

In consideration of the statements in the Policy application or other acceptable means of enrolment, which shall be the basis of this contract and whose original copy or proof is filed with the Alliedbankers Insurance Corporation (hereinafter called the “the Company”) and made a part of this Policy, the payment of premium in advance and subject to all the exclusions, provisions and other terms of this Policy, the Company hereby insures the persons named (hereinafter called the “Insured”) against loss indicated as covered in the Policy Schedule occurring during the Period of Insurance.

IN WITNESS WHEREOF, the Company has caused this Policy to be executed and commenced on the Effective Date stated in the Policy Schedule, provided that no Insurance shall be in force unless the Policy Schedule and the Confirmation of Cover are signed by an authorized representative of the Company.

DEFINITIONS

1. **“Accident or Accidental”** means sudden, unforeseen or fortuitous event.
2. **“Accidental Death”** means death occurring as a result of a bodily injury.
3. **“Air Carrier”** means any aircraft which is duly licensed for the regular transportation of ticketed passengers, and which has established routes.
4. **“Annual Multi-trip Policy”** means a policy issued to the Insured who is an Annual Traveler covered or travelling to various destinations.
5. **“Annual Traveler”** refers to Insured who makes frequent and multiple business trips or leisure during the policy period but not exceeding ninety (90), or one-hundred twenty (120), or one-hundred eighty (180), consecutive days per Trip.
6. **“Asia”** means China, Hong Kong, Indonesia, Macau, Malaysia, Singapore, Taiwan, Thailand, Vietnam, and the other countries within Asia continent.
7. **“Authorized Company”** means the travel and medical assistance company appointed from time to time by the Company as stated in the Policy Schedule / Confirmation of Cover.
8. **“Benefit”** means the respective benefit amount, as stated in the Policy Schedule payable by the Company under the terms and conditions of this Policy in respect of each event or loss covered by this Policy.
9. **“Bodily Injury”** means Accidental bodily injury occurring while this Policy is in force, resulting solely, directly and independently of all other causes from an Accident caused by the external, violent, or visible means.
10. **“Company”** refers to Alliedbankers Insurance Corporation.
11. **“Complications”** means any secondary diagnosis occurring prior to, during the course of, concurrent with, or as a result of the pregnancy, which may adversely affect the outcome of the pregnancy.
12. **“Confirmation of Cover”** means the certificate of insurance issued to the Insured. It describes in general the insurance protection to which the Insured, his Dependent Children and/or Immediate Family Member is entitled but shall form part of the contract between the Company and the Insured. In the event of discrepancy between the provisions of such confirmation and this Policy, the provisions of this Policy shall prevail.
13. **“Confined or Confinement”** means uninterrupted period in a Hospital as a Resident In-patient upon the advice of and under the regular care and attendance of a Physician.

14. **“Communicable Disease Outbreak or Communicable Disease”** means a disease that may be transmitted directly or indirectly by one person or animal to another by any means due to a virus, bacteria or other microorganism and that leads to:
- (i) the imposition of quarantine or restriction in movement of people or animals by any national or international body or agency; or
 - (ii) a travel advisory or warning being issued by a national or international body or agency.
15. **“Dependent Children”** means the Insured’s unmarried dependent child or children (including stepchildren or legally adopted children), who are aged between two (2) weeks old and up to and including seventeen (17) years old or, up to and including twenty-one (21) years of age while they are full-time students at an accredited institution of higher learning and are primarily dependent upon the Insured for maintenance and support.
16. **“Domestic”** means a trip within the territorial limits of the Philippines, which is undertaken by the Insured and for the purpose of travelling locally.
17. **“Effective Date”** means the date on which insurance under this Policy commences as stated in the Policy Schedule or in the Confirmation of Cover.
18. **“Eligibility”** means to be eligible for cover under this Policy, the Insured/s must be at least two (2) weeks old but not more than one hundred (100) years old on the Effective Date of insurance as stated in the Policy Schedule or Confirmation of Cover.
19. **“Expiry date”** means the date on which insurance under this Policy expires and end as stated in the Policy Schedule or Confirmation of Cover.
20. **“Family Policy”** means a policy covering the Insured and a maximum of four (4) Dependent Children and/or Immediate Family Member who will receive one hundred percent (100%) of the Benefit Amounts as stated in the Policy Schedule, except in Section I- Personal Accident Benefit where each Dependent Children and/or Immediate Family Member will receive twenty-five percent (25%).
21. **“Hijack”** means any seizure or exercise of control by force or violence or threat of force or violence, and with wrongful intent, of an aircraft.
22. **“Hospital”** means a legally constituted establishment operated pursuant to the laws of the country in which it is based, which holds a license as a hospital and meets the following requirements:
- (i) Operates primarily for the reception, care and medicare and treatment of sick, ailing or injured persons as in-patients;
 - (ii) Provides full-time nursing services by and under the supervision of a staff of licensed nurses;
 - (iii) Has a staff of one or more Physicians available at all times;
 - (iv) Maintains organized facilities for the medical diagnosis and treatment of such persons, and provides (where appropriate) facilities for major surgery within the confines of the establishment or in facilities controlled by the established; and
 - (v) Is not primarily a clinic, nursing, rest or convalescent home or similar establishment and is other than a place for alcoholics or drug addicts.

Hospital shall not include the following:

- (i) A mental institution; an institution confined primarily to the treatment of psychiatric disease including sub-normality; the psychiatric department of a hospital;
- (ii) A place for the aged; a rest home; a place for drug addicts or alcoholics; or

- (iii) A health hydro or nature cure clinic; a special unit of a hospital used primarily as a place for drug addicts or alcoholics, or nursing, convalescent, rehabilitation, extended-care facility or rest home.
23. **“Immediate Family Member”** means the Spouse, parent, parent-in-law, step-parent, child, brother, sister, brother-in-law, sister-in-law, daughter-in-law, son-in-law, half-brother, half-sister, niece, nephew, uncle, aunt, stepchild, grandparent or grandchild.
24. **“Insured”** means the person(s) named in the Policy Schedule or Confirmation of Cover with respect to whom premium has been paid or agreed to be paid.
25. **“International”** means a Trip undertaken by the Insured which starts in the Republic of the Philippines for the purpose of travelling Overseas.
26. **“Limb”** includes a hand or foot.
27. **“Loss”** means, with respect to hands and feet, actual severance through or above wrist or ankle joints; with respect to eyes, entire and irrecoverable loss of sight; with respect to thumb and index finger, actual severance through or above metacarpophalangeal joints, and in each case caused by a Bodily Injury. This term shall not include loss of use of a part of the body.
28. **“Loss of Hearing”** means wherever used in this Policy shall mean permanent irrecoverable loss of hearing where:
If a dB= Hearing loss at 500 Hertz
If b dB= Hearing loss at 1000 Hertz
If c dB= Hearing loss at 2000 Hertz
If d dB= Hearing loss at 4000 Hertz
 $1/6 (a+2b+2c+d)$ is above 80dB
29. **“Loss of Sight”** means permanent and total loss of all sight of an eye which is beyond remedy by surgical or other treatment.
30. **“Loss of Speech”** means the disability in articulating any three of the four sounds which contributes to speech such as Labial sounds, the Alveololabial sounds, the Palatal sounds and the Velar sounds or the total loss of vocal cord or damage of speech center in the brain resulting in Aphasia.
31. **“Loss of Use”** means, with respect to a part of the body, the complete inability of the part of that body to function as a result of a Bodily injury sustained on that part.
32. **“Medical Necessary Expenses”** means charges for treatment, supplies, or medical services medically necessary to treat insured’s condition, which does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred.
33. **“Nurse”** means a nurse duly licensed and practicing within the scope of their license pursuant to the laws in the geographical area of practice and shall not include the Insured or his/her Spouse or any of his/her Immediate Family Members unless approved by the Company.
34. **One-Way Trip** means a Trip commencing from the Philippines to a destination within the territorial limits of the Philippines or Overseas and shall commence on the departure of the Public Conveyance in which the Insured has arranged to travel.
35. **“Overseas”** means outside the territorial limits of the Republic of the Philippines.
36. **“Period of Insurance”** means the period between the Effective Date and Expiry Date which the coverage is effective as stated in the Policy or in the Confirmation of Cover.

