



Domestic Travel Insurance (Sell through electronic channel (Online))

In reliance upon the statements made in the application for insurance forming part of this insurance Policy and in consideration of the premium to be paid by the insured person and subject to the terms, general conditions, insuring agreements, exclusions and endorsements of this insurance Policy, the Company agrees with the insured person 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	Tune Insurance Public Company Limited
Policyholder	means	Person, juristic person or organization specified as Policy Holder in the Schedule of Policy and/or the certificated who provides the insurance for the insured persons' benefits.
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.
Accident	means	an incident happens suddenly from external factor causes the result insured person unintended or unexpected.
Injury	means	bodily injury as directly resulted by accident solely and is independent from other causes.
Sickness	means	symptom, abnormality, sickness or contact disease of the Insured person.
Total Permanent Disability	means	Disability to the extent of being unable to perform any duties in a regular occupation and other occupations completely forever. Disability to the extent of being unable to perform any duties in the



occupation

Regular and other occupations completely forever or unable to perform

daily activities from 3 types or more by yourself

In this regard, performing daily activities means the ability to perform tasks. The daily principles of normal people, 6 types, which are medical criteria for assess patients who are unable to perform such tasks, consisting of:

- (1) The ability to move, such as the ability to move from the chair to the bed by himself without assistance from others or using assistive devices
- (2) The ability to walk or move, such as the ability to Travel or move from one room to another by yourself without Requires assistance from others or use of assistive devices
- (3) The ability to dress, such as the ability to put on or take off clothes can be made on their own without the help of others or used auxiliary equipment
- (4) The ability to take a shower to cleanse the body, such as the ability to shower, including entering and exiting the shower room by yourself without get help from others or use assistive devices.
- (5) The ability to eat, such as the ability to able to eat on their own without the help of others or use assistive devices
- (6) The ability to excrete, such as the ability to use the toilet defecation, including going in and out of the toilet on their own without get help from others or use assistive devices.

Deductible	means	the first part of loss which shall be borne by the Insured Person.
Physician	means	Person who graduates with a Doctor of Medicine degree are duly registered by the Medical Council. And it is licensed to practice medicine in the locality that provides medical services or in



surgery.

Nurse	means	a person who is legally licensed to engage in the nursing profession.
Inpatient	means	the person who is necessary to attend medical treatment in hospital or medical center and registered as inpatient by diagnosis and advice of the physician based on indication of medical standard and in the period suitable for treatment of such injury or sickness.
Outpatient	means	the person who received medical service in an outpatient department or emergency room of the hospital, medical facility or clinic, for a condition which by diagnosis and indication of the Medical Standard does not need to be admitted as an Inpatient.
Hospital	means	any medical facility that provides medical services, can accommodate overnight patients, has an adequate number of medical personnel and facilities and a complete range of services, particularly a major operating room, 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 physician but cannot accommodate overnight patient.
Medical Standards	means	international rules or practices of modern medical service that provides suitable treatment plan for the patient according to the medical necessity and correspond with the summary from the injury and sickness background, findings, autopsy result or others (if any).



Necessary and Reasonable Expense	means	medical treatment costs and/or other expenses that correspond to the amounts normally charged to general patients for similar services by the Hospital, Medical Facility or Clinic where the insured person has been treated.
Medical Necessity	means	<p>medical service provided under the following conditions:</p> <p>(1) the services correspond with diagnosis, and the treatment is consistent with the treated person's Injury or Sickness;</p> <p>(2) there are clear medical indications based on current Medical Standards;</p> <p>(3) the services must not be solely for the convenience of the treated person or his or her family or the treatment provider; and</p> <p>(4) Conform to standard medical treatment and is necessary for the injury or sickness suffered by the person being treated.</p>
AIDS	means	<p>Acquired Immune Deficiency Syndrome which is caused by HIV virus infection, and shall include opportunistic infection, Malignant Neoplasm, infections or any Sickness that reveals an HIV (Human Immunodeficiency Virus) positive blood test result.</p> <p>Opportunistic infection shall include, but is not limited to, Pneumocystis Carinii Pneumonia, Organism of Chronic Enteritis, virus, and/or Disseminated Fungi Infection. Malignant Neoplasm shall include Kaposi's sarcoma, Central Nervous System Lymphoma, and/or other severe disease which is presently known to be a symptom of Acquired Immune Deficiency Syndrome, or which causes sudden death, Sickness, or disability to infected persons.</p> <p>AIDS shall include HIV (Human Immunodeficiency Virus), Encephalopathy Dementia, and outbreak of virus.</p>



Terrorism	means	violent action and/or threat by any person or group of persons regardless of such action is done alone or in representation or in connection with any organization, government for political or religious result, ideology faith or similar objective, including to impact the government and/or public or partial thereof to become in panic.
Authorized Company	means	company or legal entity or representatives of companies providing any assistance which the Company has appointed at any time to provide assistant services to the insured which is set out in the protection agreement issued by the company before the trip.

Section 2 General Term and Conditions

2.1 Insurance Contract

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

In case of the policyholders and/or the insured person has already known but provided 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.

2.2 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.



2.3 Period of Insurance

As for an insuring period or a travelling period in this Policy, the insured person is covered only by the beginning and the end as part of an insurance period as described below:

2.3.1 Single Trip Coverage

1) Domestic Travel

The period covered under this insurance policy starts from the time the insured leaves the residence for that journey. and continues until the insured returns to his normal residence or until the end of the insurance period whichever event will happen first (Unless otherwise specified in this insurance policy). However, the maximum period of insurance for each event is not more than 180 days.

2) Inbound Travel

The coverage period under this insurance policy starts from the date the insured arrives in Thailand. and continues until the insured leaves Thailand or until the end of the insurance period whichever event will happen first (unless otherwise stated in this insurance policy) It is important that every step of the immigration checkpoint is correct. However, the maximum duration of each trip is not more than 180 days.

2.3.2 Annual Trip Coverage

As for the annual trip coverage for multiple trips, an insuring period shall be the same as that of Item 2.3.1 and each maximum insuring period shall not exceed 180 days.

In case that the insured person is hospitalized during the effective period the insurance policy and requires continued treatment as an inpatient, the coverage of this Policy shall extend until the insured person is discharge from the hospital or the medical facility.

2.4 Notification and Claims

The policyholders and/or The insured person, beneficiary or representative of mentioned persons, as the case may be, must inform the company in case of injury or sickness without delay. In the event of death, an immediate notice must be made to the Company, unless it can be proven that immediate notice was not practicable but was given as soon as possible.



In claiming compensation Insurance policyholder and/or the insured person or the representative of the said person, as the case may be must provide evidence or documents as specified under insuring agreement to the company within the specified period at their own expense

2.5 Medical Examination

The Company has the right to examine the insured person's medical record and diagnosis records as may be necessary for this insurance. The Company also has the right to conduct an autopsy, if necessary and not contrary to the law, at the Company's expense.

