible.

# Insuring Agreement Temporary Total Disability

# Definition

**Temporary Total Disability** refers to disability to the extent of being unable to perform any permanent work for a certain period of time.

# Coverage

If the Injury causes the Insured to become a Temporary Total Disability within 180 days from the date of Accident, the Company shall compensate on weekly basis for the amount specified in the policy schedule throughout the period of disability (up to 52 weeks) less the any Deductible or number of initial days for which the Insured shall be liable by him/herself as specified in the policy schedule (if any).

The Company shall cease compensation immediately upon the Company's compensation under the Insuring Agreement on Loss of Life, Loss of Hands, Feet, Sight or Permanent Disability.

The payment of benefits for Temporary Total Disability shall be included in the compensation for Temporary Partial Disability (if any) for up to 52 weeks.

# Insuring Agreement Temporary Partial Disability

# Definition

Temporary Partial Disability

refers to

disability to the extent of partial inability to perform any permanent work for a certain period of time or consequences of recovered Temporary Total Disability but remain unable to perform all permanent work for a certain period of time.

# Coverage

If the Injury causes the Insured to become Temporary Partial Disability within 180 days from the date of Accident, the Company shall compensate on weekly basis for the amount specified in the policy schedule throughout the period of disability (up to 52 weeks) less the Deductible or number of initial days for which the Insured shall be liable by him/herself as specified in the policy schedule (if any).

The Company shall cease compensation immediately upon the Company's compensation under the Insuring Agreement on Loss of Life, Loss of Hands, Feet, Sight, Permanent Disability or Total Permanent Disability.

The payment of benefits for Temporary Total Disability shall be included in the compensation for Temporary Partial Disability (if any) for up to 52 weeks.

# Insuring Agreement Medical Expense

# **Definitions**

Room and Board	refers to	charges for room and board for patient, meals, nursing fee, and hospital daily service provided by the Hospital or Medical Facility daily.
In-patient	refers to	a person who require medical treatment in Hospital or Medical Facility continuously not less than 6 hours and is registered as an in-patient based on diagnosis and advice of physician in accordance to Medical Standard for the period the suitable for such injury, including the circumstance that "in-patient" die before six (6) hours after hospitalized.
Alternative Medicine	refers to	a variety of therapeutic or preventive health care practices, such as traditional Thai or Chinese herbal medicine, and similar which

# Coverage

If the Insured sustains injury and requires him/her to receive medical treatment by legally licensed physician, or requires treatment by licensed nurse within 52 weeks from the date of accident, the Company shall compensate the Insured according to the actual medical expenses incurred which are customary and reasonable medical charges according to the medical necessity and medical standard. Such medical expenses include expenses of room and board, observe room, medical charges, and nurse fee. Nevertheless, the total amount paid will not exceed the amount specified in the policy schedule, less the deductible (if any).

is not considered as modern medicine.

If the Insured receives compensation from government or other welfare or from other insurer, the Company is responsible only for the excess amount, over that which is covered under the welfare or other insurer's policy.

# **Claiming for Medical Expense Benefit**

The Insured must submit the following documents within 30 days commencing from the discharge date or the outpatient treatment date at their own expense:

- 1. Company's claim form.
- 2. Physician's Report stating the symptoms, diagnosis and the treatment given.
- 3. Receipt and invoice showing the itemized medical expenses.

The original receipt must be presented. The Company will return the original receipt if it is not fully paid remarking the amount already paid, so that the Insured can claim the balance from other insurers. If the Insured receives reimbursement from the government, welfare or other insurer, the Insured may submit a copy of the receipt together with the original statement showing the amount paid by the government or other welfare and claim the balance from the Company.

# **Overseas Medical Treatment**

If the medical expenses are in foreign currency, the Company will reimburse the expenses in Thai baht using the exchange rate as at the specified date on the receipt.

# Limitation

- 1. Maximum limit of room and board per day is THB......

