**Please read this disclaimer carefully for your own benefit.**

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| **Topic** | **Disclaimer** |
| **Disclosure** | The insured applicant must truthfully answer all questions. Concealing any  facts or making false statements will result in this insurance contract  being voidable, which may cause the Insurer to deny its liability under the  insurance contract pursuant to section 865 of the Civil and Commercial  Code. |
| **Medical history** | The insured applicant consents the Company to check the medical history  and diagnosis of the Insured as necessary for this insurance. The insured  applicant also agrees that the Company is entitled to perform an autopsy  as necessary without any violation to the law at the Company’s expense.  In the case that the Insured does not consent the Company to check the  medical history and diagnosis of the Insured to consider the payment of  compensation, the Company may reject the coverage under this  insurance policy to the Insured. |
| **Personal Data Protection**  **Act** | For insurance arrangements, the insured applicant consents or obtains  consent for the Company to collect, use and disclose personal  information, including the health information of relevant persons in this  Policy, such as the beneficiary to insurance brokers, including other  persons such as the Company and third-party service providers.  In case the buyer is not the insured, the buyer confirms that s/he has  obtained permission to enter into an insurance contract and has obtained  consent to submit the personal information of the insured and any  relevant person, in accordance with the Personal Data Protection Act. |
| **Free Look period**  **(Electronic channels)** | If the insured applicant wants to cancel the Policy for whatever reason,  the insured applicant has the right to cancel the Policy within 15 days  from the date of receiving the Policy from the Company. In such a case, it  shall be deemed that the Policy has never been effective since the Policy  start date specified in the schedule. The Company, therefore, shall not be  liable for any loss or damage incurred under the Policy. The Company will  return all premiums received. |
| **Free Look period**  **(Telemarketing channels)** | If the insured applicant wants to cancel the Policy for whatever reason,  the insured applicant has the right to cancel the Policy within 30 days  from the date of receiving the Policy from the Company. In such a case, it  shall be deemed that the Policy has never been effective since the Policy  start date specified in the schedule. The Company, therefore, shall not be  liable for any loss or damage incurred under the Policy. The Company will  return all premiums received. |
| **Non-payment** | For the insured applicant who agreed to pay their premium by monthly  instalments:  The insured applicant’s outstanding balance and payment details will be  in the Statement of Account.  The insured applicant must pay each instalment when due. If the insured  applicant misses a monthly instalment, Roojai will attempt to inform the  insured applicant through email, SMS, registered mail, or phone. Without  payment from the insured applicant, the Company will consider that the  insured applicant has instructed us to cancel the policy and it will expire  30 days after the missed payment. |
| **Tax deduction** | For the insured applicant who selected to exercise the right to apply for  income tax deduction under the law on taxation:  The insured applicant consents the Company to submit this insurance  information to the Revenue Department. |
| **Automatic renewal** | For the insured applicant who selected automatic renewal option:  The insured applicant agrees to renew the Policy automatically for the  following years which the Company will charge in advance.  Roojai will send the insured applicant a renewal notice detailing the  coverage and payment terms prior to the renewal date.  If the insured applicant does not wish to renew automatically, the insured  applicant can opt out of the automatic renewal option at any time before  the inception of the applicant’s renewal policy by going to My Account. If  the Company does not receive any objections from the insured applicant,  the Company will assume that the insured applicant has accepted the  terms of the renewal invitation. |

**For any questions, contact us on {!CONST(Phone\_no\_used\_Health\_TH)}**

**Roojai online insurance, Expect more, save more**

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| **Dear {!ph\_fullname}**  {!house\_number}  {!village\_building}  {!soi\_road} {!sub\_district}  {!district} {!province}  {!postal\_code} | Date {!currentdate} |
| **Policy number:**  **● Personal accident {!insurer\_policy\_no}** | |
|  | |
| Thank you for choosing Roojai. Your insurance policy starts from {!start\_date} until {!end\_date}.  Roojai is here to protect you. Be safe and worry-free with high coverage, so you can focus on recovery and get back to living your life.  Please read the full policy details for your benefits through the website.  For any questions, call our award-winning contact center on **{!CONST(Phone\_no\_used\_Health\_TH)}**. | |

**Roojai Online Insurance**