37. “Permanent Loss” means:

- (i) Physical severance or total loss of the use of a limb having lasted twelve (12) consecutive months and at the expiry of that period is beyond hope of improvement;
- (ii) Irrecoverable loss of all sight in an eye;
- (iii) Entire and irrecoverable loss of hearing; or
- (iv) Entire and irrecoverable loss of the ability to speak.

which in each case caused by a Bodily Injury.

38. “Permanent Total Disability” means disablement, which having lasted for (12) twelve consecutive months and will in all probability, entirely prevent the Insured from engaging in gainful employment of any and every kind for the remainder of his/her life.

39. “Physician” means a legally licensed physician or surgeon duly registered and practicing within the scope of his/her license pursuant to the laws of the country in which such practice is maintained and shall not include the insured any of his/her Immediate Family Members unless approved by the Company.

40. “Policy” means this document and the Policy Schedule describing the insurance contract between the Insured and the Company. It shall also include, after this Policy has taken effect, any amendment, rider, clause, warranty, endorsement or any other document attached to this Policy and which has been endorsed by an authorized executive officer of the Company.

41. “Policy Schedule” means the summary of benefits attached to this Policy issued to the Insured.

42. “Reasonable” means for medical or dental expenses, the standard level of care given in the country the Insured are in or, for other expenses, the standard level the Insured have booked for the rest of the Trip or as determined by the Company.

43. “Scheduled Departure Date” means the date on which the Insured is scheduled to depart as set out in his/her travel ticket.

44. “Sickness” means any illness or disease which requires treatment by a medical practitioner and which is not a Bodily Injury.

45. “Single Trip Policy” means a policy issued for the selected plan where the Insured(s) can only make a single Trip to the selected destination of travel during the Period of Insurance.

46. “Spouse” means the legally married spouse of the Insured.

47. “Strike” means organized industrial action or any temporary stoppage of work by the concerted action of the Air Carrier’s employees as a result of an industrial or labor dispute.

48. “Trip” means a trip commencing from the Philippines for a maximum duration of one-hundred eighty (180) consecutive days.

49. “Worldwide” means Asia and the Rest of the World including Schengen Area.

CHOICE OF PLANS

The scope of coverage and benefits under this Policy will vary as follows:

GEOGRAPHICAL COVER

- (i) If “Domestic” cover has been chosen, only Trips within Philippines will be covered under this Policy.
- (ii) If “Asia” cover has been chosen, only Trips to and Trips to and from Asia countries will be covered under this Policy.
- (iii) If “Worldwide” cover has been chosen, only Trips to and Trips to and from all countries outside the Philippines will be covered under this Policy.

COMMENCEMENT OF COVERAGE AND EXPIRY

For Trip Cancellation, the benefit takes effect upon acceptance and approval of application and receipt of premium payment and shall terminate upon commencement of the Trip.

For all other benefits, insurance is effective three (3) hours before the Air Carrier’s scheduled flight departure time, and ceases on whichever of the following occurs first:

- (i) Three (3) hours after the Air Carrier’s flight arrival time on the return flight for a round-trip itinerary or for one-way itineraries, upon Insured’s arrival at the Air Carrier’s flight destination;
- (ii) Upon the expiry of the Period of Insurance stated in the Policy Schedule; or
- (iii) Upon the death of the Insured except for death related benefits.

DESCRIPTION OF BENEFITS

SECTION I: PERSONAL ACCIDENT

A. Personal Accident Benefit

If, during the Period of Insurance, while the Insured is on a Trip, the Insured sustains Bodily Injury which results in Accidental Death or Permanent Total Disability within one hundred eighty (180) days from the date of the Accident, the Company will pay up to the relevant Benefit amount as stated in the Policy Schedule in accordance to the limits provided in the table below, subject to the terms and conditions of this Policy:

Loss Covered	Percentage of the Benefit Amount Payable
Accidental Death	100%
Permanent Total Disability	100%
Permanent Loss of speech and hearing	100%
Loss of or Loss of Use of two Limbs	100%
Loss of both hands, or all fingers and both thumbs	100%
Loss of both feet	100%
Total loss of sight of both eyes	100%
Injuries resulting in being permanently bedridden	100%
Any other injury causing permanent total disablement	100%
Loss of arm at or above elbow	70%
Loss of arm between elbow and wrist	50%
Loss of hand	50%
Loss of four fingers and thumb on one hand	50%
Loss of four fingers	35%

Loss of thumb	15%
Loss of index finger	10%
Loss of middle finger	6%
Loss of ring finger	5%
Loss of little finger	4%
Loss of metacarpals – first or second (additional)	3%
Third, fourth or fifth (additional)	2%
Loss of leg at or above knee	60%
Loss of leg below knee	50%
Loss of one foot	50%
Loss of toes - all of one foot	25%
Loss of Big Toe	5%
Loss of any toe other than Big Toe, each	1%
Loss of sight of one eye	50%
Loss of speech	50%
Loss of hearing - both ears	50%
One ear	25%

The occurrence of any specific Loss for which indemnity is payable under this Section to an Insured shall at once terminate all cover under this Policy for the Insured, but such termination shall be without prejudice to any other claim originating from the Accident causing such Loss.

No indemnity will be paid under any circumstances for more than one of the losses, the greatest, for which provision is made in this Section.

No payment will be made for any loss caused by or resulting from Sickness.

B. Accidental Burial Benefit

If, during the Period of Insurance, while on a Trip, the Insured suffers death due to an Accident, the Company will pay for all actual cost of burial expenses incurred, up to the maximum Benefit amount as stated in the Policy Schedule subject to the terms and conditions of this Policy.

SECTION II: MEDICAL NECESSARY EXPENSES AND EMERGENCY ASSISTANCE BENEFITS

A. Medical Necessary Expenses

If, during the Period of Insurance, the Insured suffer an injury or illness and need medical attention while on a Trip, benefits are provided for covered Medical Necessary Expenses, up to the relevant maximum Benefit amount and subject to a deductible as stated in the Policy Schedule per claim per event..

The Company shall also pay to the Insured or the Authorized Company or its authorized representative (where applicable), the expenses for medical attention and treatment which the Insured incurred upon return from the Trip as a result of Bodily Injury or Sickness suffered during the Trip. Initial treatment for such Bodily Injury or Sickness must be received during the Trip and all Medical Necessary Expenses must be incurred within thirty (30) days from the date the Insured returns to his/her residence. Admission to a Hospital must be within twelve (12) hours after return from a Trip and must be a continuation of medical attention sought while on a Trip. The maximum sum insured for Medical Necessary Expenses incurred upon return to the place of residence is equivalent to ten percent (10%) of the maximum Benefit amount

for this Section. In no event shall the total amount payable under this Section exceed one hundred percent (100%) of the Benefit amount stated in the Policy Schedule.

A. 1. Emergency and Accidental Dental Expenses

The Company shall pay directly to the Authorized Company, or its authorized representative, the expenses for strictly necessary emergency dental treatment of natural teeth only for the immediate relief of pain and not occasioned by the previous deteriorated state of the teeth, gums or jaws up to the limit provided in the Benefit Amount stated in the Policy Schedule.

In case of dental treatment of natural teeth necessary solely as a result of an accident which also caused bodily injury necessitating medical treatment and not occasioned by the previous deteriorated state of the teeth, gums or jaws, the Company will pay for the cost up to the limit provided in the Benefit Amount stated in the Policy Schedule.

Crowned teeth, crowns, bridges, dentures, etc. are not to be understood as natural teeth.

ADDITIONAL CONDITIONS

- (a) In case of hospitalization or medical emergency, the Insured, a person traveling with him/her, or the treating medical authority must contact the Company or the Authorized Company immediately or at the most reasonable time to verify coverage and arrange the appropriate medical care.
- (b) The Company has the option of returning the Insured to his/her place of residence, if the cost of medical and/or additional expenses is likely to exceed the cost of returning the Insured to their place of residence, subject always to medical advice. The Company also has the option of evacuating the Insured to another location. However, if the Company returns the Insured to his/her place of residence, the standard Policy conditions pertaining to medical expenses will apply.