  This limitation does not apply to hospitalization in an I.C.U. according to the medical necessity.
- 2. Does not include special nursing care, supporting devices (except crutches) wheelchairs, artificial organ, alternative medicine, acupuncture.

# Insuring Agreement Broken Bone, Burns, Scalds and Internal Injury

Definitions		
Broken Bone Benefit	refers to	benefits as shown in the Schedule of Broken Bone Indemnities attached.
Bone	refers to	compact, cancellous, spongy bone but exclude other tissue not indicated in the Schedule of Broken Bone Indemnities i.e. cartilaginous bone and disc.
Hairline Fracture,	refers to	fracture without complete separation.
Incomplete Fracture, Green		
Stick Fracture		
Complete Fracture	refers to	a fracture in which the bone is broken completely across, and no connection is left between the pieces
Compound Fracture	refers to	compound fracture of bone where the bone breaks through the skin.
Compression Fracture	refers to	compressed fracture of vertebrae resulting from falling down the high level
Multiple Fracture	refers to	fracture of the same bone for more than one point.
Skull	refers to	part of bone incorporating skull but excluding Maxillar, Mandible, Zygomatic Bone, and Nasal Bone.
Rule of Nines	refers to	the system applied by the Physician to assess the percentage of body surface affected by burns. In this system, the head and each arm are considered as 9% of the body skin. The front and the back of the torso are 18%, each leg is 18% and the area between the anus and base of the reproductive organ including the reproductive organ is the remaining 1%.
Third Degree Burns	refers to	full thickness skin destruction due to burns. (epidermis and dermis).
Thoracotomy	refers to	an operation on organs within the chest cavity. This term normally excludes the heart but for the purpose of this Insurance Policy, the heart is included.
Pre-existing Condition	refers to	any injury , symptom or medical condition that occurred or was present prior to the policy effective date.
Osteoporosis	refers to	porosity and brittleness of the bones due to loss of protein from the bone matrix.
Pathologic Fracture	refers to	any fracture in an area where pre-existing disease has caused weakening of the bone.

# Coverage

If the Insured sustains any Injury from accident which result in loss or damage as stated in the Schedule of Broken Bone Indemnities within 30 days from the date of accident, the Company shall pay an amount equal to the percentage of the Sum Insured of Broken Bones, upon proof of fracture or dislocation of the bone by X-Ray.

# **Benefits Payment Conditions**

Upon receipt of the proof of fracture according to the claim notification condition, the Company shall pay the benefit under the following conditions;

- 1. The benefit paid will not exceed 100% of broken bones sum insured and limited to one payment for each bone during each Policy Year.
- 2. If a specific loss is less than 100% of sum insured, coverage will continue for the balance of sum insured for the remaining period in that Policy Year
- 3. Broken bones benefit shall immediately terminate upon payment of the 100% of the broken bones sum insured.
- 4. The Company shall not pay the benefits hereunder if the Company is required to the full amount of sum insured for Loss of Life or Dismemberment or Total Permanent Disability.
- 5. In the event of dismemberment when this policy pays for the loss of any organ under Insuring Agreement Or.Bor.1 or Or.Bor.2., then no further benefit will be paid under this insuring agreement for that same organ.

However, the above fracture shall not include fracture of bones not listed in the Schedule of Broken Bone Indemnities.

# Specific Exclusions (apply only to Insuring Agreement for Broken Bone, Burns, and Internal Injury)

This Insuring Agreement for Broken Bone shall not cover Any Loss or Injury caused by or as a result of the following:

- 1. Osteoporosis or Pathologic Fracture
- 2. Pre-existing condition
- 3. Pathologic Fracture caused by any congenital disease

