



**Diabetes and Accident Insurance Policy Tune Protect
(Sell through electronic channel (Online))**

In reliance upon the statement made in the insurance application which is considered as a part of this Insurance Policy, and in consideration of the premium paid by the Insured under the general conditions, insuring agreements, exclusions, and attachments of this Insurance Policy, the Company agrees to the Insured as follows;

Section 1 Definitions

Words or expressions to which specific meanings have been given in any parts of this Policy shall have such specific meaning wherever they shall appear unless specified otherwise in the Policy.

Policy	means	the Insurance Schedule, Schedule of Benefits, Conditions, Insuring Agreement, Exclusions, Attachments, Special Provisions, Warranties, Endorsements, and Summary of Policy are considered as parts of this Insurance Contract.
Company	means	the company that issued this insurance policy.
Insured Person	means	the person named as the Insured person in this policy schedule and/or Endorsement who is under the coverage of this Policy.
Waiting Period	means	the period from the date that this insurance policy becomes effective for the first time which the insured will not be covered for each disease specified under this policy.
Pre-existing Condition	means	chronic disease or illness (including complications) identified as diseases covered under this insurance policy incurred to the insured before the first year of the effective date of this insurance policy and have not been completely cured or is significant enough to cause the general public to seek diagnosis, or treatment, or to cause a doctor to diagnose or provide treatment.
Sickness	means	symptom, abnormality or contact disease of the Insured person.
Doctor	means	any person licensed to practice modern medicine with the Medical Council who can render medical treatment and surgery within the territory he/she is licensed.
Hospital	means	any medical facility that provides medical services can accommodate overnight patients or treat any disease or injury on an ongoing basis 24 hours a day and is registered as a Hospital in accordance with the law on medical facilities in that locality.
Medical Facility	means	any medical facility that provides medical services, can accommodate overnight patients and is permitted to be registered as a Medical Facility in accordance with the law in that locality.
Clinic	means	the modern type clinic duly permitted by law to be operated for medical treatment and diagnosis by the doctor but cannot accommodate the overnight patient.
Staying as an inpatient at any one time (Per Confinement)	means	Inpatient stay or treatment with major surgery that does not require admission as an inpatient (Day Surgery) in the hospital each time. Also, including inpatient stay (Day Surgery) in the hospital, regardless how many times and due to the same injury or illness and still incurable including related complications. If the whole treatment is within 90 days from the last date of discharge from the hospital, it is deemed to be the same stay.
Inpatient	means	the person who is necessary to attend medical treatment in hospital or medical center for at least 6 hours and registered as an inpatient. Also includes the case of being admitted as an inpatient and later dying before 6 hours pass.



Outpatient	means	the person who received medical service in an outpatient department or emergency room of the hospital for a condition which by diagnosis and indication of the Medical Standard does not need to be admitted as an Inpatient.
Medical Standards	means	Criteria or guidelines for the treatment of injuries or illnesses according to academic principles following local standards as follows: (1) professional standards and relevant professional regulations (2) Hospital standards (3) Drug standards and medical equipment (4) Principles of patient care without discrimination
Medical Necessity	means	The need for medical services or other services of a medical facility for diagnosis and treatment of injuries or illnesses subject to the following conditions: (1) the services correspond with diagnosis, and the treatment is consistent with the treated person's Injury or Sickness. (2) there are clear medical indications based on current Medical Standards; (3) the services must not be solely for the convenience of the treated person or his or her family or the treatment provider.
Alternative medicine	means	treatment for injuries or illness by a local licensed health practitioner serving in the field of Thai traditional medicine, Chinese medicine, Chiropractic or other methods that are not conventional medicine.
Major surgery	means	Surgery through the walls or cavities of the body and require the use of general anaesthesia or the use of regional anaesthesia.
Major surgery (not require an inpatient stay (Day Surgery)	means	Major surgery or a replacement procedure for major surgery or the use of special therapeutic tools that can replace major surgery without having to stay as an inpatient in a hospital.
Policy Year	Means	the period of one year commencing on the effective date of the Policy or commencing on the anniversary of the Policy year.



Section 2 General Conditions

1. Insurance Contract

This Insurance Contract is executed based on the reliance on the statement declared by the policyholder and/or the insured person in the Application Form and additional declaration (if any) duly signed by the insured person as evidence to accept such insurance according to the Insurance Contract; this Policy is thus issued by the company as evidence.

In case of the policyholder and/or insured person has already known but provided a false statement in the declaration 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 contract. 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 shall not deny its liability based on any declaration other than the declarations made in the documents in accordance with paragraph one.

2. Failure to dispute or object to the invalidity of the insurance contract

The Company will not dispute or object to the invalidity of this insurance contract when the Insurance Policy has been in force for 2 consecutive years or longer from the date on which the Insurance Policy came into force for the first time, except the case of lack of insurance premium payment.

In the event that the Company knows the information that can lead to the right to avoid the insurance contract but did not exercise the right of avoidance within 1 month from the time of acknowledgment, the Company cannot avoid the validity of the insurance contract in this case.