2.6 Compensation Payment

The Company shall provide compensation within 15 days from the date on which the Company has received a complete and correct set of evidence of Loss or Damage. Compensation for death will be paid to the beneficiary while other types of compensation will be paid to the insured person.

In case a reasonable doubt that the said claim was not made in accordance with the insuring agreement in this Policy, the period of time specified for claim compensation investigation may be extended as necessary but not exceed than 90 days from the date the company received the documents.

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

2.7 Payment of Premium and Premium Refund

2.7.1 Insurance premiums are payable immediately by the Policyholder. and/or the insured and the insurance policy will begin to take effect on the date specified in the insurance policy schedule. and/or insurance certificate

2.7.2 Cancellation of an insurance policy after the Company has issued an insurance policy will not refund premiums.

2.8 Dispute Resolution by Arbitration

In case of an argument, dispute, or claim under this Policy between a person who is entitled to claim under the Policy and the Company, if that person wishes to settle the dispute by way of arbitration, the Company shall comply and allow the case to be decided by an arbitrator according to the Arbitration Regulations of the Office of the Insurance Commission on arbitration.



2.9 Territories and Applicable Laws

This Policy shall cover only the loss or damages that take place in Thailand under the regulations and interpretations in line with Thai laws.

2.10 Conditions Precedent

The Company may not be liable for compensation under this Policy unless the policyholders and/or the insured person, the beneficiary, or the representative of the said person, as the case may be, has fully complied with the insurance contract and the conditions of the Policy.

Section 3 General Exclusion

This Policy does not cover any Injury, Sickness, Loss or Damage arising from or as a result of the following causes or which occurs at the times as follows (Unless specific coverage is specified in the insuring agreement)

- 3.1 Suicide, attempted suicide or self-inflicted Injury.
- 3.2 War, invasion, act of foreign enemies, warlike operations whether war is declared or not, civil war, uprising, insurrection, riot, strike, civil commotion, revolution, coup d'état, proclamations of martial law, or any events which lead to the proclamation or maintenance of martial law.
- 3.3 Terrorism.
- 3.4 Radiation or radioactivity from any nuclear fuel or nuclear waste produced by the combustion of nuclear fuel or any process of self-sustaining nuclear fission/fusion.
- 3.5 Radioactive explosion, or any nuclear component or harmful substance that could cause an explosion in a nuclear process.
- 3.6 Deductible
- 3.7 While the insured person serves as a soldier, police, or a volunteer and participates in war or crime suppression.
- 3.8 At any time in a country or territory in which coverage is excluded as specified in the attachment (if any).
- 3.9 While the event occurs in the area of oil platform or underground mine.



Section 4 Insuring Agreements

Subject to the insuring agreement, the exclusion, general terms and conditions and endorsement of the insurance policy and in consideration for the premium will be paid by the policyholder and/or the insured person. The company agrees to cover only the insuring agreement attached with this insurance policy and provide sum insured as specified in the schedule and/ or insurance certificate.





Insuring Agreement

Death, Dismemberment, Loss of Sight or Total Permanent Disability from accident

Additional Definitions

Dismemberment means the loss of body organ from the wrist joint or the ankle joint and also the loss of use of that organ which according to the medical indication will never be able to function at any time in the future.

Loss of sight means complete blindness which is permanently incurable.

Total permanent disability means disability to the extent of being unable to perform the normal duty in the insured person's regular occupation or any other occupation totally and permanently.

Coverages

This insurance covers loss or bodily injury of the insured person caused by travel accident leading to death of the insured person, dismemberment, loss of sight or total permanent disability within 180 days commencing from the date of accident or injury requiring the insured person to attend continuous treatment as inpatient in hospital or medical center and subsequently dies at any time, the Company will compensate as follows:

1. 100% of the sum insured In case of death.
2. 100% of the sum insured In case of total permanent disability and such total permanent disability is existed for not less than 12 consecutive months commencing from the date of accident or there is any clear medical indication that the insured person is becoming total permanent disability.
3. 100% of the sum insured For both hands from wrist joints or feet from ankle joints or both sights.
4. 100% of the sum insured One hand from the wrist joint and one foot from the ankle joint.
5. 100% of the sum insured One hand from the wrist joint and one sight.
6. 100% of the sum insured One foot from the ankle joint and one sight.



7. 60% of the sum insured One hand from wrist joint.
8. 60% of the sum insured One foot from ankle joint.
9. 60% of the sum insured One sight.

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

Through the period of insurance, the company will pay the compensation under this insuring agreement totally not over the amount specified in the insurance schedule. If the company pays the compensation less than 100% of sum insured, the company still covers the rest amount until end of period of insurance.

Claim and Submission of Evidence of Loss or Damage

The policyholder and/or the insured person shall submit the following evidence to the Company with his/her expense within 30 days from the date on which the Physician concludes that the insured person suffers permanent disability or dismemberment.

1. Claim form as prescribed by the Company.
2. Copy of passport or travel evidence of the insured person.
3. Physician's report indicating the permanent disability or dismemberment.
4. Death certificate.
5. Copy of the autopsy report certified by the police of the case that issued the report and a copy of the police journal
6. Copy of identification card and house registration (stamp "death") of the insured person.
7. Copy of Identification card and house registration of beneficiary.

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.



Specific Exclusions (Only comply with Insuring Agreement for Death, Dismemberment, Loss of Sight or Total Permanent Disability from accident)

This insuring agreement does not cover Loss of Death, Dismemberment, Loss of Sight or Total Permanent Disability resulting from:

1. Action of the insured person 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 150 mg percent and over.
2. Parasite infections except pyrogenic infection, tetanus, or rabies from a wound or cut suffered as a result of an accident.
3. Miscarriage and abortion.
4. While the insured person is racing of all kinds of car or boat, horse racing, all kinds of skiing including jet skiing, skate racing, boxing, parachuting (except for the purpose of life saving), while boarding or traveling on the balloon/glider.
5. While the insured person is boarding or traveling in an aircraft which has no license for carrying passengers or does not operate as commercial aircraft.
6. While the insured person pilots or works as a crew in any aircraft.
7. While the insured person is taking part in a brawl or taking part in inciting a brawl.
8. While the insured is driving or riding a motorcycle
9. While the insured person is committing a felony or while the insured person is being arrested or escaping arrest.



Insuring Agreement

Medical Expenses from injury or sickness Benefits

Coverages

This Insurance covers if the insured person sustains an injury from an accident or suffers from sickness which is sudden and unforeseeable during the travel period causing the insured person to seek a medical treatment either as an in-patient or an out-patient.

The Company will pay for the customary and reasonable medical charges according to the medical necessity. The amount to be compensated is the actual expenses paid up to the maximum limit of liability as stated in the policy schedule.