Schedule of Broken Bones Indemnities					
Indemnities	Percentage of the Sum Insured				
1. Fracture of Bones					
1.1 Hip or Pelvis (except Femur or Coccyx)					
Multiple fractures with one point of Compound Fracture	60%				
and one point of Complete Fracture					
Compound Fracture	30%				
Multiple fractures with at least one point of Complete	15%				
Fracture					
Complete Fracture	12%				
1.2 Thigh or Heel					
Multiple Fracture with one point of Compound Fracture	30%				
and one point of Complete Fracture					
Compound Fracture	24%				
Multiple Fracture with at least one point of Complete	15%				
Fracture					
Complete Fracture	12%				
1.3 Lower Leg, Skull, Clavicle, Ankle, Elbow, Upper and L	ower Arm, excluding Colles				
Fracture					
Multiple Fracture with one point of Compound Fracture	24%				
and one point of Complete Fracture					
Compound Fracture	15%				
Multiple Fracture with at least one point of Complete	12%				
Fracture					
Depressed fracture in need of surgery	7.2%				
Complete Fracture	6%				
1.4 Colles fracture of Lower Arm and Radius and Ulna Fra	octure				
Compound Fracture	12%				
Complete Fracture	6%				
1.5 Scapula, Patella, Sternum, hand (except finger and w	rist), feet (except toe and heel)				
Compound Fracture	12 %				
Complete Fracture	6%				
1.6 Vertebral Column (except Coccyx)					
Compression Fracture	12%				
Bone Fracture in need of Surgery	12%				
Bone Fracture Causing Permanent Loss of Nervous	8%				
System Functions					
Complete Fracture	6%				
1.7 Mandible					
Multiple Fracture with one point of Compound Fracture	15%				
and one point of Complete Fracture					
Compound Fracture	12%				

Schedule of Broken Bones Indemnities					
Indemnities	Percentage of the Sum Insured				
Multiple Fracture with at least one point of Complete	9.6%				
Fracture					
Complete Fracture	4.8%				
1.8Rib or Ribs, Cheekbones, Coccyx, Maxilla, Nose, Toe o	or Toes, Finger or Fingers				
Multiple Fracture with one point of Compound Fracture	9.5%				
and one point of Complete Fracture					
Compound Fracture	7.2%				
Multiple Fracture with at least one point of Complete	4.8%				
Fracture					
Complete Fracture	2.4%				
2. Third Degree Burns or Scalds according to the Rule of	Nines				
At least 27% of the body surface	60%				
At least 18% of the body surface	35%				
At least 9% of the body surface	20%				
At least 4.5% of the body surface	10%				
3. Dislocation requiring surgery under anesthesia					
Vertebral column or back diagnosed by radiography	48%				
(except herniated disc)					
Hip joint	30%				
Knee joint	15%				
Wrist or elbow bone	12%				
Ankle, shoulder blade (Acromion) or collarbone	6%				
(Clavicle)					
Finger, toe or jawbone	2.4%				
4. Injury to Internal Organ by Hitting or Crashing					
Internal Injuries resulting in open abdominal or	15%				
Thoracic surgery (excluding Hernia)					
Brain hit or crashed to the extent of collapse and medical	25%				
checkup shows nervous abnormality bruises in the brain					
through radiography					

The Company will pay only one payment for any surgery of No. 3 or 4 above for each Policy Year.

# Insuring Agreement Hospital Income Benefit

# **Definition**

Inpatient

refers to

a person who require medical treatment in Hospital or Medical Facility continuously not less than 6 hours and is registered as an in-patient based on diagnosis and advice of physician in accordance to Medical Standard for the period the suitable for such injury, including the circumstance that "in-patient" die before six (6) hours after hospitalized.

# Coverage

In case of any Injury causing the Insured to be hospitalized, the Company shall pay the income compensation during hospitalization in the amount indicated in the policy schedule.

In the event that it is Medical Necessity that the Insured get admitted to the ICU, the Company shall pay the income compensation during hospitalization in the amount of \_\_\_\_\_\_times of the income compensation during the hospitalization but not exceeding \_\_\_\_\_\_ days. However, the aggregate income compensation payable by the Company during hospitalization shall not exceed \_\_\_\_\_\_ days per each Injury.