3. Validity of the Insurance Contract and Change of Wording in the Insurance Contract

This insurance policy, together with the insuring agreements and attachments, forms part of the insurance contract. Any change of wording in the insurance contract must be approved by the Company and recorded in the Policy or attachments before such change becomes valid.

4) Claims for benefits

The Insured must submit the following proofs to the Company within 30 days from the date on which the Insured leaves the hospital, the medical facility, or a clinic at his/her own expenses:

1. Compensation Claim Form specified by the Company
2. Medical report indicating significant symptoms, diagnosis results, and treatment
- 3) Blood test results and/or laboratory test results (if any).
- 4) Original receipt showing expenses or a summary of the statements and receipts (In the case of medical expenses or daily compensation or travel expenses)

Failure to submit the proofs within the afore-mentioned period does not deteriorate the right to claim if it can be demonstrated that there are reasonable grounds for failing to submit such proofs within the specified period, but the submission has been made as soon as possible.

The receipt showing the expenses must be the original receipt, and the Company will return the original receipt certifying the amount paid for the Insured to claim the remaining amount from other insurers. However, if the Insured receives compensation from the state welfare or any other welfare or other insurance, the Insured must submit a copy of the receipt certifying the amount paid by the state welfare or other agencies to claim the remaining amount from the Company.

In the case of claiming for daily compensation, a copy of the receipt showing expenses can be used or a copy of the closing statement and the receipt.

5. Medical Examination

The Company has the right to require and investigate medical treatment records of the Insured while the Company considers a claim for compensation as deemed appropriate as well as entitling to perform the autopsy, if necessary, and not contrary to the law, at the expense of the Company.



In the event that the Insured refuses to allow the Company to examine the treatment records and check the medical diagnosis of the Insured to consider the payment of benefits. The company can refuse to provide coverage to the Insured.

6. Compensation payment

The Company will pay compensation within 15 days from the date on which the Company received complete and correct proofs of loss or damage. Compensation for death will be paid to the Beneficiary, while other 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 stated in the Insurance Policy, the prescribed period may be extended as deemed necessary but shall not exceed 90 days from the date on which the Company receives complete documents.

If the Company is unable to complete the compensation payment within the period mentioned above, the Company will be responsible to pay 15% interest per annum of the payable amount commencing from the due date.

7. Premium Payment and initiation of coverage

7.1 Annual premium payment

Annual premium payment is due immediately or before the coverage starts. The coverage of the insured will start on the date specified in the insurance policy schedule.

7.2 Payment of insurance premiums on a monthly basis (specify 1 or 3 or 6 months) as specified in the insurance policy schedule.

7.2.1 The first instalment of premium payment is due immediately or before the coverage starts. The coverage will start on the date specified in the insurance policy schedule.

7.2.2 In case of the next instalment of premium payment, the Insured must pay the premium within 30 days from the expiration date of the premium payment period. If the premium is paid, it is deemed that the coverage under this Insurance Policy is a continuation of coverage from the previous period. The Company will not apply the Waiting Period/ pre-existing conditions or exercise of the right to dispute or object to the invalidity of the insurance contract to restart the coverage period.

If the Company is still unable to collect such premium, the coverage under this Insurance Policy shall be deemed to expire on the last day that the paid premium can purchase the coverage.

7.2.3 In the event of a claim for any amount of compensation in the grace period and the Company has not received the premium payment, the Company will deduct the premium equal to the amount of the unearned premium for that premium payment period from the payable compensation under this Insurance Policy and pay the remaining amount of compensation to the Insured or the Beneficiary.

8. Insurance Policy Renewal

This insurance policy may be renewed at the discretion of the Company as follows:

8.1 In the event that the company agrees to renew the insurance policy. The company will retain the right to

8.1.1 adjust insurance premium rates to suit the level of risk and the age increase of the insured; and

8.1.2 Changes terms and conditions of the policy's insuring agreement for the renewable year as needed. By that, the company must notify the insured of any material changes under this insurance policy.

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 apply the Waiting Period/ pre-existing conditions or exercise of the right to dispute or object to the invalidity of the insurance contract to restart the coverage period. If the insured does not pay the premium within the grace period, it shall be deemed that the coverage under this insurance policy expires from the date of the last premium payment due date. In the event that there is a claim for compensation within the grace period and the insured has not paid the premium, the



Company will deduct unpaid premiums from the compensation that the Company will pay under the insurance policy.

8.3 The company can refuse to renew the insurance policy by notifying the insured in writing at least 30 days prior to the expiration date of the insurance policy as specified in the insurance policy schedule.

9. Cancellation of insurance policy

9.1 In case of annual premium payment

9.1.1 The Company cannot cancel this insurance policy except in the event that the Insured commits fraud or dishonest acts under this insurance policy.

9.1.2 The insured can cancel this insurance policy by notifying the Company in writing and having the right to receive premium back after deducting premiums for the period that this insurance policy has been in force, the short-term premium rates are issued according to the following table:

The Schedule of short-term premium rate

Period of Coverage (not over/month)	Percentage 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

Cancellation of the insurance policy under this condition acted by any party must be a cancellation of the entire insurance policy. Canceling only some parts of the agreement cannot be done.