If the insured person requires follow-up treatment after the insurance period end, such medical treatment must be given with forty-eight (48) hours upon the insurance period end. The maximum amount under this follow-up to be paid is the actual amount incurred but not exceeding ten (10)% of the sum insured

Covered expenses are:

1. Physician' fee.
2. Medicine and parenteral nutrition, blood and blood components, as well as costs for the separation, preparation or analysis of blood or blood components, laboratory tests and pathology fees, radiology diagnosis, other special diagnostic methods, including Physician's reading fee, expenses related to the use or provision of services, medical tools and equipment outside the operating room, medical consumables (medical supplies 1), operating room fees and equipment, excluding cost of hiring a special Nurse while in a Hospital or a Medical Facility as an Inpatient.
3. Ambulance fee in case of emergency, to transport the insured person to or from a Hospital or a Medical Facility for Medical Necessity.
4. Take-home drugs for Medical Necessity, but not for more than 14 days.
5. Cost for an ICU room or standard single room plus meals provided for the patient by the Hospital or Medical Facility, and daily nursing service fee.



In the case that the insured person is entitled to claim expenses, partly or wholly, from any person or source, the company will reimburse the insured person the medical expenses only for the amount exceeding the amount that may be claimed.

Specific Condition

1. In-patient room and board limits does not exceed 2,000 Baht per day. This exclusion does not apply to the medical treatment in Intensive Care Unit (ICU) as per the medical standard.

Claim and Submission of Evidence of Loss or Damage

The policyholders and/or the insured person shall submit the following evidence to the Company with his/her expense within 30 days from the date on which the insured person is discharged from the Hospital, Medical Facility or Clinic.

1. Claim form as prescribed by the Company.
2. Copy of passport or travel evidence of the insured person.
3. Copy of Identification card of the insured person.
4. Physician's report indicating significant symptom, diagnosis result and treatment.
5. Original copy of receipt listing the expenses, or a summary of the bill and receipt.

The receipts listing expenses must be the original receipts. The Company will return such receipts that certify the paid amount to the insured person to further claim the remaining amount from another insurer. If the insured person has been indemnified by the government welfare, other welfares, or other insurances, the insured person shall submit a copy of the receipt certifying the paid amount by the government welfare or other agencies to further claim the remaining amount from the Company.

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.



Additional Exclusions (Only comply with the insuring agreement for Medical Expenses from accident or sickness Benefits)

This insurance does not cover the medical expense arising from injury or sickness the following conditions:

1. Pre-existing Conditions.
2. Congenital abnormalities, growth development abnormalities and genetic disorders.
3. Treatment for relaxation or health, massage for health or relaxation, rehabilitation, bodily checkups, other treatment costs unrelated to the Injury or Sickness.
4. Treatment of disease or mental and nervous conditions, stress, insanity including drug addiction or genetic diseases.
5. AIDS, venereal diseases, sexual transmitted disease.
6. Miscarriage and abortion.
7. Artificial aids i.e. crutches, eyeglasses, hearing aid, speech device, pacemakers, etc.
8. Expense relating to dental except to relief the injury from accident but not include dental restoration, braces, crowns and bridges, scaling or polishing, filling, or dentures. This include the medical expense for the treatment which is necessary for natural pronunciation from dental treatment resulting from an accident.
9. Medical treatment incurred for the purpose of reaping benefit from this insurance policy.
10. Any cosmetic surgery or beautification treatment including treatment of acne, freckles, dandruff, weight reduction and gain, hair loss. Reconstructive surgery is also excluded unless injury is sustained as a result of an accident to reactivate the function of such organ.
11. Any medical treatment given by a medical practitioner who is the insured person or the parent, spouse or child/children of the insured person.
12. Any inoculations or vaccinations, except rabies vaccine needed after an animal attack or tetanus shots needed after injured.
13. Injury incurred while the insured is racing or boat racing, horse racing, ski racing including jet skiing, skating, boxing, parachuting (except parachuting to save life) while taking off or landing or traveling in a hot air balloon or glider.
14. Injury incurred while the Insured participates in a brawl or participate in inciting quarrels.
15. While the insured person is committing a felony or while the insured person is being arrested or escaping arrest.



16. Action of the insured person 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 150 mg percent and over.
17. While the insured person is boarding or traveling in an aircraft which has no license for carrying passengers or does not operate as commercial aircraft.
18. While the insured person pilots or works as a crew in any aircraft.
19. Back pain caused by disc herniation, spinal disc herniation (Spondylolisthesis) Degenerative intervertebral discs (Degenerative disc disease) (Spondylosis) and fracture (Defect) or pathology in the vertebral part Pars interarticularis (Spondylolysis), except fracture (Dislocation) of the spine as a result of an accident.

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Insuring Agreement

Emergency Medical Evacuation or Repatriation to Country of Domicile Benefits

Coverage

During the effective period under the terms and conditions of the policy coverage benefits, if the insured person is injured in an accident or suffers a sudden and unpredictable sickness during the period of insurance, and it is necessary to evacuate the insured person by the method suitable for the necessity based on an opinion or an advice of the Emergency Service Assistant or its representative in order to receive appropriate medical treatment or to evacuate the insured person back to his/her domicile, the Company shall pay the evacuation cost charged by the Emergency Service Assistant or its representative the company.

With respect to the movement method for emergency medical treatment, Travel Assistant or its authorized representative will decide and determine the method and type of movement, and the destination, which may include cost of patient transport vehicle by air, sea, land, train or other suitable transport methods, and based on necessary medical treatment.

The coverage specified herein is for expenses for services which are determined and/or prepared by Travel Assistant with respect to transport or medical treatment, and cost of medical tools incurred out of necessity as a result of the transport for emergency medical treatment of the insured person specified in the policy schedule and/or the certificate.

Claim and Submission of Evidence of Loss or Damage

The Policyholder and/or the insured person shall submit the following document to the Company for reimbursement consideration.

1. In case that the insured person is injured or falls sick in a remote area, the insured person should contact a local physician for first aid then Emergency Service Assistant shall determine the evacuation methods and coordinate with the Physician for further treatment.



Additional Exclusions (Only apply to the insuring agreement for the Emergency Medical Evacuation or Repatriation to Country of Domicile Benefits)

The insurance under this insuring agreement shall not cover expenses for emergency medical evacuation and repatriation to the Country of Domicile arising from or as a result of the following causes.

1. Expenses for all services for which the insured person is not obligated to pay or any expense already included in the expenses specified in the traveling schedule.
2. Expenses associated with any service which has not been approved and managed by the authorized company or authorized representative of the authorized company will not be covered except that the insured or travel companion of the insured is not able to notify the authorized company and have good reason. For expenses incurred and cannot be controlled during transportation for emergency medical care or transportation back to domicile. In this case, the company reserves the right to reimburse the insured for the first reserve for the expenses incurred for those services and the maximum amount is not more than the sum insured as specified in the policy schedule and/or the certificate.
3. Pre-existing Conditions
4. AIDS or blood test results show positive for HIV virus and other diseases related to AIDS.
5. Sexually transmitted disease or any disease



Insuring Agreement Travel Delay Benefits

Coverage

The insurance's coverage is applicable to a travel by airplane, ship or train by the insured person that is delayed for at least 6 hours in a row from the original schedule as stated in the policy schedule and/or the certificate, due to the following causes:

1. Unsuitable climate that forces airplane, ship or train operators to delay the trip for the safety of passengers.
2. Deficiency, malfunction, defect and glitch of mechanism or electricity system of the machines of aviation, ship or train equipment.
3. Protests or strikes of the employees of airplane transport operators or an airport, a ship or a train.