# Insuring Agreement Public Accident

# **Definitions**

**Public Building** 

refers to

buildings either public or private owned, which is open for public access during specified hours with or without charges

# Coverage

If the Insured sustains Injury and it is covered under Or.Bor.1 or Or.Bor.2and the Accident arise from the cause as follow:

- 1. While the Insured is a passenger and the Accident occurred to the train, sky train, underground train powered by engine or electricity, public buses for mass transportation legally registered to provide land transportation on designated route. This also includes vans for mass transportation legally registered to travel on designated route.
- 2. While the Insured is a passenger in a public lift or elevator used for transportation of people or things from floor to floor. This does not include lift used in mining or construction site.
- 3. While the Insured is in public buildings during the opening hours for public access and such building is on fire, including the time when the Insured jumps from such building to escape from fire for life saving purpose.

The Company will compensate in the amount of 100% of the benefit to be paid under the Insuring Agreement Or.Bor.1 or Or.Bor.2 Coverage.

# Section 5: Endorsement

If anything specified in this clause is contrary to the Insurance Policy, this clause shall prevail.

(Specifically applicable to Personal Accident Insurance Policy My PA Only)

Company Code Or.Bor. 3.1

Endorsement No.		Being a part	of the Ins	urance Policy N	lo. Issued Date:	
Insured Name:						
Effective Period: Start	Date	at	hrs	End Date	at 16.30 h	ırs.
Premium	Baht;	Stamp Duty		Baht; Tax	Baht; Total	Baht

**Coverage Extension:** It is hereby agreed that during the effective period of this endorsement, the mentioned Insurance Policy has been extended to cover loss or damage caused by, arising from, or occurring during the specified time as defined below, and only the insuring agreement where the sum insured is stated.

Insuring Agreement	Coverage Extension Riding or Traveling on a motorcycle Sum Insured(Baht) Premium (Baht)			

The maximum liability of the Company shall not exceed the sum insured as stated in this endorsement.

If anything specified in this endorsement is contrary to the Insurance Policy, this endorsement shall prevail.

(Specifically applicable to Personal Accident Insurance Policy My PA Only)

Company Code Or.Bor. 3.2

Endorsement No.		Being a part o	f the Ins	urance Policy N	o. Issued Date:	
Insured Name:						
Effective Period: St	tart Date	at	hrs	End Date	at 16.30 h	rs.
Premium	Baht; S	Stamp Duty		Baht; Tax	Baht; Total	Baht

**Coverage Extension:** It is hereby agreed that during the effective period of this endorsement, the mentioned Insurance Policy has been extended to cover Any Loss or Injury caused by, arising from, or occurring during the specified time as defined below, and only the insuring agreement where the sum insured is stated.

Insuring Agreement	Coverage Extension Dangerous Sports				
	Sum Insured (Baht) Premium (Baht)				

**Dangerous Sports** refer to racing of all kinds of cars or boat, horse racing, ski racing including jet-ski, skate racing, boxing, parachute jumping (except for the purpose of life saving), while boarding or travelling in a hot-air balloon, gliding, bungee jumping, diving with oxygen tank and breathing equipment under water.

The maximum liability of the Company shall not exceed the sum insured as stated in this endorsement.

If anything specified in this endorsement is contrary to the Insurance Policy, this endorsement shall prevail.

(Specifically applicable to Personal Accident Insurance Policy My PA Only)

Company Code Or.Bor. 3.3

Endorsement No.		Being a part	of the Ins	urance Policy N	lo. Issued Date:	
Insured Name:						
Effective Period: Start	Date	at	hrs	End Date	at 16.30 h	ırs.
Premium	Baht;	Stamp Duty		Baht; Tax	Baht; Total	Baht

**Coverage Extension:** It is hereby agreed that during the effective period of this endorsement, the mentioned Insurance Policy has been extended to cover Any Loss or Injury caused by, arising from, or occurring during the specified time as defined below, and only the insuring agreement where the sum insured is stated.