B. Emergency Medical Evacuation

If, during the Period of Insurance and while on a Trip, the insured:

- (i) Suffers Bodily Injury or Sickness as diagnosed by a Physician designated by the Authorized Company or its authorized representative; and
- (ii) The necessary medical treatment is not available, either at the nearest Hospital where the Insured was transported to or in the immediate vicinity thereof, after suffering the Bodily Injury or Sickness,

the Insured, a person travelling with him/her, or the treating medical authority must contact the Company or the Authorized Company or its authorized representative, immediately to verify coverage and arrange the appropriate medical care in the case of hospitalization or medical emergency.

The Authorized Company or its authorized representative may, based on the advice of a Physician that the Insured is medically fit to be evacuated, determine in its sole discretion, that the Insured should be evacuated to another location for the necessary medical treatment.

The Authorized Company or its authorized representative shall arrange for the evacuation within a reasonable timeframe and utilize the best suited means based on the medical severity of the Insured's condition, including but not limited to, air ambulance, surface ambulance, regular air transportation, railroad or any other appropriate means.

All decisions as to the means of transportation and the final destination will be made by the Authorized Company or its authorized representative and will be based solely upon medical necessity. The Insured may in appropriate circumstances be returned to the Philippines.

The Company shall pay directly to the Authorized Company, the Coverage Expenses, up to the relevant Benefit amount stated in the Policy Schedule, subject to the terms and conditions of this Policy.

If due to reasons beyond the Insured's control, the Insured is unable to notify the Authorized Company to make the necessary evacuation arrangements, the Company shall, if satisfied that the evacuation was due to the necessary medical treatment not being available either at the nearest Hospital where the Insured was transported to or in the immediate vicinity thereof, reimburse the Insured for expenses incurred in relation to the evacuation, up to the relevant Benefit amount stated in the Policy Schedule which the Authorized Company would have incurred for services provided under the same circumstances, subject to the terms and conditions of this Policy.

ADDITIONAL DEFINITIONS

“**Covered expenses**” means expenses for services provided and/or arranged by the Authorized Company for the transportation, medical services and medical supplies necessarily incurred as a result of the Insured's evacuation.

ADDITIONAL EXCLUSIONS

The Company will not pay under **Section II-B** for any of the following:

1. Any expenses incurred for services provided by another party for which the Insured is not liable to pay, or any expenses already included in the cost of a scheduled Trip;
2. Any expenses for a service not approved and arranged by the Authorized Company or its authorized representative except as mentioned in paragraph six (6) of this **Section II-B**;
3. Any treatment performed or ordered by a person who is not a Physician; or
4. Any expenses incurred in relation to treatment that can be reasonably delayed until the Insured returns to their place of residence.

C. Repatriation of Mortal Remains

If, during the Period of Insurance, while the Insured is on a Trip the Insured suffers death within thirty (30) days from the date of the Bodily Injury or commencement of Sickness, the Authorized Company or its authorized representative, shall make the necessary arrangements for the return of the Insured's mortal remains to his/her place of residence. The Company shall pay directly to the Authorized Company or its authorized representative, the expenses for such repatriation up to the Benefit amount as stated in the Policy Schedule.

In addition to the transportation of the remains, the Company shall reimburse to the Insured's estate expenses actually incurred for services and supplies provided by a mortician or undertaker including but not limited to the cost of a casket, and the embalming and cremation if so elected, subject to the Benefit amount as stated in the Policy Schedule.

D. Emergency Communication Expenses

If, during the Period of Insurance, while the Insured is on a Trip, the Insured suffers Bodily Injury or Sickness and the Insured or the travelling companion of the Insured incurs Reasonable charges for personal mobile phone or standard telephone landline used for the purpose of informing Immediate Family Members of the

emergency or engaging the services of the Authorized Company or its authorized representative, during a medical emergency, and for which a medical claim has been submitted under **Section II-A**, the Company will indemnify the Insured in respect of Emergency Communication Charges up to the Benefit amount as stated in the Policy Schedule, subject to the terms and conditions of this Policy.

ADDITIONAL CONDITION

Charges incurred from the standard/public telephone land line or mobile phone must be supported by an itemized statement of charges or official receipts when using International Calling Card (ICC).

E. Hospital Confinement Daily Cash Benefit

If during the Period of Insurance, while the Insured is on a Trip, the Insured is necessarily Confined in a Hospital as a result of Bodily Injury or Sickness which results in a valid claim under **Section II-A - Medical Necessary Expenses Benefit**, the Company will pay the Insured the relevant Benefit amount as stated in the Policy Schedule subject to the terms and conditions of this Policy.

The Hospital Confinement Daily Cash Benefit shall be paid for each complete day (24 hours) of Confinement from the first day of Confinement and up to a maximum of the relevant Benefit amount for a period of not exceeding ___ days as stated in the Policy Schedule, and for this purpose, every day of Confinement as a result of the same event (Bodily Injury or Sickness) shall be counted towards the total number of days of Confinement, notwithstanding that such days do not run consecutively. Provided further that this benefit shall be payable only if the following conditions are met:

- (i) Confinement must occur within thirty (30) days of the Accident causing the relevant Bodily Injury or Sickness; and
- (ii) Confinement must be considered medically necessary by a Physician in his/her professional capacity.

ADDITIONAL CONDITION

The Insured, a person travelling with him/her, or the treating medical authority must contact the Company or the Authorized Company or its authorized representative, immediately or at the most reasonable time to verify coverage and arrange the appropriate medical care.

F. Compassionate Visit Benefit

If, during the Period of Insurance, while the Insured is on a Trip, the Insured is Confined in a Hospital for more than five (5) consecutive days due to Bodily Injury or Sickness and his/her medical condition forbids evacuation and no adult member of the Insured's Immediate Family is with him/her, the Company or Authorized Company will arrange for the travel (economy return air travel) and Reasonable hotel accommodation for one (1) Immediate Family Member or friend to visit and stay with the Insured until the Insured is medically fit to be discharged, up to the relevant Benefit amount as stated in the Policy Schedule subject to the terms and conditions of this Policy.

G. Return of Minor Children Benefit

If, during the Period of Insurance, while the Insured is on a Trip, the Insured is Confined in a Hospital and there is no other adult to accompany the Insured's Dependent Children home, the Company will indemnify the Insured for Reasonable hotel accommodation and travel (economy air travel) expenses necessarily incurred for one (1) relative or a friend to accompany the Insured's Dependent Children back to their place

of residence, up to the relevant Benefit amount as stated in the Policy Schedule subject to the terms and conditions of this Policy.

ADDITIONAL EXCLUSIONS APPLICABLE TO:

The Company will not make payment under **Sections I-A, I-B, II-A, II-B, II-C, II-D, II-E, II-F and II-G** of this Policy for any of the following:

1. While the Insured is riding or travelling on a motorcycle (applicable to **Section II-A**);
2. Any claims involving participation by the Insured or the Insured's travelling companion in hunting, racing, (other than on foot), polo playing, hang gliding, bungee jumping, sports in a professional capacity, mountaineering or rock-climbing using ropes or guides, winter sports activities, scuba diving unless the Insured holds an open water diving certificate or is diving with a qualified diving instructor, abseiling, ballooning, parachuting, paragliding or gliding;
3. Miscarriage, pregnancy or any of its complications, abortion (applicable to **Sections II-A, II-B, II-C, II-D, II-E, II-F and II-G**);
4. Suicide or attempted suicide or intentional self-inflicted injury;
5. The insured not taking all reasonable efforts to safeguard his/her property or to avoid any injury or minimize any claim under this Policy;
6. While the Insured is taking part in a brawl or taking part in inciting a brawl;
7. From the absorption by the Insured of any drugs, medications or treatments not prescribed by a Physician;
8. Any medical treatment received during the Trip which was made for the purpose of receiving medical treatment or if the Trip was undertaken while the Insured was unfit to travel;
9. Experimental or investigative procedures;
10. Action of the Insured while under the influence of alcohol, addictive drugs, narcotic drugs to the extent of being unable to control one's mind. The term "**under the influence of alcohol**" means that the Insured's blood/alcohol level was equal to or superior to that fixed by the law/s regulating the use of automobiles, based on the results of a blood test;
11. Any Pre-Existing Conditions except as specifically provided for in the Policy Schedule / Confirmation of Cover;
12. AIDS or any injury or sickness commencing in the presence of a zero-positive test for HIV, and HIV-related disease;
13. Mental and nervous disorders, including but not limited to insanity;
14. Venereal disease;
15. Cosmetic surgery, apart from reconstructive surgery required by a covered Accident;
16. Any treatment or surgical operation for congenital deformities and circumcision;
17. Treatment arising from any geriatric, psycho-geriatric or psychiatric condition, stress, anxiety, and depression, psychoanalytic treatment, stays in rest homes, physiotherapy and detoxification, care provided by a chiropractor or osteopath;
18. Vaccinations and their complications (applicable to **Sections II-A, II-B, II-C, II-D, II-E, II-F and II-G**);
19. Ophthalmological care, eyeglasses, contact lenses, hearing aids, dental care (unless such treatment is necessarily incurred to sound and natural teeth) and denture, unless they are the direct consequence of a covered Accident;
20. Treatment for obesity, weight reduction or weight improvement;
21. Any expenses incurred for transportation, accommodation, or services provided by another party for which the Insured is not liable to pay, or any expenses already included in the cost of a scheduled Trip.;

22. Any expenses for a service not approved and arranged by the Authorized Company or its authorized representative, except that the Company reserves the right to waive this exclusion in the event the Insured or his/her travelling companions cannot for reasons beyond their control notify the Authorized Company or its authorized Representative, during an emergency situation. In any event, the Company reserves the right to reimburse the insured only for those expenses incurred for services which the Authorized Company or its authorized representative, would have provided under the same circumstances and up to the limits indicated in the Policy Schedule; or
23. Any further expenses incurred by the Insured if the Company wishes to evacuate the Insured to another location or return the Insured to his/her place of residence but the Insured refuses (where in the opinion of the attending Physician and the Authorized Company the Insured is fit to travel).

SECTION III: TRAVEL INCONVENIENCE

A. Trip Cancellation Benefit

If, the Insured is forced to cancel any part of his/her Trip as the direct and necessary result of any Specified Cause, occurring within thirty (30) days prior to the Scheduled Departure Date, the Company will indemnify the Insured in respect of Cancellation Expenses up to the Benefit amount as stated in the Policy Schedule subject to the terms and conditions of this Policy. This coverage is effective only if this Policy is purchased before the Insured becomes aware of any circumstances which could lead to the disruption of the Insured's Trip.

The Company shall not be liable for the first deductible amount as stated in the Policy Schedule for each and every valid claim under this benefit.

Once the Insured cancels the Trip and a claim is made for Trip Cancellation under Section III A – Trip Cancellation, his/her insurance cover under this Policy will immediately end when the Trip is cancelled.

ADDITIONAL DEFINITIONS

“Specified Cause” means

- (i) death, Bodily Injury or Sickness of the Insured, Immediate Family Member, business partner, or co-director who is resident of the Philippines;
- (ii) unexpected outbreak of Strike, riot, or civil commotion at the scheduled destination;
- (iii) receipt of witness summons or jury service; or
- (iv) the Insured's residence becoming uninhabitable following earthquake, fire, typhoon, storm, flood, or similar natural disasters occurring within seven (7) days of the Scheduled Departure Date and the Insured's presence is required on the premises on the Scheduled Departure Date.

“Cancellation Expenses” mean loss of deposits, or charges for advance payments for travel or accommodation or other charges which have not been or will not be used but become forfeited or payable under contract.

B. Trip Curtailment Benefit (applicable to roundtrip only)

If during the period of insurance, while the Insured is on a Trip, the Insured is forced to curtail or alter the itinerary of any part of a planned trip during the course of that Trip, as the direct and necessary result of any Specified Cause, the Company will indemnify the Insured in respect of Curtailment Expenses incurred up to the relevant Benefit amount stated in the Policy Schedule subject to the terms

and conditions of this Policy. This coverage is effective only if this Policy is purchased before the Insured becomes aware of any circumstances which could lead to the disruption of the Insured's Trip.

The Company shall not be liable for the first deductible amount as stated in the Policy Schedule for each and every valid claim under this benefit.

ADDITIONAL DEFINITIONS

"Specified Cause" means

- (i) death, Bodily Injury or Sickness or Hijack of the Insured, Immediate Family Member, business partner or co-director who is a resident of the Philippines;
- (ii) unexpected outbreak of Strike, riot, or civil commotion at the scheduled destination;
- (iii) receipt of witness summons or jury service; or
- (iv) the Insured's residence becoming uninhabitable following earthquake, fire, typhoon, storm, flood, or similar natural disasters occurring within seven (7) days of the Scheduled Departure Date and the Insured's presence is required on the premises on the Scheduled Departure Date.

"Curtailement Expenses" means

- (i) loss of deposits, or charges for advance payments for travel or accommodation or other charges which have not been and will not be used, but become forfeited or payable under contract; or
- (ii) additional travel (economy class fare) and Reasonable accommodation expenses resulting from a Specified Cause.

ADDITIONAL EXCLUSIONS:

The Company will not pay under **Section III-A and Section III-B** for any of the following:

1. Any change of plans by the Insured, an Immediate Family Member, or any person to travel, except those mentioned in Specified Cause in **Section III-A** and **Section III-B**;
2. Financial circumstances or any contractual or business obligation of the Insured or an Immediate Family Member;
3. Financial default or failure to provide promised services by the person, agency or tour operator or organization from whom the Insured made his/her travel arrangements;
4. Any loss that is covered by any other existing insurance, government program or which will be paid or refunded by a hotel, travel agent, or any other provider of travel and/or accommodation; or
5. Any claim due to any regulations or orders given by the government or relevant authority of any country or group of countries on border closures of a country (whether land, sea, airspace or designated border control points).

C. Flight Delay Benefit

If during the Period of Insurance, while the Insured is on a Trip, the departure of the Air Carrier's flight in which the Insured had arranged to travel is delayed for at least ___ consecutive hours at any single location from the time specified in the travel itinerary supplied to the Insured due to:

- (i) inclement weather;
- (ii) Strike or other job action by the employees of the Air Carrier's on which the Insured is scheduled to travel; or

- (iii) equipment failure of the aircraft on which the Insured is scheduled to travel.

The Company will reimburse the Insured per ___-hour delay up to the Benefit amount stated in the Policy Schedule subject to the terms and conditions of this Policy for:

- (i) any prepaid, unused, non-refundable land or water accommodations;
- (ii) any Reasonable expenses incurred in respect of meals and lodging which were necessarily incurred as a result of the delay and which were not provided by the Air Carrier or any other party free of charge; or
- (iii) the cost of transfer to and from the airport.

D. Aircraft Hijack Benefit

If, during the Period of Insurance, while the Insured is on Trip, the Insured is detained on the Air Carrier's aircraft due to it being hijacked, the Company will pay the Insured the relevant Benefit amount as stated in the Policy Schedule for each ___ hours period that the Hijack continues, up to the maximum Benefit amount specified in the Policy Schedule subject to the terms and conditions of this Policy.

E. Missed Connecting Flight Benefit

If, during the Period of Insurance, while the Insured is on a Trip, the Insured confirmed onward connecting scheduled flight is missed at the transfer point due to unforeseeable circumstances outside the Insured's control, the Company will pay the Insured the relevant Benefit amount as stated in the Policy Schedule for every full ___ consecutive hours of misconnection (the misconnection being calculated from the Insured's actual arrival time to the Insured's actual departure time).

E.1. Flight Diversion Benefit

If, during the Period of Insurance, while the Insured is on a Trip, the aircraft in which the Insured is travelling on is diverted due to unforeseeable circumstances outside the Insured's control for at least ___ consecutive hours at any single location from the time specified in the itinerary supplied to the Insured, the Company will pay the Insured the relevant Benefit amount as stated in the Policy Schedule for every ___ consecutive hours of diversion (the diversion being calculated from the actual arrival time of the aircraft from the scheduled arrival time specified in the itinerary) up to the maximum Benefit amount at stated in the Policy Schedule.