The insured person shall submit evidence issued by the transport provider detailing the specified time and causes of such delay issued. The Company will compensate for the delay as per the sum insured to the insured person for every 6 hours of the delay as stated in the policy schedule and/or the certificate, up to the sum insured as stated in the policy schedule and/or the certificate.

The Insuring Agreement of Delay of the insured person who arrives in Thailand, the coverage shall commence at the period of the insured person's departure from a home only for a traveling purpose.

Claim and Submission of Evidence of Loss or Damage

The policyholders and/or The insured person shall submit the following evidence to the Company with his/her expense within 30 days from the date of event occurring.

1. Claim form as prescribed by the Company.
2. Copy of passport or travel evidence of the insured person.
3. Copy of Identification card of the insured person.
4. Letter of notification from the authorize person to be responsible for the trip specifying the date of delay, reason and the duration of the delay.
5. Other evidence the company requires as necessary.



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.

Additional Exclusions (Only apply the insuring agreement for Travel Delay Benefits)

The insurance under this insuring agreement shall not cover Travel Delay resulting from the following causes:

1. The insured person's ticket intentionally fails to be inspected before boarding the airplane, the ship or the train at the time specified in the trip's details provided to the insured person and a failure to obtain a letter of guarantee issued by the transport operator or an agency responsible for the delaying hours and the cause of the delay.
2. A strike or an industrial dispute of the aviation transport operators, airports, vessels, trains that occurs before the time of making an insurance contract by the insured person.
3. Delays caused by service cancellation of the logistics operators that are responsible by instructions or some advices from the relevant control organization or the government of a certain country.
4. The insured arrive at the airport or port or train station later than the time of checking the ticket before boarding. (except that the trip is delayed because of a strike or an industrial dispute of the operator of airplane, airport, ship or train).
5. Government's requirements or laws, delays or changes in booked trips, including errors, negligence or defaults by service providers that are part of any booked trip, whether by travel agencies or tour operators who book the trip.
6. Loss or damage to the insured person's traveling privileges.
7. The damage in which the insured person does not have a letter indicating the cause of delay and duration of delay issued by the airline, ship or train or ticket agency.
8. The insured person who fails to inform the travel agency/tour operator or the logistics operators or accommodation operators at once when he/she realizes that there is a need to make a travel later than the arranged trip schedule, unless the insured person can justify that there is a reasonable cause and, thus, cannot immediately notify the company but still do so as quick as possible.



Insuring Agreement

Expenses for Visiting the Patient in the Hospital Benefits

Additional Definition

Family member Means Father, mother, grandfather, grandmother, son, daughter, spouse of the insured and father and mother of the spouse.

Majority means Reaching the age of 20.

Coverages

This applies to the circumstance in which the insured person is admitted to the hospital or the medical facility as an inpatient in Thailand as a result of injury or a sickness for over 5 consecutive days and the insured person's condition dictates that it is not possible to leave a hospital. In addition, no family member with the age of majority stays with the insured person in Thailand

The company will pay actual amounts of travel expenses by plane in the economy class, by first class train or ship and accommodation and meals up to the sum insured as specified in the policy schedule and/or the certificate, to the family members of the insured person, maximum 2 persons. The amount paid shall not exceed the sum insured as specified in the policy schedule to allow the family members of the insured person to visit the insured person in Thailand.

The authorized company will arrange an economy-class round-trip air ticket, a first-class train ticket or a ship ticket, accommodation and meals for up to 2 family members of the insured person per trip. The authorized company shall compensate for the cost of patient visit until the insured person is confirmed by a doctor that he/she is fit for travelling back to domicile, up to the sum insured as specified in the policy schedule and/or the certificate.

Additional conditions (Only apply to the insuring agreement for the Expenses for Visiting the Patient in the Hospital Benefits)

1. The medical condition of the insured person prevents the insured person from leaving a hospital.
Furthermore, the instruction by the respective doctor bans the relocation of the insured person.
2. The insured person is not accompanied by a family member who is of legal age during his/her stay at the hospital or the medical facility.



Insuring Agreement

Trip Cancellation or Postponement Benefits

Additional Definitions

Serious Injury or means the insured person and /or family member of the insured person who

Sickness requires medical treatment by a legally licensed Physician and Serious Injury or Sickness causes the insured person and / or family member of the insured person being certified by the Physician as unfit for the trip or continue with the trip.

Family Member means father, mother, grandfathers, grandmothers, son, daughter, spouse of the insured person, and father, mother of the spouse.

Coverage

This insurance provides coverage in case of the insured person's trip cancellation or postponement occurs within 30 days before the date of departure which causes the insured person cannot travel as scheduled resulting from these specified events (except the event in 3) as follows:

1. Death or Serious Injury or Sickness of the insured person or his or her Family Member.
2. Strike, riot, or civil war, political turmoil which is unexpected and uncontrolled by the insured person.
3. The insured person's permanent residence is seriously damaged from fire, flood or similar natural disasters such as typhoon and earthquake within 7 days before departure, resulting in the insured person being unable to travel as scheduled.
4. Summoned to be a witness at a court, or a writ of execution by a court.

The Company will compensate for the actual expenses of the insured person up to the sum insured as stated in the policy schedule and/or the certificate for the loss or the damage caused by the cancellation or postponement of the trip i.e. trip deposit, advanced air ticket and/or accommodation and meal that the insured person has advanced. The sum is only for the loss or the damage that has not been reimbursed by other agency and is a consequence of cancellation or postponement prior to the



departure day, and/or expenses that the insured person is liable to by law. The coverage shall be effective only when the insured person has been insured before becoming aware of any event which may cause such cancellation or postponement.

The benefit coverage agreement of trip cancellation or postponement shall commence on the day the insured person enters into this insurance policy.

In case the insured person claims for the reimbursement from this insuring agreement, the coverage of this insurance policy shall become terminated.

Claim and Submission of Evidence of Loss or Damage

The policyholders and/or The insured person shall submit the following evidence to the Company with his/her expense within 30 days from the date of event occurring.

1. Claim form as prescribed by the Company.
2. The letter from the airline of the insured person.
3. Copy of passport or travel evidence of the insured person.
4. Copy of Identification card of the insured person.
5. Medical certificate in case that the trip cancellation resulting from the critical injury or sickness of the insured person and/or family member of the insured person.
6. Copy of death certificate in case of trip cancellation is resulting from the death of the insured person and/or family member of the insured person.
7. Other evidence the company requires as necessary

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.