9.2 In the case of insurance premium payment under general conditions and clause 7.2

9.2.1 The Company cannot cancel this insurance policy unless the Insured commits fraud or dishonesty under this insurance policy.

9.2.2 The insured can cancel this insurance policy by notifying the company in writing and having the right to receive the premium back after deducting premiums for the period that this insurance policy has been in force. Whereas, in the case of a 1-month premium payment, the insurance policy will automatically expire on the last day that the premium has been paid. In this case, the company shall not return the premium to the insured.

10. Automatic Termination

The coverage under this Insurance Policy will terminate immediately upon any of the following events:

10.1 on the expiry date of the Insurance Policy as specified in the insurance policy schedule. (In case of no insurance policy renewal)

10.2 In the insured year that the insured is on completion of years of age (can specify a minimum of 60 years of age and a maximum of not exceeding the age specified in the premium rate for this policy)

10.3 when the Insured fails to pay insurance premiums according to the general terms and conditions stated in clause 7.

10.4 when the insured dies from reasons that are not covered.

10.5. when the Insured is incarcerated in a prison or a correctional institution.



For the termination of coverage under clause 10.4 or 10.5, the Company will return the premium to the Insured or the Beneficiary after calculating the premium deduction for the covered period of the Insurance Policy on a pro-rata basis.

10.6 Each coverage under this Insurance Policy will be terminated when the Company has completely paid the compensation at the maximum sum insured as specified in the insurance policy schedule of that coverage. The Company will continue to provide coverage until the end of the insurance period solely for the sum insured of other remaining coverage.

10.7 This Insurance Policy and all insurance under the Insurance Policy will terminate at 24.00 (local time in Thailand) on the expiry date of the Insurance Policy.

11. Declaration of age or gender discrepancy

If there is a declaration of age or the gender of the protected person deviating from the truth, causing

11.1 The company receives less premium than specified. The sum insured that the insured will receive under this insurance policy is equal to the amount of insurance that has already been paid. Coverage under this insurance can be purchased based on the exact age and gender. If the actual age or gender of the insured is not covered under this policy, the Company will not pay any compensation but will return the premium of this insurance policy that has already been paid.

11.2 The company receives insurance premiums in excess of the specified rate. The company will return the premium in excess to the insured. However, the Company will not apply this condition for retrospective premium adjustments for the sum insured period in the past insurance policy year.

12. Arbitration

In case of dispute, contradictory, or any claim under the Insurance Policy between the person who has the right to claim under the Insurance Policy and the Company, if that person requires or finds it necessary to settle the dispute by arbitration, the Company agree to such arbitration according to the arbitration regulations governed by the Office of Insurance Commission (OIC).

11. Precedent Condition

The Company shall not be liable for compensation under this Insurance Policy unless the Insured has fully and correctly complied with the insurance contract and the conditions of this Insurance Policy.

Section 3: General Exclusions

This insurance policy does not cover any loss or damage caused by or as a result of the following causes:

3.1 any illness occurring during the Waiting Period

3.2 pre-existing conditions (Pre-existing Condition)

3.3 health check, request for hospitalization or request for surgery, convalescence, rehabilitation, resting therapy or hospitalization to have a general care assistant, examination or treatment that is not related to the disease that caused the hospital admission, diagnosis of injury or illness, treatment or diagnosis to determine the cause which is not a medical necessity or is not based on a medical standard.

3.4 Non-conventional treatment including alternative medicine

3.5 expenses arising from medical examination in which the insured is a doctor who treats or prescribes medication for himself including expenses incurred from medical examination from a doctor who is the father, mother, spouse, or child of the Insured.

3.6 Special nursing wages

3.7 Treatment or diagnosis that is not related to the diagnosis, symptom, or condition related to the covered disease.

3.8 Prosthetic devices, prosthetic devices, medical devices, and various durable medical supplies



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- 3.9 Gestational diabetes
- 3.10 Diabetes caused by alcoholic pancreatitis
- 3.11 Diabetes caused by steroid use





Insuring Agreement Diabetes

Additional Definitions

Type 1 Diabetes	means	Diabetes that requires insulin (Diabetes type 1) with all of the following descriptions: 1) There is a deficiency of insulin produced by the pancreas result from the cell in pancreas are destroyed by the body's immune system (Auto immune). The diagnosis must be confirmed by an endocrinologist or doctor who is registered by the Medical Council of Thailand. 2) An essential daily administration of external insulin to maintain blood sugar levels. 3) Symptoms appear and persist for at least 180 days. The company will pay benefits for this clause. Under the condition that the date the insured is first diagnosis or confirm by a doctor while alive that this illness has occurred for the first time.
Type 2 Diabetes	means	Diabetes type 2 or also known as Diabetes Mellitus is a condition in which the body unable to use the insulin produced by the pancreas. Which caused the pancreas produce extra insulin but still not enough to keep blood sugar levels normal.

Coverage

During the effective period of this insurance policy and upon the expiration of the waiting period specified for each disease as specified in the insurance schedule in this insurance agreement. If the insured is diagnosed by a doctor as having one of the diseases listed in the table below.