Insuring Agreement	Coverage Extension  Being A Passenger of Non-Commercial Airline  Sum Insured (Baht) Premium (Baht)			

The maximum liability of the Company shall not exceed the sum insured as stated in this endorsement.

If anything specified in this endorsement is contrary to the Insurance Policy, this endorsement shall prevail.

(Specifically applicable to Personal Accident Insurance Policy My PA Only)

Company Code Or.Bor. 3.4

Endorsement No.		Being a part o	f the Ins	urance Policy N	o. Issued Date:	
Insured Name:						
Effective Period: St	tart Date	at	hrs	End Date	at 16.30 h	rs.
Premium	Baht; S	Stamp Duty		Baht; Tax	Baht; Total	Baht

**Coverage Extension:** It is hereby agreed that during the effective period of this endorsement, the mentioned Insurance Policy has been extended to cover Any Loss or Injury caused by, arising from, or occurring during the specified time as defined below, and only the insuring agreement where the sum insured is stated.

Insuring Agreement	Coverage Extension Strike, Riot, Civil Uprising against the Government				
	Sum Insured (Baht) Premium (Baht)				

The maximum liability of the Company shall not exceed the sum insured as stated in this endorsement.

If anything specified in this endorsement is contrary to the Insurance Policy, this endorsement shall prevail.

(Specifically applicable to Personal Accident Insurance Policy My PA Only)

Company Code Or.Bor. 3.5

Endorsement No.	Being a part	of the Ins	urance Policy N	o. Issued Date:	
Insured Name:					
Effective Period: Start Da	te at	hrs	End Date	at 16.30 hrs.	
Premium B	aht; Stamp Duty		Baht; Tax	Baht; Total	Baht

**Coverage Extension:** It is hereby agreed that during the effective period of this endorsement, the mentioned Insurance Policy has been extended to cover Any Loss or Injury caused by, arising from, or occurring during the specified time as defined below, and only the insuring agreement where the sum insured is stated.

Insuring Agreement	Coverage Extension Terrorism				
	Sum Insured (Baht) Premium (Baht)				

The maximum liability of the Company shall not exceed the sum insured as stated in this endorsement.

If anything specified in this endorsement is contrary to the Insurance Policy, this endorsement shall prevail.

# Personal Accident Insurance Policy My PA Endorsement <u>Limitation of Liability</u>

(Specifically applicable to Personal Accident Insurance Policy My PA Only)

Company Code Or.Bor. 5

Endorsement No.		Being a part o	f the Ins	urance Policy N	lo. Issued Date:	
Insured Name:						
Effective Period: Start Date		at	hrs	End Date	at 16.30 h	rs.
Premium	Baht;	Stamp Duty		Baht; Tax	Baht; Total	Baht

**Limitation of Liability**: It is hereby agreed that if the Injury suffered by the Insured is a result of murder or physical assault, the sum insured in the Insuring Agreement Or.Bor.1 or Or.Bor.2 shall be reduced to be Baht (as specified in the Policy Schedule).

If anything specified in this endorsement is contrary to the Insurance Policy, this endorsement shall prevail.

# Personal Accident Insurance Policy My PA Clause Coverage Extension to Dental Expenses

(Specifically applicable to Group Accident Insurance Policy My PA Only)

Company Code Or.Bor.6

Endorsement No	Being a part of the Insurance Policy No.			o. Issued Date:	Issued Date:	
Insured Name:						
Effective Period: Start Date		at	hrs.	End Date	at 16.30 hrs.	
Premium	Baht; S	Stamp Duty		Baht; Tax	Baht; Total	Baht

# Coverage

If the Insured sustains Injury and requires him/her to seek treatment for

- 1. Dental care or root canal treatment which is given within 7 days from the date of Accident
- 2. Replacement of or new sets of dentures, dental crowns, artificial denture

The Company shall compensate the actual dental expenses incurred up to the amount specified in this endorsement for each accident. If the Insured receives compensation from government or other welfare or from other insurer, the Company is responsible only for the excess amount, over that which is covered under the welfare or other insurer's policy.