Additional Exclusions (Only apply to the insuring agreement for the Trip Cancellation or Postponement Benefits)

The insurance under this insuring agreement shall not cover Trip Cancellation or Postponement arising from or as a result of the following causes:

1. Any Loss or Damage arising from the government's control or rules
2. Any Loss or Damage arising from regulations bankruptcy lack of liquidity in debt repayment, or lack of debt repayment by the travel agency or carriers which causes trip cancellation.
3. Any loss or damage under the coverage of other effective insurance policies, public projects or compensation by other sources i.e. hotel, airline, tourist agency or other operators who are responsible for travel, meal and accommodation.
4. AIDS, venereal diseases, sexual transmitted disease.
5. Being insured under this insuring agreement less than seven (7) days before the date of departure (except in the case of death or serious injury of the insured person or his or her Family Member).
6. Trip cancellation or Postponement resulting from financial status or changing travel plans of the insured or family members.
7. Epidemic disease or the disease transmission.
8. Trip cancellation or Postponement resulting from any causes that the insured person being aware before applying for this insuring agreement.
9. Trip cancellation resulting from the Pre-existing conditions.
10. Business loss or damage, business obligation or the insured person's or its family member's commitment.
11. The loss or damage to the insured person's travelling privileges.
12. Trip cancellation resulting from the illegally action committed by the insured person or the insured person being prosecuted.
13. Trip cancellation or Postponement in which the insured person fails to inform at once the tourist agency or a tour manager or transport service or accommodation provider when the insured person realizes that the delay or cancellation is compulsory to the arranged trip, unless there is a reasonable cause that prevents an immediate communication to the tourist agency, and the insured person has informed the tourist agency as early as possible.



Insuring Agreement Trip Curtailment Benefits

Additional Definitions

Serious Injury or means the insured person and /or family member of the insured person who

Sickness requires medical treatment by a legally licensed Physician and Serious Injury or Sickness causes the insured person and / or family member of the insured person being certified by the Physician as unfit for the trip or continue with the trip.

Family Member means father, mother, grandfathers, grandmothers, son, daughter, spouse of the insured person, and father, mother of the spouse.

Coverage

This insurance policy covers additional expenses paid by the insured person for travel, accommodation and meal during the period of insurance, and/or a fine or expenses occurred as a result of premature return to domicile by the insured person due to the following causes:

1. Death, or Serious Injury or Sickness of the insured person and doctors recommend getting back
2. Family members of the insured's Death, or Serious Injury or Sickness.
3. A natural disaster such as typhoon or earthquake.
4. Strike, riot, or civil war, political turmoil which is unexpected and uncontrolled by the insured person.
5. Being quarantined as the Physician's advice.

The Company will compensate the actual expenses, up to the sum insured as stated in the policy schedule and/or the certificate for additional expenses by airplane, land or ship (economy class, if possible), accommodation, lost travel expense and/or advanced accommodation or a seized deposit of the insured person after a trip takes places, due to the above-mentioned causes. The coverage includes expenses stemming from the extension of a trip involving a quarantine as advised by the doctor.



Claim and Submission of Evidence of Loss or Damage

The policyholders and/or The insured person shall submit the following evidence to the Company with his/her expense within 30 days from the date of event occurring.

1. Claim form as prescribed by the Company.
2. The letter from the airline of the insured person.
3. Copy of passport or travel evidence of the insured person.
4. Copy of Identification card of the insured person.
5. Medical certificate in case that the trip curtailment resulting from the critical injury or sickness of the insured person and/or family member of the insured person.
6. Copy of death certificate in case of trip curtailment is resulting from the death of the insured person and/or family member of the insured person.
7. Other evidence the company requires as necessary.

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.

Additional Exclusions (Only apply to the insuring agreement for the Trip Curtailment Benefits)

The insurance under this insuring agreement shall not cover trip curtailment arising from or as a result of the following causes.

1. Curtailment due to the insured person being disturbance from mental disorder, insanity and peripheral neuropathy.
2. AIDS, or a blood test result revealing HIV positive, and other diseases related to AIDS.
3. Venereal disease or any sexually transmitted diseases (STD).
4. Reducing the number of travel days due to any reason that the insured knows in advance before applying for this insurance.
5. Reducing the number of travel days due to pre-existing conditions.
6. Reduction of travel days due to illegal acts of the insured or the insured being subject to criminal prosecution.



Insuring Agreement Missed Connecting Flight Benefits

Coverages

This insurance covers If the insured misses connecting to a flight, train or ocean liner who have confirmed travel according to the carrier's itinerary while in the country at the point where the transfer of vehicles is required; which is caused by the delay of the plane, train or ocean trip where the insured arrives at the vehicle transfer point and alternative vehicles cannot be provided within the six-hour (6-hour) period of travel or the time (if any) specified in the Schedule of Insurance Policy and/or Insurance Certificate. from the time of arrival at the vehicle transfer point

However, the insured must present evidence indicating the period of time. and reasons for missing connecting flights, trains or ocean liners issued by the carrier The company will pay compensation for missing connecting flights, trains or ocean liners. according to the sum insured to the insured for missing a connecting flight, train or ocean vessel every 6 hours or according to the time (if any) but not exceeding the sum insured as specified in the policy schedule and/or the insurance certificate.

For the benefit insurance agreement for missing a connecting flight for the insured person who travels into the Kingdom of Thailand the coverage starts from the moment the insured leaves the residence for the purpose of traveling only.

Claim for Missed Connecting Flight Benefits

Insurance policy holder and/or the insured The following evidence must be submitted to the company within 30 days from the date of the accident at the expense of the insured.

1. Claim form prescribed by the company.
2. Copy of the insured's passport or travel proof.
3. Copy of the insured's identity card.
4. Evidence showing the missed connecting flight, train, ocean vessel issued by the person responsible for the journey.
5. Other evidence requested by the Company as necessary.



Specific exception (Applicable only to the Missed Connecting Flight Benefit Insuring Agreement)

Insurance under this insuring agreement Does not cover benefits for missed connecting flights arising from or as a result of the following causes:

1. The insured failing to travel at the origin of the first departure for any reason whatsoever.
2. Delays caused by the cancellation of the carrier's services by order or advice from the relevant controlling authority or the government of that country.
3. Damage that the insured does not notify in writing from the airline, railway company or ocean liner or the ticket agent specifying the cause of the delay. and the duration of the carrier's delay.
4. Delays incurred due to strikes or protest which was commenced or announced prior to the date of issuance of the insurance policy or the date specified on the travel ticket or the date of confirmation of travel, whichever is the earliest.
5. In the event that the connecting flight of the connecting flight does not take place at the same airport as the previous flight that arrived or scheduled time between previous flights and connecting flights less than 3 hours apart.