Disease under coverage	Waiting period
Type 1 Diabetes Type 2 Diabetes	90 Days

However, the company will pay benefits under this insurance agreement for only one disease. The company will pay compensation to the insured according to the sum insured per policy year specified in the policy schedule. The coverage under this insuring agreement will be terminated immediately.

Claim for diabetes benefits

The insured must submit the following evidence to the company within 30 days from the date of diagnosis at their own expense.

1. Claim form prescribed by the company
2. Copy of identification card
3. Medical report stating important symptoms, results of diagnosis and treatment
4. Copy of receipt
5. Other document as necessary (if any)

Failure to submit evidence within the said period does not voiding the right to claim if it shows that there are reasonable grounds within the specified period but sent as soon as possible as it can be done.



Additional Exclusions

This insurance agreement does not cover diabetes benefits or damage caused by injury or illness (including complications), symptoms or disorders caused by the following reasons:

- 1) Conditions resulting from congenital abnormalities or the organ system of the body is incomplete at birth or genetic disease or abnormalities in the development of the body, unless this insurance policy has been in effect for at least one year (1 year) and symptoms appear after the insured has reached the age of years (not more than sixteen years of age (16 years of age)).
- 2) AIDS or venereal or sexually transmitted disease, AIDS includes Acquired Immune Deficiency Syndrome caused by infection with the AIDS virus and includes opportunistic infection with microorganisms. or infection or any illness where a blood test shows positive for HIV (Human Immunodeficiency Virus) (Pneumocystis Carinii Pneumonia) Organism Causes Chronic Enteritis Virus and/or invasive fungi Disseminated Virus and/or Fungi Infection, Malignant Neoplasm, including but not limited to Kaposi's Sarcoma, Central Nervous System Lymphoma and/or other serious diseases. This is known today as Acquired Immunodeficiency Syndrome, which is why people with sudden death, illness or disability, immune disease (AIDS) include the human immunodeficiency virus (HIV) that causes dementia. (Encephalopathy Dementia)
- 3) Health check request for hospitalization or hospital or requesting surgery, convalescence, or rehabilitation rest or resting treatment or stay in hospital or hospital to have a general care assistant examination or treatment that is not related to the disease causing the hospital admission or hospital Diagnosis of injury or illness Treatment or diagnosis to determine the cause which is not a medical necessity or is not a medical standard.
- 4) Treatment that is still in trial Examination or treatment of diseases or symptoms of sleep apnea Examination or treatment of sleep disorders, snoring.
- 5) Non-traditional medical examination including alternative medicine
- 6) Expenses arising from medical examination at the insured which the doctor ordered for himself including expenses incurred from medical examination from a doctor who is the father, mother, spouse, or child of the Insured.
- 7) Suicide attempt suicide self-harm or attempting to injure one's own body, whether it is done by oneself or allow others to act whether they are in the middle of an unsound mind or not This includes accidents caused by the Insured eating, drinking, or injecting drugs or toxic substances into the body. Using more drugs than prescribed by the doctor

Protect



Insuring Agreement Diabetic Retinopathy

Additional Definitions

Diabetic Retinopathy means Complication found in diabetic patients resulting in blurred vision. This can be as serious as vision loss or blindness. Diabetic eyes require laser treatment that is certified medically necessary by an ophthalmologist. This can be referred from a report on the examination of the retinal examination. By injecting colour and the visual acuity test measured at 6/18 or worse on the side that had better eyesight by using an eye test label called the Snellen chart. This does not include diabetic coma caused by Alcoholic Cirrhosis and drug abuse.

Coverage

During the effective period of this insurance policy and upon the expiration of the waiting period specified for each disease as specified in the insurance schedule in this insurance agreement. If the insured is diagnosed by a doctor as having one of the diseases listed in the table below.

Disease under coverage	Waiting Period
Diabetic Retinopathy	90 Days

The company will pay compensation to the insured according to the table below:

Type of disease	Benefits
Diabetic retinopathy in both eyes	100% of the sum assured specified in the policy schedule under this insuring agreement.
Diabetic retinopathy in one eye	50% of the sum assured specified in the policy schedule under this insuring agreement.

The coverage under this insuring agreement will expire when the company has paid compensation up to the maximum sum assured as specified in the insurance policy schedule of this coverage.

Claim for Diabetic Retinopathy benefits

The insured must submit the following evidence to the company within 30 days from the date of diagnosis at their own expense.

1. Claim form prescribed by the company
2. Copy of identification card
3. Medical report stating important symptoms, results of diagnosis and treatment
4. Copy of receipt
5. Other document as necessary (if any)

Failure to submit evidence within the said period does not voiding the right to claim if it shows that there are reasonable grounds within the specified period but sent as soon as possible as it can be done.