F. Loss or Damage of Baggage and Personal Effects Benefit

If, during the Period of Insurance, while the Insured is on a Trip, the Insured sustains loss of or damage of Personal Property and Baggage while in the custody of hotel staff or in the Air Carrier or as a result of theft or attempted theft thereof, the Company will indemnify the Insured in respect of such loss up to the relevant Benefit amount stated in the Policy Schedule subject to the terms and conditions of this Policy.

ADDITIONAL CONDITIONS

- (a) The Company will not pay more than the amount stated in the Policy Schedule for any one article or a pair or a set of articles, subject to a deductible amount stated in the Policy Schedule for each and every valid claim under this benefit.
- (b) The Company may make payment subject to due allowance of wear and tear and depreciation or at its option replace or repair such articles.

- (c) The loss, damage or theft must be reported to either the Air Carrier, police or relevant authority having jurisdiction occurred within twenty-four (24) hours from the incident. Any claims for indemnity under this section must be accompanied by a copy of either a report to Air Carrier or a police report issued by the relevant authority evidencing such loss.
- (d) For the avoidance of doubt, in the event the Insured becomes entitled to a refund or reimbursement of all or part of such expenses from any other source, or if there is in place any other insurance against the events covered under this section, the Company will only be liable for the excess of the amount recoverable from such other source or insurance.

ADDITIONAL DEFINITION

“Personal Effects and Baggage” means personal goods belonging to the insured which are taken on the Trip or acquired by the Insured and carried on or hand-carried or check-in as accompanied baggage with the carrier during the Trip.

F.1. Loss of Firearm

If, during the Period of Insurance while the Insured is on a Trip, the Insured sustains loss of the Firearm while in the custody of the Air Carrier or as a result of theft or attempted theft thereof, the Company will indemnify the Insured in respect of such loss up to the relevant Benefit amount stated in the Policy Schedule subject to the terms and conditions of this Policy.

ADDITIONAL DEFINITION

“Firearm” means a firearm owned by the Insured where the Insured has the license to possess and carry firearms issued by the Chief of the National Police. With respect to the Insureds who are police or military personnel, they are authorized to possess and carry firearms covered by mission orders, which are issued by their respective commanders or superiors as enumerated under the Implementing Rules and Regulations of RA 9516.

F.2. Loss of Sports Equipment

If, during the Period of Insurance, while the Insured is on a Trip, the Insured sustains loss of or damage of sports equipment while in the custody of hotel staff or the Air Carrier or as a result of theft or attempted theft thereof, the Company will indemnify the Insured in respect of such loss up to the relevant benefit amount stated in the Policy Schedule subject to the terms and conditions of this Policy.

ADDITIONAL CONDITIONS

- (a) The Company will not pay more than the amount stated in the Policy Schedule for any one article or a pair or a set of articles.
- (b) All sports equipment must be owned by the Insured and not hired by, loaned or entrusted to the Insured;
- (c) The loss or damage of each article must be accompanied by proof of purchase such as but not limited to receipts, bank statements or credit card statements;
- (d) The Company may make payment subject to due allowance of wear and tear and depreciation or at its option replace or repair such articles;

(e) The loss, damage or theft must be reported to the Air Carrier, police or relevant authority having jurisdiction where the loss or damage occurred within twenty-four (24) hours from the incident. Any claims for indemnity under this section must be accompanied by a copy of a report to Air Carrier or police report or a report issued by the relevant authority evidencing such loss.

ADDITIONAL EXCLUSIONS

The Company will not pay under **Section III-F.1** and **Section III-F.2** for any of the following:

1. Loss or damage of baggage caused by wear and tear, gradual deterioration, moths, vermin, inherent vice or damage sustained due to any process or while actually being worked upon or resulting therefrom;
2. Loss or damage of property caused by mechanical or electrical breakdown or derangement or damage sustained due to any process initiated by the Insured to repair, clean or alter the property;
3. Loss or damage of property resulting directly or indirectly from insurrection, rebellion, revolution, civil war, usurped power, or action taken by governmental authorities in hindering, combating or defending against such an occurrence, seizure or destruction under quarantine or customs regulations, confiscation by order of any government or public authority or risk of contraband or illegal transportation or trade;
4. Loss or damage of property from confiscation or retention by customs or other officials;
5. Loss or damage of watches and portable computers not carried as hand-carried baggage or kept under the Insured's supervision;
6. Loss of data recorded on tapes, cards, discs or otherwise, including the cost of reproducing the data;
7. Damage or breakages of fragile or brittle articles; or
8. Loss, damage, theft or attempted theft not reported to either the Air Carrier, police or relevant authority having jurisdiction where the loss or damage occurred within twenty-four (24) hours of the discovery of such loss or damage and in the case of loss of Firearm, theft is not reported to the police or relevant authority having jurisdiction immediately upon discovery after arrival at the destination airport.

PROPERTY NOT COVERED

The Company will not pay for damage to or loss of any of the following:

1. Animals;
2. Motor vehicles, aircraft, and other conveyances or equipment or parts pertaining to such conveyances;
3. Artificial limbs, false teeth, any type of eyeglasses, contact lenses or corneal lenses;
4. Tickets, except for administrative fees required to reissue tickets;
5. Coupons, negotiable instruments, title deeds, manuscripts, money, stamps, stocks and bonds, postal or money orders, securities of any kind;
6. Property shipped as freight, or shipped prior to the Scheduled Departure Date;
7. Credit cards;
8. Contraband;
9. Business goods or samples/prototypes or equipment of any kind or any products/components meant for trade;
10. Hired or leased equipment;
11. Fruits, foodstuff and any perishable items; or
12. Golf equipment except while checked as baggage with a registered common carrier.

The Insured cannot claim under both Loss or Damage of Baggage and Personal Effects Benefit and Baggage Delay Benefit for any one (1) Trip.

G. Loss of Personal Money Benefit

If, during the Period of Insurance, while the Insured is on a Trip, the Insured sustains loss of Money due to robbery, theft or burglary or any attempt thereof or Natural Disasters, the Company will indemnify the Insured in respect of such loss up to the relevant Benefit amount as stated in the Policy Schedule subject to the terms and conditions of this Policy.

ADDITIONAL CONDITIONS

- (a) The loss must be reported to the police or relevant authority having jurisdiction where the loss occurred, within twenty-four (24) hours after the incident. Any claim must be accompanied by a copy of a police report or a report issued by the relevant authority evidencing such loss.
- (b) For the avoidance of doubt, in the event the Insured become entitled to a refund or reimbursement of all or part of such expenses from any other source, or if there is in place any other insurance against the events covered under this section, the Company will only be liable for the excess of the amount recoverable from such other source or insurance.
- (c) The Insured must take every possible safeguard to ensure the security of the Insured's Money.

ADDITIONAL DEFINITIONS

“**Money**” means coins, bank notes, postal money orders, or travelers' cheques.

H. Loss of Travel Documents Benefit

If, during the Period of Insurance, while the Insured is on a Trip, the Insured sustains loss of Travel Documents Overseas due to robbery, theft or burglary or any attempt thereof or natural disasters, the Company will indemnify the Insured in respect of Reasonable additional hotel, travel and communications and other expenses necessarily incurred in the country or countries visited in obtaining the replacement of the lost Travel Documents up to the relevant Benefit amount as stated in the Policy Schedule subject to the terms and conditions of this Policy.

ADDITIONAL DEFINITIONS

“**Travel Documents**” means documents or identification required for the Insured's Trip including but not limited to passport, visas or travel tickets issued by the Air Carrier.

ADDITIONAL EXCLUSIONS

The Company will not pay under **Section III-G** and **Section III-H** for any of the following:

1. Devaluation of currency or shortage due to errors or omissions during any transactions involving money;
2. Loss due to confiscation or detention by customs or any other authority;
3. Loss not reported to either the police or relevant authority having jurisdiction where the loss occurred within twenty-four (24) hours of the discovery of such loss; or
4. Loss of postal money orders or travelers' cheques not immediately reported to the local branch or agent of the issuing authority.