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Insuring Agreement Baggage Delay Benefits

Coverages

This insurance provides coverage in the event that the insured's luggage arrives late during the insurance period, because the airline or carrier has sent it to the wrong place or temporarily lost.

The company will pay compensation in the amount specified in the schedule of the insurance policy and/or insurance certificate per every 6 full hours of delay from the time the insured arrives at the destination in Thailand according to the itinerary until the baggage is delivered, with a maximum payment not exceeding the sum insured as specified in the policy schedule and/or insurance certificate.

Neither the Insured may claim compensation in the Baggage Delay Benefit Coverage Agreement, and an agreement to insure benefits against loss or damage of baggage or personal effects (if any) at the same time in the same event.

Duty to maintain the right of the company for subrogation at the expense of the company The Insured shall do whatever is necessary or as may be reasonably requested by the Company either before or after receiving compensation from the Company in order to maintain the Company's right to claim compensation from a third party.

Baggage Delay Benefit Claim

Insurance policy holder and/or the insured The following evidence must be submitted to the company within 30 days from the date of the accident at the expense of the insured.

1. Claim form prescribed by the company.
2. Copy of the insured's passport or travel proof.
3. Copy of the insured's identity card.
4. Confirmation letter from the insured's airline.
5. A copy of the local police report of the incident.
6. Other evidence requested by the Company as necessary.

Failure to submit evidence within the said period does not deprive the right of claim If it can be demonstrated that there are reasonable grounds for being unable to submit evidence within the specified period but sent as soon as possible.



Specific exception (Applicable only to the Baggage Delay Benefit Insuring Agreement)

Insurance under this insuring agreement Does not cover the benefit of luggage delay caused by or as a result of the following reasons;

1. The insured does not report immediately to the commercial airline or carrier. to the delay of that luggage.
2. Seizure, confiscation, detention, or customs detention. immigration checkpoint and/or airport officials or the government or police of that country.
3. the inability of the insured to provide a confirmation letter or a written confirmation letter from the airline or the carrier at the date and time of receiving the delayed luggage back.

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Insuring Agreement

Benefits for loss or damage of baggage or personal effects

Specific Definitions

Personal effects	means	property of the Insured taken with him on the trip.
Household items	means	household items that people usually do not bring while Traveling such as clothing that is not necessary for traveling, kitchen utensils, household amenities, etc.
Souvenir	means	symbolic things or to commemorate an event, place or thing that is sold or given as a souvenir.
Golf equipment	means	golf clubs and golf bags or golf carts.
Jewelry	means	items such as rings, bracelets, necklaces, bracelets, earrings, pendants and watches that are worn as body ornaments.
Things in the house	means	Furniture, fixings, clothing and personal effects of the insured or family member or house servants who reside permanently with the insured, excluding deeds, bonds, bills of exchange, promissory notes, checks, traveler's checks, securities, all types of documents, cash, banknotes.
Valuables	means	jewelry made of gold, silver or other precious metals, wool, watches and gems or precious stones.

Coverages

This insurance covers loss or damage to the insured's baggage or personal effects. which the insured takes with him and suffers loss or damage within the period of insurance In the following cases;

1. While luggage or personal belongings are in the custody of hotel employees or companies, carriers or airlines. Such loss or damage must be certified in writing by the hotel's management. or the management of that transport company; or
2. As a result of any person acting in a manner that is severely coercive or by intimidation or threatening the insured to take luggage or personal belongings and such loss or damage The insured



must notify the local police of the loss or damage within 24 hours from the occurrence of the incident.

Claim for compensation must contain the diary of such police officer.

The company will pay compensation in this insuring agreement. Less deductible (if any) for loss or damage of baggage or personal effects of the insured. Within the insured period and this insurance policy is effective for the period specified in the insurance policy schedule and/or insurance certificate. which the company will compensate as follows;

1. The company will compensate for loss or damage of items not exceeding the amount per piece, pair or set, but not exceeding the sum insured as specified in the policy schedule and/or insurance certificate.

2. The company may deem it appropriate to pay in cash. or choose to compensate by restoring or repairing in the case of that item Not older than 1 year.

3. The company may reimburse in cash. Or choose to compensate by restoring or repairing, which the company will depreciate when it is recognized that there is wear and tear. And depreciate in case that those items are more than 1 year old.

Specific coverage conditions (Applies only to the Loss or Damage of Baggage or Personal Effects Benefit Agreement.)

1. The insured must report any loss or damage incurred to the police officer or officer responsible for the aircraft, boat or vehicle the insured is traveling. and receive evidence of loss or damage in writing from the authorized person of the vehicle unless it is unable to do so Due to necessity or in an event that occurred and caused the insured to not be able to notify such.

2. The insured must take all reasonable actions. to protect, maintain and protect the insured property and if that property is lost or damaged. The insured must notify the police. hotel staff, transportation companies or authorized persons of the terminal bus terminals immediately as well.

3. In the event that the company has already paid compensation under this insurance policy The Company shall subrogate the Insured's rights to exercise claims against any person. or any organization Only in the part that the company has already paid the compensation In this regard, the insured must cooperate with the company in delivering various documents. ready to take necessary actions to protect all such rights and must not take any action which is detrimental to the company.

4. The insured must follow all steps. in order for the insured's luggage or personal effects to be properly taken care of.



Claims for Loss or Damage of Luggage or Personal Effects

Insurance policy holder and/or the insured the following evidence must be submitted to the company within 30 days from the date of the accident at the expense of the insured.

1. Claim form prescribed by the company.
2. Copy of the insured's passport or travel proof.
3. Copy of the insured's identity card.
4. Letter acknowledging loss or damage incurred by the hotel management or management of the company, carrier or airline. In case the loss or damage is under the control of the hotel staff or the transport company. or airline.
5. Item and price of lost or damaged items.
6. A copy of the local police report of the incident.
7. Other evidence requested by the Company as necessary.

Failure to submit evidence within the said period does not deprive the right of claim If it can be demonstrated that there are reasonable grounds for being unable to submit evidence within the specified period but sent as soon as possible.

Specific exception (Applies only to the Loss or Damage of Baggage or Personal Effects Benefit Agreement.)

Insurance under this insuring agreement It does not cover loss or damage of luggage or personal belongings. arising from or as a result of the following reasons;

1. Deductible which the insured is responsible for as specified in the policy schedule and/or insurance certificate (if any).
2. Animals, mechanical walking vehicles (Including parts of that vehicle), motorcycles, boats, cars, any other vehicles, snow skis, housewares, antiques, valuable jewelry such as diamonds, gold, silver, including goldware. All silverware, contact lenses, wheelchairs for people with disabilities, dentures, fake arms, stock certificates, travel documents such as passports, green cards, visas, driver's licenses, travel tickets, or travel tickets. travel ticket Handbags or bags that are generally used, not like luggage. Wallets, cash, banknotes, coins or souvenirs, eyeglasses, food or supplements. golf equipment



And electronic devices such as mobile phones, cameras, camcorders, tablets, portable computers (including components and data programs), including all kinds of peripherals.