Additional Exclusions

This insurance agreement does not cover diabetic retinopathy benefits or damage caused by injury or illness (including complications), symptoms or disorders caused by the following reasons:

- 1) Conditions resulting from congenital abnormalities or the organ system of the body is incomplete at birth or genetic disease or abnormalities in the development of the body, unless this insurance policy has been in effect for at least one year (1 year) and symptoms appear after the insured has reached the age of years (not more than sixteen years of age (16 years of age)).
- 2) AIDS or venereal or sexually transmitted disease, AIDS includes Acquired Immune Deficiency Syndrome caused by infection with the AIDS virus and includes opportunistic



infection with microorganisms. or infection or any illness where a blood test shows positive for HIV (Human Immunodeficiency Virus) (Pneumocystis Carinii Pneumonia) Organism Causes Chronic Enteritis Virus and/or invasive fungi Disseminated Virus and/or Fungi Infection, Malignant Neoplasm, including but not limited to Kaposi's Sarcoma, Central Nervous System Lymphoma and/or other serious diseases. This is known today as Acquired Immunodeficiency Syndrome, which is why people with sudden death, illness or disability, immune disease (AIDS) include the human immunodeficiency virus (HIV) that causes dementia. (Encephalopathy Dementia)

3) Health check request for hospitalization or hospital or requesting surgery, convalescence, or rehabilitation rest or resting treatment or stay in hospital or hospital to have a general care assistant examination or treatment that is not related to the disease causing the hospital admission or hospital Diagnosis of injury or illness Treatment or diagnosis to determine the cause which is not a medical necessity or is not a medical standard.

4) Treatment that is still in trial Examination or treatment of diseases or symptoms of sleep apnea Examination or treatment of sleep disorders, snoring.

5) Non-traditional medical examination including alternative medicine

6) Expenses arising from medical examination at the insured which the doctor ordered for himself including expenses incurred from medical examination from a doctor who is the father, mother, spouse, or child of the Insured.

7) Suicide attempt suicide self-harm or attempting to injure one's own body, whether it is done by oneself or allow others to act whether they are in the middle of an unsound mind or not This includes accidents caused by the Insured eating, drinking, or injecting drugs or toxic substances into the body. Using more drugs than prescribed by the doctor.

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**Insuring Agreement
Severe Illness Due to Diabetes**

Additional Definitions

Diabetic limb amputation	means	A part of medical treatment process which aims to save the lives of patients, prevent the spread of diabetes or to reduce injury from diabetes from spreading. It also allows the patient to move their body like normal again. The appendage cutting is the amputation of the organs of the body divided into two types: 1) Upper extremity amputation refers to the level of cutting is from the level above the elbow to the level of fingers. 2) Lower extremity amputation refers to the level of cutting from above the knee to the toe level.
Diabetic Nephropathy	means	Has been diagnosed with severe diabetic nephropathy by confirmation from a specialist and evident from eGFR of less than 30 ml/min/1.73 sqm with continuous urinary protein greater than 300 mg/24 hours. This excludes diabetic coma caused by Alcoholic Cirrhosis and drug abuse.
Blindness	means	Loss of vision in both eyes and must be confirmed by an ophthalmologist that the loss is permanent and cannot be improved with visual acuity of both eyes of less than 3/60 or narrowing of the visual field of less than 10 degrees due to diabetes.
Body reject transplantation	means	The process by which the recipient's immune system attacks transplanted organ or tissue. When the recipient's immune system detects that the antigens on the cells of the organs are different. A mismatched organ or a sufficiently mismatched organ until the reaction of blood transfusion or transplant rejection occurs.
Major organs transplantation	means	Receiving organ replacement surgery as a recipient as follows. The organs here refer to only liver, kidneys, pancreas due to the fact that the organs are in the last stage of being unable to return to their original function due to diabetes.
Other serious coronary artery disease	means	There is a stenosis of 3 main coronary arteries (Right Coronary Artery, Left Anterior Descending and Left Circumflex Artery), each artery of at least 60% per 100%. The left main stem is stenosis equivalent to two stenosis (Left Anterior Descending and Left Circumflex Artery) which is proven by coronary angiogram caused by diabetes.

Coverage

During the effective period of this insurance policy and upon the expiration of the waiting period specified for each disease as specified in the insurance schedule in this insurance agreement. If the insured is diagnosed by a doctor as having one of the diseases listed in the table below.

Disease Under Coverage	Waiting Period
Diabetic limb amputation Diabetic Nephropathy Blindness Body reject transplantation Major organs transplantation Other serious coronary artery disease	90 Days



However, the company will pay benefits under this insurance agreement for only one disease. The company will pay compensation to the insured according to the sum insured per policy year specified in the policy schedule. The coverage under this insuring agreement will be terminated immediately.

Claim for Severe Illness Due to Diabetes benefits

The insured must submit the following evidence to the company within 30 days from the date of diagnosis at their own expense.

1. Claim form prescribed by the company
2. Copy of identification card
3. Medical report stating important symptoms, results of diagnosis and treatment
4. Copy of receipt
5. Other document as necessary (if any)

Failure to submit evidence within the said period does not voiding the right to claim if it shows that there are reasonable grounds within the specified period but sent as soon as possible as it can be done.