H.1. Emergency Cash

If, during the Period of Insurance, while the Insured is on a Trip, the Insured sustains loss of Travel Documents which has resulted in a valid claim under **Section III-H** – Loss of Travel Documents Benefit and the Insured is in need of emergency cash to arrange for the replacement of the Travel Documents, the Company will pay a cash advance to the Insured in respect of such expenses up to the maximum Benefit amount as stated in the Policy Schedule subject to the terms and conditions of this Policy.

I. Baggage Delay Benefit

If, during the Period of Insurance, while the Insured is on a Trip, the Insured's checked-in luggage is delayed and is not delivered to the Insured within ____ hours of the Insured's arrival at the scheduled destination Overseas, the Company will indemnify the Insured for the Reasonable expenses incurred for the purchase of necessary clothing and toiletries up to the relevant Benefit amount as stated in the Policy Schedule for every full ____ consecutive hours of delay, up to the maximum Benefit amount as stated in the Policy Schedule, subject to the terms and conditions of this Policy.

The Insured cannot claim under both Loss or Damage of Baggage and Personal Effects and Baggage Delay Benefit for any one (1) Trip.

ADDITIONAL EXCLUSIONS

The Company will not pay under **Section III-I** for any of the following:

1. Delay not reported to an authorized person of the Air Carrier as soon as the Insured knows that the baggage is late or lost;
2. For any clothing or toiletries that the Insured purchased more than four (4) days after the actual time of arrival at the airport of destination;
3. When the baggage delay occurs on the journey back to the Insured's normal domicile; or
4. For purchases made after delivery of Insured's baggage by the Air Carrier.

SECTION IV: OTHER TRAVEL BENEFITS

A. Personal Liability and Legal Expenses Benefit

If, during the Period of Insurance, while the Insured is on a Trip, the Insured commits an act of negligence which results in the Insured becoming legally liable to pay compensation for:

- (i) Death or Accidental Bodily Injury to any third party; or
- (ii) Accidental Property Damage or loss to any third party,

the Company will indemnify the Insured in respect of any one (1) event, up to the Benefit amount as stated in the Policy Schedule subject to the terms and conditions of this Policy. The Insured must not make any offer or promise payment, admit his/her fault to any other party or become involved in any litigation without the Company's written approval.

Included in the benefit are all costs and expenses incurred with the written consent of the Company in connection with the defense of claims against the Insured, which may be the subject of any indemnity under this coverage.

ADDITIONAL DEFINITIONS

“**Property Damage**” refers to any physical damage to, destruction of, or loss of use of, tangible property.

ADDITIONAL EXCLUSIONS

The Company will not pay under **Section IV-A** for any of the following:

1. Any Property Damage to the property of or Bodily Injury to any person who is the employee or deemed by law to be the Insured’s employee;
2. Property Damage to property belonging to or held in trust by the Insured, or while in the Insured’s custody or control;
3. Any liability assumed under contract;
4. Liability arising out of any willful, malicious, or unlawful act or omission on the Insured’s part;
5. Liability arising out of past or present business, trade or professional activities, including the rendering of or failure to render business, trade or professional services;
6. Any criminal proceedings taken against the Insured whether the Insured is actually convicted or not;
7. The possession or use of any controlled substance/drugs unless prescribed by a Physician;
8. Sexual molestation, corporal punishment, physical or mental abuse;
9. Pollution which includes the alleged or potential introduction of substance which makes the environment impure or harmful. The Company shall have no duty to defend any suit in connection with such pollution, and judgments which are not in the first instance delivered by or obtained from a court of competent jurisdiction within the Republic of the Philippines; or
10. Punitive and exemplary damages.

B. Rental Vehicle Protection

If, during the Period of Insurance, while the Insured is on a Trip, the Insured becomes legally liable to pay a rental vehicle excess or deductible as a result of an Accidental loss or damage of the rented vehicle while in the Insured’s control, the Company will reimburse the Insured for the excess or any other expenses, up to the Benefit amount as specified in the Policy Schedule subject to the terms and conditions of this Policy.

ADDITIONAL CONDITIONS

- (a) The rental vehicle must be hired from a licensed rental agency.
- (b) As part of the hiring arrangement, the Insured must take up all comprehensive motor insurance against loss or damage to rental vehicle during the rental period.
- (c) The Insured must comply with all requirements of the rental organization under the hiring agreement and of the insurer under such insurance, as well as the laws, rules and regulations of the country.

ADDITIONAL EXCLUSIONS

The Company will not pay under **Section IV-B** for any of the following:

1. Loss or damage arising from operation of the rental vehicle in violation of the terms of the rental agreement or the rental motor vehicle insurance policy, or loss or damage which occurs beyond the limits of any public roads or in the violation of laws, rules and regulations of the country; or
2. Loss or damage arising from wear and tear, gradual deterioration, damage from insects or vermin, inherent vice, latent defect or damage.

THIS SECTION IS APPLICABLE FOR FREQUENT FLYER MEMBERS ONLY

C. Loss of Frequent Flyer Card due to Trip Cancellation

If, the Insured purchases an airline ticket from the Air Carrier using Frequent Flyer points and the airline ticket is subsequently cancelled as a result of any Specified Cause (as defined in **Section III-A**) and the loss of Mabuhay frequent flyer points cannot be recovered from the Air Carrier or any other source, the Company will indemnify the Insured the costs incurred of replacing the ticket up to the Benefit amount stated in the Policy Schedule subject to the terms and conditions of this Policy. This coverage is effective only if this Policy is purchased before the Insured becomes aware of any circumstances which could lead to the disruption of the Insured's Trip.

C.1. Loss of Frequent Flyer Card due to Trip Postponement

If, the Insured purchases an airline ticket from the Air Carrier using Frequent Flyer points and if, the Insured is forced to postpone the Trip prior to the commencement of that Trip as the direct and necessary result of any Specified Cause (as defined in **Section III-A**), the Company will reimburse the Insured the Postponement Expenses up to thirty (30) days prior to Scheduled Departure Date, up to the Benefit amount as stated in the Policy Schedule subject to the terms and conditions of this Policy. This coverage is effective only if this Policy is purchased before the Insured becomes aware of any circumstances which could lead to the disruption of the Insured's Trip.

ADDITIONAL DEFINITION

"Postponement Expenses" mean the resulting Air Carrier's administrative charges incurred for postponing the Trip:

- (a) which full payment was made by the Insured;
- (b) for which the Insured is legally liable; and
- (c) which are not recoverable from any other source.

ADDITIONAL EXCLUSIONS

The Company will not pay under **Section IV-C** and **Section IV-C.1** for any of the following:

1. Any change of plans by the Insured, an Immediate Family Member or any person to travel;
2. Financial circumstances or any contractual or business obligation of the Insured or an Immediate Family Member;
3. Financial Default or failure to provide promised services by the person, agency or tour operator or organization from whom the Insured made his travel arrangements;
4. Any loss that is covered by any other existing insurance, government program or which will be paid or refunded by a hotel, travel agent or any other provider of travel and/or accommodation; or

5. Any claim due to any regulations or orders given by the government or relevant authority of any country or group of countries on border closures of a country (whether land, sea, airspace or designated border control points).

C.2. Loss of Frequent Flyer Card

If, during the Period of Insurance, while the Insured is on a Trip, the Insured sustains loss of their Frequent Flyer Card issued by the Air Carrier due to robbery, theft or burglary or any attempt thereof or natural disasters, the Company will indemnify the Insured the cost of replacing the Frequent Flyer Card up to the relevant Benefit amount as stated in the Policy Schedule subject to the terms and conditions of this Policy.

ADDITIONAL CONDITIONS

(a) The loss must be reported to the police or relevant authority having jurisdiction where the loss occurred, within twenty-four (24) hours after the incident. Any claim must be accompanied by a copy of a police report or a report issued by the relevant authority evidencing such loss.

(b) The Insured must take every possible safeguard to ensure the security of his/her property.