If anything specified in this endorsement is contrary to the Insurance Policy, this endorsement shall prevail.

# Personal Accident Insurance Policy My PA Clause Coverage Extension for Extra Cash Relief

(Specifically applicable to Group Accident Insurance Policy My PA Only)

Endorsement No.	Being a part of the Insurance Policy No.			o. Issued Date:	Issued Date:	
Insured Name:						
Effective Period: Start Date		at	hrs	End Date	at 16.30 hrs.	
Premium	Baht;	Stamp Duty		Baht; Tax	Baht; Total	Baht

It is agreed that this Insurance Policy shall extend the coverage to the following Injury.

If the Insured sustains loss of life resulting from an Accident which is covered under this Insurance Policy, the Company shall pay Extra Cash Relief up to the amount state in the policy schedule on top of benefit covered under Insuring Agreement Or.Bor.1 or Or.Bor.2 within 10 working days after received the validated Death Certificate issued by the lawful Authority from the beneficiary of Insured.

If anything specified in this endorsement is contrary to the Insurance Policy, this endorsement shall prevail.

# Personal Accident Insurance Policy My PA Clause <u>Coverage Extension for Funeral Expense or Funeral Arrangement Expenses arise from Death due to Illness</u>

(Specifically applicable to Group Accident Insurance Policy My PA Only)

Endorsement No.	Being a part of the Insurance Policy No.			o. Issued Date:	
Insured Name:					
Effective Period: Start Date	at	hrs	End Date	at 16.30 hrs.	
Sum Insured: Baht (Maximum 50,000)					
Premium Bah	t; Stamp Duty		Baht; Tax	Baht; Total	Baht

# **Definitions**

Funeral Expenses or Funeral refers to

**Arrangement Expenses** 

any expenses related to funeral arrangement which also include coffin, cremation and burial cost, as well as other necessary expenses for such purpose which are paid by the Company to the Beneficiary

in case of the Insured's death from Illness.

**Illness** refers to

any symptom, abnormality, illness, or disease

contracted by the Insured.

# **Coverage Extension**

It is hereby agreed that during the effective period of this endorsement, the mentioned Insurance Policy additionally covers the Funeral Expenses or Funeral Arrangement Expenses in case of the Insured's death from Illness incurred during the validity hereof. The Company agrees to pay the Funeral Expenses or Funeral Arrangement Expenses to the Beneficiary in the amount indicated herein but not exceeding the maximum amount of 50,000 Baht which is considered as appropriate actual funeral expenses in the current situation.

# **Terms and Conditions**

- The waiting period of this coverage extension endorsement is days (maximum 180 days) from the initial effective date. If the Insured dies from Illness within \_\_\_\_\_\_\_ days (maximum 180 days) from the initial effective date, the Funeral Expenses or Funeral Arrangement Expenses shall not be paid, but the Company shall refund the premium in part of this endorsement to the Beneficiary without deduction of any costs.
- 2. The Insured who renews this Insurance Policy within 30 days from the expiry date of the coverage shall be covered for Funeral Expenses or Funeral Arrangement Expenses continuously. However, if the renewal is made after 30 days from the expiry date of the coverage, the waiting period shall be recounted for the coverage extension of Funeral Expenses or Funeral Arrangement Expenses in case of Death from Illness.

# Claims for Funeral Expenses or Funeral Arrangement Expenses

The Beneficiary must submit the following documents to the Company within 30 days from the date of the Insured's death at their own expense.

- 1. Death Certificate
- 2. Medical Report
- 3. Copy of Identity Card and house registration of the Insured stating the Insured is "Deceased"
- 4. Copy of Identity Card and house registration of the Beneficiary

If anything specified in this endorsement is contrary to the Insurance Policy, this endorsement shall prevail.



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