Additional Exclusions

This insurance agreement does not cover Severe Illness Due to Diabetes benefits or damage caused by injury or illness (including complications), symptoms or disorders caused by the following reasons:

- 1) Conditions resulting from congenital abnormalities or the organ system of the body is incomplete at birth or genetic disease or abnormalities in the development of the body, unless this insurance policy has been in effect for at least one year (1 year) and symptoms appear after the insured has reached the age of years (not more than sixteen years of age (16 years of age)).
- 2) AIDS or venereal or sexually transmitted disease, AIDS includes Acquired Immune Deficiency Syndrome caused by infection with the AIDS virus and includes opportunistic infection with microorganisms. or infection or any illness where a blood test shows positive for HIV (Human Immunodeficiency Virus) (Pneumocystis Carinii Pneumonia) Organism Causes Chronic Enteritis Virus and/or invasive fungi Disseminated Virus and/or Fungi Infection, Malignant Neoplasm, including but not limited to Kaposi's Sarcoma, Central Nervous System Lymphoma and/or other serious diseases. This is known today as Acquired Immunodeficiency Syndrome, which is why people with sudden death, illness or disability, immune disease (AIDS) include the human immunodeficiency virus (HIV) that causes dementia. (Encephalopathy Dementia)
- 3) Health check request for hospitalization or hospital or requesting surgery, convalescence, or rehabilitation rest or resting treatment or stay in hospital or hospital to have a general care assistant examination or treatment that is not related to the disease causing the hospital admission or hospital Diagnosis of injury or illness Treatment or diagnosis to determine the cause which is not a medical necessity or is not a medical standard.
- 4) Treatment that is still in trial Examination or treatment of diseases or symptoms of sleep apnea Examination or treatment of sleep disorders, snoring.
- 5) Non-traditional medical examination including alternative medicine
- 6) Expenses arising from medical examination at the insured which the doctor ordered for himself including expenses incurred from medical examination from a doctor who is the father, mother, spouse, or child of the Insured.
- 7) Suicide attempt suicide self-harm or attempting to injure one's own body, whether it is done by oneself or allow others to act whether they are in the middle of an unsound mind or not This includes accidents caused by the Insured eating, drinking, or injecting drugs or toxic substances into the body. Using more drugs than prescribed by the doctor.



Insuring Agreement Diabetic Coma

Additional Definition

Diabetic Coma means Diabetic Ketoacidosis acidosis (DKA) or Hyperosmolar Hyperglycemic state (HHS) is diagnosed, which requires hospitalization and intravenous insulin injections. To treat high blood sugar by diagnosis of DKA or HHS must be confirmed by a specialist. This does not include diabetic coma caused by Alcohol Cirrhosis and drug abuse.

Coverage

During the effective period of this insurance policy and upon the expiration of the waiting period specified for each disease as specified in the insurance schedule in this insurance agreement. If the insured is diagnosed by a doctor as having one of the diseases listed in the table below.

Disease Under Coverage	Waiting Period
Diabetic coma	90 Days

However, the company will pay benefits under this insurance agreement for only one disease. The company will pay compensation to the insured according to the sum insured per policy year specified in the policy schedule. The coverage under this insuring agreement will be terminated immediately.

Claim for Diabetic Coma benefits

The insured must submit the following evidence to the company within 30 days from the date of diagnosis at their own expense.

1. Claim form prescribed by the company
2. Copy of identification card
3. Medical report stating important symptoms, results of diagnosis and treatment
4. Copy of receipt
5. Other document as necessary (if any)

Failure to submit evidence within the said period does not voiding the right to claim if it shows that there are reasonable grounds within the specified period but sent as soon as possible as it can be done.

Additional Exclusions

This insurance agreement does not cover Diabetic Coma benefits or damage caused by injury or illness (including complications), symptoms or disorders caused by the following reasons:

- 1) Conditions resulting from congenital abnormalities or the organ system of the body is incomplete at birth or genetic disease or abnormalities in the development of the body, unless this insurance policy has been in effect for at least one year (1 year) and symptoms appear after the insured has reached the age of years (not more than sixteen years of age (16 years of age)).
- 2) AIDS or venereal or sexually transmitted disease, AIDS includes Acquired Immune Deficiency Syndrome caused by infection with the AIDS virus and includes opportunistic infection with microorganisms. or infection or any illness where a blood test shows positive for HIV (Human Immunodeficiency Virus) (Pneumocystis Carinii Pneumonia) Organism Causes Chronic Enteritis Virus and/or invasive fungi Disseminated Virus and/or Fungi Infection, Malignant Neoplasm, including but not limited to Kaposi's Sarcoma, Central Nervous System Lymphoma and/or other serious diseases. This is known today as Acquired Immunodeficiency Syndrome, which is why people with sudden death, illness or disability, immune disease (AIDS) include the human immunodeficiency virus (HIV) that causes dementia. (Encephalopathy Dementia)



- 3) Health check request for hospitalization or hospital or requesting surgery, convalescence, or rehabilitation rest or resting treatment or stay in hospital or hospital to have a general care assistant examination or treatment that is not related to the disease causing the hospital admission or hospital Diagnosis of injury or illness Treatment or diagnosis to determine the cause which is not a medical necessity or is not a medical standard.
- 4) Treatment that is still in trial Examination or treatment of diseases or symptoms of sleep apnea Examination or treatment of sleep disorders, snoring.
- 5) Non-traditional medical examination including alternative medicine
- 6) Expenses arising from medical examination at the insured which the doctor ordered for himself including expenses incurred from medical examination from a doctor who is the father, mother, spouse, or child of the Insured.
- 7) Suicide attempt suicide self-harm or attempting to injure one's own body, whether it is done by oneself or allow others to act whether they are in the middle of an unsound mind or not This includes accidents caused by the Insured eating, drinking, or injecting drugs or toxic substances into the body. Using more drugs than prescribed by the doctor.