D. Automatic Extension Benefit

In the event that the Insured's return Trip is delayed due to unforeseen circumstances beyond the Insured's control, the Company will extend the Period of Insurance of his Trip, without charge, subject to the below schedule:

- 7 days extension for the public transport delay
- 30 days extension if due to bodily injury or sickness of the Insured

SECTION V: COVID-19 BENEFIT

A. Medical Hospitalization Expenses Benefit

If during the Period of Insurance, while the Insured is on a Trip, the Insured is necessarily and reasonably Confined in a Hospital as a direct result of COVID-19, and as diagnosed by a Physician who is directly treating, testing or attending to the Insured's medical circumstances, the Company will cover the Insured in respect of such Medical Expenses upon notification to the Authorized Company for hospitalization and medical arrangement up to the maximum Benefit Amount specified in the Policy Schedule, subject to the terms and conditions of this Policy.

ADDITIONAL CONDITIONS

If due to reasons beyond the Insured's control, he/she is unable to notify the Authorized Company to make the necessary arrangements, the Company shall reimburse the Insured up to the amount which the Authorized Company would have incurred for the services provided under the same circumstances, subject to the terms and conditions of this Policy.

ADDITIONAL EXCLUSIONS

In addition to the General Exclusions Applicable to All Sections under this Policy, the Company will not pay under Section V a) – Medical Hospitalization Expenses Benefit for any of the following:

- (a) Any further expenses incurred by the Insured if the Company wishes to return the Insured to the Philippines, but the Insured refuses (where in the opinion of the treating Physician and the Authorized Company, the Insured is fit to travel);
- (b) Any expenses relating to any treatment for COVID-19 where such treatment was first sought more than sixty (60) days from the time the COVID-19 was first sustained;
- (c) Any expenses incurred in relation to treatment by an Alternative Medical Physician; or
- (d) Any expenses relating to specialist treatment not prescribed or referred by a Physician in general practice; or
- (e) Expenses incurred for mandatory diagnostic tests that the Insured is required to take for the trip, such as pre-departure tests and post-arrival tests.

B. Repatriation of Mortal Remains Benefit

If during the Period of Insurance, while the Insured is on a Trip, he/she dies as a result of COVID-19, the Authorized Company or its authorized representative shall make the necessary arrangements for the return of the Insured's mortal remains to his/her place of residence. The Company shall pay directly to the Authorized Company the Covered Expenses for such repatriation and the Company shall reimburse to the Insured's estate the actual expenses incurred for services and supplies by a mortician or undertaker, including the cost of embalming and cremation if so elected, subject to the terms and conditions of this Policy. All payments made by the Company shall not exceed the maximum Benefit Amount specified in the Policy Schedule.

ADDITIONAL DEFINITION

“**Covered Expenses**” means expenses for services provided and/or arranged by Authorized Company for the transportation, medical services and medical supplies necessarily incurred as a result of the repatriation of the Insured's mortal remains.

ADDITIONAL EXCLUSIONS

In addition to the General Exclusions Applicable to All Sections under this Policy, the Company will not pay under Section V b) - Repatriation of Mortal Remains Benefit for any of the following:

- (a) Any expense incurred for services provided by another party for which the Insured's estate is not liable to pay, or any expense already included in the cost of the Trip;
- (b) Any expense incurred for the transportation of the Insured's remains not approved and arranged by the Authorized Company or its authorized representative; or
- (c) Any treatment performed or ordered by a person who is not a Physician.

C. Hospital Confinement Benefit

If during the Period of Insurance, while the Insured is on a Trip, he/she is necessarily Confined in a Hospital as a result of COVID-19, and as diagnosed by a Physician who is directly treating, testing or attending to the Insured's medical circumstances, the Company will pay the Insured the relevant daily Benefit Amount up to the maximum Benefit Amount specified in the Policy Schedule, subject to the terms and conditions of this Policy.

The Hospital Confinement Benefit will only be paid for each complete day or twenty-four (24) hour period of Confinement from the third (3rd) day of Confinement and for a period not exceeding ____ days as stated in the Policy Schedule in respect of such Confinement due to COVID-19.

For this purpose, each day of Confinement shall be counted towards the total number of days of Confinement, notwithstanding that such days do not run consecutively.

ADDITIONAL CONDITIONS

This benefit shall be payable only if the following conditions are met:

- a) after a minimum Confinement period of forty-eight (48) hours; and
- b) Confinement must be considered medically necessary by a Physician in his/her professional capacity.

ADDITIONAL EXCLUSIONS:

The Company will not pay under Section V c) - Hospital Confinement Benefit for the first forty-eight (48) hours of the Confinement.

C.1 Quarantine Allowance Benefit due to COVID-19

If during the Period of Insurance, while the Insured is on a Trip, he/she is diagnosed and tested positive with COVID-19 and is required mandatory by government or regulator to be Quarantined at the designated quarantine facility or location, the Insurer will pay the Insured a cash benefit per day of quarantine up to the limits stated in the Policy Schedule from the third (3rd) day of Quarantine.

Specific Exclusions, which apply in addition to the general exclusions in this policy:

- Quarantine is outside of the policy period.
- If quarantine is mandated by the government for all travelers arriving in the country.
- First forty-eight (48) hours of quarantine.

The Quarantine Allowance Benefit will only be paid for each complete day or twenty-four (24) hour period of quarantine for a period not exceeding ___ days as stated in the Policy Schedule.

The Insured cannot claim under both Section V c) - Hospital Confinement and c.1) Quarantine Allowance Benefit for any one (1) Trip.

D. Trip Cancellation Benefit

If the Insured is forced to cancel any part of his/her journey as the direct and necessary direct result of any Specified Cause occurring within fifteen (15) days prior to the Scheduled Departure Date, the Company will reimburse the Insured in respect of Cancellation Expenses up to the maximum Benefit Amount specified in the Policy Schedule, subject to the terms and conditions of this Policy. This coverage is effective only if the individual insurance cover is purchased before the Insured becomes aware of any circumstances which could lead to the disruption of his/her journey.

Once the Insured cancels the Trip and a claim is made for Trip Cancellation under Section V d) – Trip Cancellation Benefit, all the other benefits covered under this Policy are automatically terminated.

ADDITIONAL DEFINITION

“**Specified Cause**” means:

- (a) Insured or his/her Travel Companion is diagnosed with COVID-19 and confirmed by a Physician.

“Cancellation Expenses” means loss of deposits, or charges for advance payments for travel or accommodation or other charges which have not been or will not be used, but which become forfeited or payable under contract.

e) Trip Curtailment Benefit (applicable to Round Trip only)

If during the Period of Insurance, while the Insured or his/her Travel Companion is on a Trip, the Insured or his/her Travel Companion is forced to curtail or alter the itinerary of any part of a planned trip during the course of that trip, as the direct and necessary result of any Specified Cause (as defined in item d) above) which takes place during the Trip, the Company will pay the Insured and his/her Travel Companion in respect of Curtailment Expenses incurred up to the maximum Benefit Amount specified in the Policy Schedule, subject to the terms and conditions of this Policy. This coverage is effective only if the individual insurance cover is purchased before the Insured becomes aware of any circumstances which could lead to the disruption of his/her Trip.

ADDITIONAL DEFINITION

“Curtilment Expenses” means:

- (a) loss of deposits, advance payments for travel or accommodation, or other charges (excluding cost of the original travel ticket for returning to the Philippines), which have not been and will not be used but become forfeited or payable under contract;
- (b) any additional administrative expenses incurred where it is possible to amend the original travel ticket; or
- (c) additional travel expenses (limited to economy return air travel) if it is not possible to amend the original travel ticket as confirmed by the carrier/travel operator and Reasonable accommodation expenses resulting from Specified Cause (as defined in item d) above).