3. Loss or damage caused by wear and tear gradual deterioration Biting or nibbling insects Plants that destroy plants are rodents or self-deterioration. or damage caused because the insured takes any action to make repairs cleaning or modification Amendment to any property.

4. Loss or damage to the rented or leased equipment.

5. Seizure or detention under customs laws Confiscation by the Transportation Government illegal goods or perform any other acts that are against the law.

6. Loss or damage to baggage or property that has been compensated from other sources, i.e. property insured under other insurance policies. Reimbursement from the hotel or transport company or airline Except only for the amount of expenses that exceed the amount that can be reimbursed The company will compensate but not exceed the maximum sum insured specified in the policy schedule. and/or insurance certificate.

7. Loss of baggage or personal effects of the Insured sent in advance or souvenir and items sent by postal parcel or by ship without being accompanied by the insured.

8. Forgetting the Insured's luggage or personal effects in any vehicle or public place or loss or damage resulting from the insured's negligence in maintenance and take reasonable precautions for the safety of that property.

9. Loss or Damage of Goods or product samples.

10. Loss or damage of data recorded on the tape in the program, disc, card, or something similar.

11. Loss without cause.

12. Expenses that the insured can claim from the carrier or airline.



Insuring Agreement

Loss or Damage of Travel Documents Benefits

Additional Definitions

Travel Documents	means	passport, green card, visa, driving license, travel ticket or trip ticket, transportation ticket.
Travel Card	means	a travel card the insured person uses for paying travel fare to service providers of land, water, or air transportation which operate with a legal transportation license.
Theft	means	taking of the property of another person or joint owner in bad faith.
Burglary	means	theft presenting signs of breaking-in by any person who enters or exists the location at which the insured person property is kept by using aggressive force and causing a clear trail of damage to the said location by use of tools, explosives, electricity, or chemicals, or arising from Robbery or Gang Robbery, including Loss or Damage arising from an attempt thereof.
Robbery	means	Robbery by committing an act of violence or threatening to do any act of violence immediately in order to facilitate the theft or taking away of property; obtaining delivery of the property; taking hold of the property or concealing the commission of such offense; or avoiding arrest.
Gang Robbery	means	Robbery committed by three persons or more.

Coverage

The Company will pay compensation to the insured person for the actual amount paid up to the sum insured as specified in the policy schedule and/or the certificate for the cost of applying for a new travel document, additional travel and accommodation fees to apply for the new travel document, lost travel documents due to the fact that the insured person is stolen, robbed, burgled, or theft, or the insured person encounters natural disasters (such as typhoons, tsunamis, earthquakes, etc.) while being Thailand.



The insured person shall submit a report of such loss to competent police officers in the area within 24 hours of the incident. The claim shall involve a daily record of the competent police officer.

Claim and Submission of Evidence of Loss or Damage

The policyholders and/or The insured person shall submit the following evidence to the Company with his/her expense within 30 days from the date of event occurring.

1. Claim form as prescribed by the Company.
2. Copy of passport or travel evidence of the insured person.
3. Copy of Identification card of the insured person.
4. Copy of Daily report of a local police officer.
5. Other evidence the company requires as necessary.

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.

Additional Exclusions (Only apply to the insuring agreement for the Loss or Damage of Travel Documents Benefits)

The insurance under this insuring agreement shall not cover expenses or loss of travel documents arising from or as a result of the following causes:

1. No report of loss is made to the competent police officer in the area within 24 hours after the incident and/or without the daily records of the competent police officer.
2. The loss is a consequential result of failure, forgetfulness and ignorance of the insured person to take appropriate care and precaution for the security of travel documents.
3. The request fee for travel documents for a certain country is not included in the travel plans of the insured person.
4. Loss or damage of unknown causes.
5. The actions of the insured person 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 150 mg percent and over.
6. While the insured person joins the fight or contributes to provoking controversy.



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7. When the insured person commits a crime or while being arrested or escaping arrest.
8. Loss due to exchange rate or depreciation of the document.





Insuring Agreement Credit Card Liability Benefits

Specific definitions

Credit Card means the Insured's credit card, debit card or ATM card including supplementary Cards.

Coverages

This insurance covers financial losses that result directly from the loss or theft of a credit card. which occurred while traveling in Thailand.

The Company will pay compensation for financial damages that result directly from the loss or theft of credit cards. which occurs during a trip in Thailand and the insured cannot claim damages from the person responsible or other types of insurance for the actual amount of damage but not exceeding the sum insured as specified in the policy schedule and/or insurance certificate Less deductible (if any).

However, the insured must notify such loss or damage to the credit card company within 6 hours after the incident. Including notifying the competent police in the area at the scene of the incident within 24 hours from the time of the incident.

Credit Card Liability Benefit Claims

Insurance policy holder and/or the insured The following evidence must be submitted to the company within 30 days from the date of the accident at the expense of the insured.

1. Claim form prescribed by the company.
2. Copy of passport and/or proof of travel of the insured.
3. Copy of the insured's identity card.
4. A copy of the local police report of the incident.
5. Insured's credit card expense statement.
6. Documents or evidence required by the company as necessary (if any).



Failure to submit evidence within the said period does not deprive the right of claim If it can be demonstrated that there are reasonable grounds for being unable to submit evidence within the specified period but sent as soon as possible.

Specific exception (applicable only to the credit card liability protection agreement)

Insurance under this insuring agreement Does not cover benefits from credit card liability arising from or as a result of the following reasons;

1. Deductible which the insured is responsible for as specified in the policy schedule and/or insurance certificate (if any).
2. If the credit card is stolen by someone within the family of the insured
3. Strikes, riots, malicious acts for political, religious, ideological or political turmoil.

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Insuring Agreement

Compensation benefits for the loss of personal funds

Specific definitions

Deductible	means	the deductible of each and every loss of a person the insured will be responsible for himself.
Theft	means	dishonestly taking property belonging to another person or owned by another person.
Robbery	means	Theft that appears to be tampered with by any person which has entered or exited from the place where the insured property is stored by using violent force and causes obvious signs of damage to the place where the insured property is stored from the use of tools, explosives, electricity, chemicals, or from robbery or robbery including loss or damage arising from such attempts.
Stealth	means	theft by means of violence or threatening to use force immediately Do any acts of violence in order to facilitate the theft or take away of such Property or to submit to that property or hold on to that property or cover up the action the offense in order to escape from arrest.
Plunder	means	Robbery by committing offenses with three or more persons.

Coverages

This insurance covers In case of loss or damage of cash, banknotes and traveler's checks of the insured from any one of the following events which occurred during the period of insurance

1. Theft with signs of tampering from a locked safe Inside the hotel room where the insured has registered as a hotel guest.
2. Robbery, robbery, theft or any action in a violent manner.