A large, semi-transparent watermark of the Tune Protect logo is centered on the page. It consists of the word "Tune" in a white script font above the word "Protect" in a white sans-serif font, all contained within a light pink circular background.

Tune
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Insuring Agreement

Benefits in case of death, dismemberment, loss of sight, or total permanent disability (Aor Bor 1)

Additional definitions

Dismemberment	means	the removal of body organ from the wrist or ankle including complete loss of functional capability of the above-mentioned organs that are clearly unable to function permanently according to medical indications.
Loss of sight	means	complete blindness which is permanently incurable.
Total Permanent Disability	means	disabilities to the extent that they are unable to perform any full-time job and other occupations completely and forever or unable to perform 3 or more daily routines. Performing daily routine means the ability to perform 6 main daily tasks of normal people, which are medical criteria for evaluating patients who are unable to perform tasks as follows: (1) the ability to move, such as the ability to move from chair to bed on his/her own without any assistance of others or use of assistive devices. (2) the ability to walk or move, such as the ability to walk or move from one room to another on his/her own without any assistance of others or use of assistive devices. (3) the ability to dress, such as the ability to wear or undress on his/her own without any assistance of others or use of assistive devices. (4) the ability to bathe, such as the ability to bathe, including entering and exiting the shower room on his/her own without any assistance of others or use of assistive devices. (5) the ability to eat, such as the ability to eat on his/her own without any assistance of others or use of assistive devices. (6) the ability to excrete, such as the ability to use the toilet for excretion including entering and exiting the toilet on his/her own without any assistance of others or use of assistive devices.

Coverage

This insurance covers any loss or damage due to bodily injury of the insured caused by an accident that leads to loss of life, dismemberment, loss of sight, or total permanent disability of the Insured within 180 days from the date of the accident, or the injury which causes the Insured to receive continual medical treatment as an inpatient in a hospital or a medical facility, and which subsequently causes death at any time. The Company will pay the following compensation.

1. 100% of the sum insured for loss of life (death)
2. 100% of the sum insured for total permanent disability which must continue for not less than 12 months from the date of the accident, or there is a clear medical indication that the Insured has become totally and permanently disabled.
3. 100% of the sum insured for loss of both hands from wrists, both feet from ankles, or loss of sight in both eyes
4. 100% of the sum insured for loss of one hand from the wrist, and one foot from the ankle
5. 100% of the sum insured for loss of one hand from wrist and loss of sight in one eye
6. 100% of the sum insured for loss of one foot from ankle and loss of sight in one eye



7. 60% of the sum insured for loss of one hand from wrist
8. 60% of the sum insured for loss of one foot from the ankle
9. 60% of the sum insured for loss of sight in one eye

The Company will pay compensation in accordance with this clause only for one maximum item throughout the period of insurance. The Company will compensate the consequence arising in accordance with this Insuring Agreement in aggregate not exceeding the amount specified in the insurance policy schedule. If the Company has not compensated the full sum insured, the Company will continue to provide coverage until the expiry of the period of insurance which is equal to the amount of the remaining sum insured.

Claim for compensation in case of death

The Beneficiary must submit the following proofs to the Company within 30 days from the date of the Insured's death at his/her own expenses:

1. Compensation Claim Form specified by the Company
2. Death certificate
3. Copy of Autopsy Report certified by an officer on duty responsible for the case or the department issuing the report
4. Copy of Police Report certified by an officer on duty responsible for the case
5. Copy of the Insured's Identification Card and House Registration with the wording "Deceased" thereon
6. Copy of the Beneficiary's Identification Card and House Registration

Claim for compensation in case of total permanent disability or dismemberment

The Insured must submit the following proofs to the Company within 30 days from the date on which the doctor concludes that the Insured suffers total permanent disability or dismemberment at his/her own expenses:

1. Compensation Claim Form specified by the Company
2. Medical report confirming the total permanent disability or dismemberment

Failure to submit the proofs within the afore-mentioned period does not deteriorate the right to claim if it can be demonstrated that there are reasonable grounds for failing to submit such proofs within the specified period, but the submission has been made as soon as possible.

Additional exclusions

This insurance does not cover

1. any loss or damage caused by or as a result of the following reasons:

1.1 the action of the Insured while the Insured is under the influence of alcohol, addictive substance, or narcotics to the extent of being unable to control his/her mind; the term "under the influence of alcohol" refers to the case of having a blood test showing an alcohol level of 150-milligram percent and over.

1.2 suicide, attempted suicide, or self-inflicted Injury

1.3 parasitic infection, except the infection of tetanus or rabies from a wound as the result of an accident

1.4 medical or surgical treatment unless necessary due to injury which is covered under this Insurance Policy and has operated within the period specified in the Insurance Policy

1.5 miscarriage

1.6 dental treatment or root canal treatment, except the treatment, occurred within 7 days from the date of the accident

1.7 replacement or new sets of dentures, dental crowns, artificial denture

1.8 food poisoning

1.9 backache as a result of Disc herniation, Spondylolisthesis, Degeneration Disc Disease, Spondylosis, Defect, Spondylitis, except the case of fracture or dislocation of spinal as a result of an accident

1.10 war, invasion, an act of foreign enemies or warlike whether declared or not, 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

1.11 terrorism

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

1.13 Explosion of radioactivity or nuclear component or other hazardous material which may cause an explosion in the nuclear process

2. any loss or damage occurred at the time as follows:

2.1 while the Insured is taking part in all kinds of car or boat racing, horse racing, ski racing of any kind including jet-skis, skating, boxing, parachuting (except for the purpose of life-saving); while going up or down or in a balloon, or glider, bungee jumping, diving that requires an air tank and an underwater breathing apparatus

2.2 while the Insured is riding or traveling on a motorcycle

2.3 while the Insured is boarding or disembarking or traveling in an aircraft that is not registered for carriage of passengers and not operated by commercial airlines

2.4 while the Insured is piloting or performing duties as a crew member of any aircraft

2.5 while the Insured is taking part in a quarrel or is involved in inducing a quarrel

2.6 while the Insured is committing a serious crime, or while being arrested or escaping

2.7 while the Insured is performing duties as a soldier, police officer, or volunteer and entering the operation in war or suppression, but if the period of such operation is more than 30 days, the Company will return the premium from the period of operation in the war or suppression until the end of the operation thereafter. The Insurance Policy continues to be effective until the end of the insurance period specified in the insurance policy schedule.



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Extend Coverage Attachment
Daily income compensation benefit from inpatient due to diabetes

Company code:

Attachment no.	Is a part of policy no.	Documentation date:
Name-Last name of insured person:		
Beneficiary name:		Relationship with insured:
Insurance period:	days	Start on: Time: End date:
Time:24.00		
Insurance sum per day:	Baht no more than	day per insurance policy year
<i>(maximum of 365 days)</i>		
Premium:	Baht	Stamp: Baht Tax Baht Total:
Baht		

Extending Coverage

It is hereby agreed that if the insured is covered under diabetic retinopathy coverage agreement or **illness** coverage agreement due to diabetic or diabetic coma coverage agreement and the doctor has specified that the insured is admitted as an inpatient of a hospital or medical facility. To receive medical treatment for **illness** according to the above coverage agreement according to medical necessity and medical standards. Regardless of which disease as specified in the above coverage agreement will occur first and after the expiration of the 90-days waiting period.

The company will pay compensation for daily income compensation to the insured who is hospitalized or medical facility. According to the sum insured per day specified in the insurance policy schedule or insurance certificate in case of renewal and/or attachments. Compensation is based on the number of days that the hospital or medical facility charges for a room, but the no more than days of the insurance policy year *(maximum of 365 days)*.

If the insured receives compensation from state welfare, any other welfare or from other insurance. It does not cause the loss of the right to receive benefits under this attachment.

Claim for daily income compensation from inpatient due to diabetes benefits

The insured must submit the following evidence to the company within 30 days from the date of diagnosis at their own expense.

1. Claim form prescribed by the company
2. Copy of identification card
3. Medical report stating important symptoms, results of diagnosis and treatment
4. Copy of receipt
5. Other document as necessary (if any)

Failure to submit evidence within the said period does not voiding the right to claim if it shows that there are reasonable grounds within the specified period but sent as soon as possible as it can be done.

Additional Exclusion (Only comply with the attachment of extension of coverage for daily income compensation benefits from inpatient hospitalization due to diabetes benefits)

This attachment of coverage does not cover

1. General health check, request for hospitalization or medical facility. Rest for surgery, rehabilitation, recuperation, rest for recovery, treatment. By means of resting or no medical treatment associated with the treatment of **illnesses** and is not a medical necessity or is not a medical standard.
2. Treatment which is non-current treatment including alternative doctors.

If the statement in this attachment are contrary to or inconsistent with the contents in the insurance policy, the statement in the following attachment in shall be used instead.

The terms of the insurance contract and other exceptions in the insurance policy will remain in force as before.



**Limitation of Liability Attachment
Murder or Assault**

(Used only as an attachment for the death benefit coverage agreement, dismemberment, loss of sight or total permanent disability (Aor Bor 1))

Company code:

Attachment no.	Is a part of policy no.	Documentation Date:
Name-Last name of insured person:		
Beneficiary name:		Relationship with insured:
Insurance period:	days	Start on: Time: End date:
Time:24.00		
Premium:	Baht	Stamp: Baht Tax Baht Total:
Baht		

Limited Liability: It is hereby agreed that if the injury sustained by the insured as a result of murder or assault. The sum insured according to the Aor Bor 1 coverage agreement will be reduced to only

..... Baht.

If the statement in this attachment are contrary to or inconsistent with the contents in the insurance policy, the statement in the following attachment in shall be used instead.

The terms of the insurance contract and other exceptions in the insurance policy will remain in force as before.

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