The Company shall pay compensation for the loss or damage of cash, banknotes and traveler's checks that the Insured cannot claim from the responsible person or other types of insurance for the



actual amount of damage, but not exceeding the sum insured as specified in the policy schedule and/or insurance certificate Less deductible (if any).

The insured must report such loss to the competent police officer in the area within 24 hours after the incident. And every claim for compensation for such loss must be accompanied by a police diary.

Claims for compensation for loss of personal funds

Insurance policy holder and/or the insured The following evidence must be submitted to the company within 30 days from the date of the accident at the expense of the insured.

1. Claim form prescribed by the company
2. Copy of the insured's passport or travel proof
3. Copy of the insured's ID card
4. A copy of the daily record of the local police at the scene of the incident
5. Other evidence requested by the Company as necessary.

Failure to submit evidence within the said period does not deprive the right of claim If it can be demonstrated that there are reasonable grounds for being unable to submit evidence within the specified period but sent as soon as possible.

Specific exception (applicable only to the benefit protection agreement for loss of personal money only)

The insurance under this insuring agreement does not cover personal loss compensation benefits arising from or as a result of the following reasons

1. Deductible which the insured is responsible for as specified in the policy schedule and/or insurance certificate (if any).
2. All kinds of credit cards, travel cards and stock certificates, bill documents
3. In case of loss resulting from mistake, forgetfulness, negligence of the Insured in taking reasonable precautions and precautions for the safety of such property. as well as losses due to currency exchange or depreciation of money.
4. In case of loss of traveler's checks Where the loss was not reported to the bank or the agent that issued the traveler's check immediately after the incident.



5. In the event that the loss cannot be proven.
6. Actions of the insured while being under the influence of alcohol, addictive substances or narcotics to the extent that he is unable to control one's consciousness
The term “under the influence of alcohol” means that in case of having a blood test, the blood alcohol level is at least 150 milligram percent.
7. While the insured participates in a brawl or participate in inciting quarrels.
8. While the insured commits a crime or while being arrested or escaping arrest

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Insuring Agreement Public Liability Benefits

Additional Definition

Third Party means any persons who are not the relatives stay with the insured person, employee and business partner of the insured person.

Coverage

The insurance policy covers legal liability to third party of the Insured person which accidentally occurs during the insurance period specified in the schedule and/or the certificate. The company on behalf of the insured person shall compensate the actual amount the insured person has to be legally responsible for which deducts the deductible (if any) but not exceeding the sum insured stated in the schedule and/or the certificate for the result of the damage as following:

1. The death of injury resulting from accident of the third party.
2. Loss or damage to the third party's property resulting from accident.

Specific Condition (Only apply to the insuring agreement for Public Liability Benefits)

The insured person shall not take any action representing agreement to indemnify or be liable for the Third Party or any other injured person, or which constitutes filing of a lawsuit or defense of the case without written consent from the Company

Claim and Submission of Evidence of Loss or Damage

The policyholders and/or The insured person shall submit the following evidence to the Company with his/her expense within 30 days from the date of event occurring.

1. Claim form as prescribed by the Company.
2. Copy of passport or travel evidence of the insured person.
3. Copy of Identification card of the insured person.
4. Copy of Daily report of a local police officer.
5. Other evidence the company requires as necessary.



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.

Additional Exclusions (Only apply to the insuring agreement for Public Liability Benefits)

The insurance under this insuring agreement shall not cover public liability arising from or as a result of the following causes:

1. The deductible that the insured person has to be responsible for as specified in the policy schedule and/or the certificate (If any)
2. Loss or Damage of the property owned by, or legally in possession or under control of the insured person.
3. Loss or Damage relating to any liability assumed under contract.
4. Loss or Damage relating to the willful or spiteful act, act of gross negligence, or illegal act of the insured person.
5. Expenses for criminal proceedings.
6. The Insured participates in rally racing.
7. Exemplary or multiple damages.
8. Loss or Damage of rented equipment or the equipment for rent.



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Section 5 Attachments

If the statement in the attachments are contrary to those in the policy, the statement in the attachment shall prevail.

Other conditions and exclusion under this insurance shall remain effective.





Endorsement of Automatic Extended Term

(It's used as the endorsement for Domestic travel insurance policy)

Company code:

The endorsement no. -	is a part of policy no.: as specified in the schedule Documentation Date: -
Name-Last name of Insured person: as specified in the schedule	
Insurance period: as specified in the schedule	

It is hereby agreed that if anything specified in this endorsement is contrary to the policy wording, the clause in this endorsement shall prevail and all other term and conditions this policy remain unaltered.

Additional Definition

“Unpredictable Event” means weather-permitting to operate the flight due to the natural disaster, defect of aviation equipment in case of the engine failure, changing the size of aircraft, loss of travelling documents. In case that the insured person is not allowed to get on the aircraft due to fully booking or resulting from sickness or injury occurring to the insured person.

Automatic Extended Term

It is hereby agreed in the insuring period of this endorsement that the insuring agreement shall extend the term to cover the return trip of the insured person which is delay due to the unexpected event uncontrolled by the insured person. The company shall extend the term as necessary to cover until the round trip is ended without additional premium or any expense, but not exceeding the days specified in the policy schedule and/or the certificate.



Attachment extends protection for infants.

(It's used as the endorsement for Domestic travel insurance policy)

Company code:

The endorsement no. -		is a part of policy no.: as specified in the schedule		Documentation Date: -	
Policyholder: as specified in the schedule					
Name-Last name of Insured person: as specified in the schedule					
Baby's full name		Relationship with the insured		Beneficiary	
Insurance Period:		Days	Start Date	Time	hrs.
Expiry Date		Time	hrs.		

It is agreed that if any statement in this annex is contrary to or inconsistent with the statement appearing in the insurance policy, the statement appearing in this annex shall apply instead. Other terms and conditions In the insurance policy is still in force as before.

Specific definition

“Infant” means a person from7..... days to2..... years of age and is an infant under the care of the Insured extension of protection.

It is agreed that within the effective period specified in this annex The aforementioned insurance policy extends coverage to the insured's infant. with insuring agreements, exclusions and other conditions as well as the insured without additional insurance premiums Unless specified otherwise in this attachment. The company provides coverage in each insurance agreement according to the sum insured specified in the policy schedule and/or insurance certificate. or in the following table;

Insuring Coverage	Sum Insured (Baht)	Deductible



Automatic termination of coverage

Coverage for each infant Ends when any of the following events occur, whichever event will happen first

1. When an infant ceases to be an infant according to the specific definition set out on the anniversary date of the insurance policy specified in the Insurance Policy Schedule and/or Insurance Certificate.
2. When the baby dies
3. When the insured's coverage ends

A large, light pink circular watermark containing the "Tune Protect" logo in white. The word "Tune" is in a script font, and "Protect" is in a bold sans-serif font.