Additional Exclusions Applicable to Section V d) and Section V e) – COVID-19 Benefit:

Section V of this Policy does not cover, and the Company will not in any event be liable in respect of any claim under Section V d) and Section V e) relating to Trip Cancellation Benefit and Trip Curtailment Benefit, respectively, for any of the following:

- (a) Any change of plans on the Insured’s part or that of any other person to travel;
- (b) The Insured or his/her Travel Companion’s or a Family Member’s financial circumstances or any contractual or business obligation;
- (c) Financial default (whether full or partial suspension of operations due to financial circumstances following a filing of bankruptcy) or failure to provide promised services by a person, agency, tour operator or organization with whom the Insured made his/her travel arrangements;
- (d) Any loss that is covered by any other existing insurance scheme or government program;
- (e) Any loss that will be paid, credited by a voucher or credit or refunded by a hotel, carrier or travel agent or any other provider of travel and/or accommodation;
- (f) Any claim due to any regulations or orders given by the government or relevant authority of any country or group of countries on border closures of a country (whether land, sea, airspace or designated border control points); or
- (g) Compensation for any air miles or holiday points the Insured or his/her Travel Companion used to pay for the Overseas Trip in part or in full.
- (h) If the Insured requested for policy cancellation prior to the commencement of the trip.

Additional Definitions Applicable to Section V – COVID-19 Benefit

1. **Alternative Medical Physician** means a legally licensed traditional medicine practitioner (including Chinese acupuncturist or bonesetter) or chiropractor or physiotherapist duly registered and practicing within the scope of his/her license pursuant to the laws of the country in which such practice is maintained. An Alternative Medical Physician cannot be the Insured or his/her relative.
2. **Biological Agent** means any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins) which cause illness and/or death in humans, animals or plants.
3. **Chemical Agent** means any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.
4. **COVID-19** refers to the strain of Novel Coronavirus 2019 classified in February 2020 by the World Health Organization (WHO) as “Coronavirus Disease 2019 (COVID-19)” or any mutation or variation thereof or any related strain), contracted and commencing while this Policy is in force and results, directly and independently of all other such causes.
5. **Home Country** means any country or territory of which the Insured is a citizen or a permanent resident and excludes the Philippines.
6. **Medical Expenses** means usual, Reasonable and customary Physician 's fees, ambulance services, hospitalization fees, medical supplies and medications all of which have been necessary and reasonably incurred and as arranged directly by the Authorized Company or its authorized representative.
7. **Nuclear, Chemical or Biological Terrorism** means the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical Agent and/or Biological Agent during the Period of Insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.
8. **One-Way Trip** means a Trip commencing from the Philippines to a destination within the territorial limits of the Philippines or Overseas and shall commence on the departure of the Public Conveyance in which the Insured Person has arranged to travel.
9. **Personal Medical Quarantine** means a medically necessary and compulsory isolation order:
 - a. issued in response to the Insured contracting COVID-19 or suspected of being exposed to COVID-19, including the Insured having travelled to certain designated countries, territories or regions;
 - b. issued by a government authority vested with the power to issue such an order; and
 - c. where non-compliance of the order would result in civil or criminal penalties.
10. **Pre-Existing Medical Condition** means any condition, COVID-19, injury, disease or physical, medical, mental or nervous condition, disorder or ailment which an Insured had suffered, or was or should have been aware he/she was suffering from at any time prior to the Effective Date of the Policy or in respect of any amendment or endorsement to the terms, conditions and exclusions of this Policy, including the benefits payable under this Policy.
11. **Travel Companion** means a person who has travel bookings to accompany the Insured on a Trip.

12. **“Trip”** means an International or Domestic Trip and must commence on the Effective Date shown on the Insured’s Confirmation of Cover or Policy Schedule and shall include both One-Way Trip or Round Trip.

13. **Round Trip** means any trip made during the Period of Insurance by the Insured while this Policy is in-force and which shall be deemed to commence:

- (a) at the time the Insured leaves his/her place of residence to go directly to the departure point; or
- (b) three (3) hours before the scheduled departure time of the carrier in which the Insured has arranged to travel, whichever is later;

and shall be deemed to cease:

- (a) at the Insured’s return to his/her place of residence in the Philippines;
- (b) three (3) hours after the scheduled arrival time of the return carrier in Philippines which the Insured travel; or
- (c) the date on which the Period of Insurance stated in the Confirmation of Cover is terminated, whichever is earliest.

Eligibility requirements Applicable to Section V - COVID-19 Benefit

The following are eligible for cover under this Policy:

- (a) The Insured who is travelling out of and returning to the Philippines; and
- (b) The Travel Companion of the Insured.

Additional General Exclusions Applicable to Section V - COVID-19 Benefit

This Policy does not cover loss, injury or damage caused by or resulting from or contributed to by the following:

- (a) any sickness other than that caused by COVID-19;
- (b) the Insured or his/her Travel Companion being the subject of a Personal Medical Quarantine order issued but not Confined and/or suffering from COVID-19;
- (c) travel booked or undertaken against the advice of any Physician or for seeking medical attention;
- (d) deliberately self-inflicted injury or suicide;
- (e) the Insured or his/her Travel Companion committing any criminal or illegal act;
- (f) Any Pre-Existing Medical Conditions except as specifically provided for in the Policy Schedule / Confirmation of Cover;
- (g) any nuclear reaction or contamination, ionising rays or radioactivity;
- (h) any Nuclear, Chemical or Biological Terrorism;
- (i) air travel other than as a fare-paying passenger on a fully licensed passenger carrying aircraft operated by an airline or an air charter company for the regular transportation of passengers; or
- (j) any condition which results from or is a complication of venereal disease.

SECTION VI: ADD-ONS (OPTIONAL COVER)

This Policy only covers unforeseen medical events. Many Pre Existing Medical Condition(s) are not covered.

This section explains which Pre Existing Medical Condition(s) are covered automatically and how Insured can purchase cover for Pre Existing Medical Condition(s) that are not automatically covered.

A Pre-Existing Medical Condition is:

- 1) Any medical, dental, physical or mental condition, defect, virus, disease or Illness of which in the 12 months prior to issue of the Certificate Of Insurance or Policy, Insured were aware or should reasonably have been aware of (due to symptoms a Reasonable person in the circumstances would be expected to be aware of) and for which Insured (being all persons insured under the Policy and set out in the Certificate Of Insurance or Policy Schedule), Insured's Immediate Family Member, or Travel Companion have:
 - been diagnosed or had symptoms (even if a condition has not yet been diagnosed);
 - have been prescribed medication;
 - received (or are waiting for) medical treatment, including any kind of surgery;
 - received (or are waiting for) tests, investigations or specialist consultation;
 - received or been advised to attend a follow-up consultation; and/or
 - had surgery or attended a Hospital or clinic (as an outpatient or inpatient).

And/or:

- 2) Any of the below medical conditions which Insured, Insured's relative or Travel Companion had at any time in Insured's life.
 - Heart conditions, including any cardiovascular or coronary heart disease or any condition related to Insured's blood or heart vessels;
 - Any condition relating to Insured's respiratory system, e.g. infections, and Chronic diseases;
 - Kidney conditions and kidney disease;
 - Any physical or mental disability;
 - Any recurring Illness;
 - Conditions involving the neck or back;
 - Any type of cancer;
 - Reduced or deficient immune system; and/or
 - A terminal Illness However, it does not include an automatically covered condition.

Relevant Time in respect of:

- a) Single trip policies means the time of issue of the Policy.
- b) Annual Multi-trip policies means the first time at which any part of the relevant trip is paid for or the time at which the Policy is issued, whichever occurs last.

This above definition applies to Insured, Insured's Travel Companion, and Immediate Family Member or any other person.

The Company treat Pre Existing Medical Condition(s) in one of three(3) ways:

- a) Existing medical conditions which cannot be covered;
- b) Automatically covered; or
- c) Medical Assessment.

Existing Medical Conditions which cannot be covered

This policy does not provide cover for claims arising from, or exacerbated by:

- conditions involving drug or alcohol dependency;
- travel booked or undertaken against the advice of any medical practitioner;
- routine or cosmetic medical or dental treatment or surgery during the Trip, even if the Existing Medical Condition has been approved;
- conditions for which the Insured are travelling to seek advice, treatment or review or to participate in a clinical trial.

Automatically Covered

The Pre-Existing Medical Condition(s) listed in the table below are automatically covered under this Policy without assessment or additional charge, provided:

- a) the condition has been stable for more than 12 months; and
- b) there is no planned surgery, treatment or specialist review; and
- c) Insured have not attended Hospital for treatment for the condition in the past 12 months.

This Policy does not cover any routine treatment or management of Insured's approved Pre-Existing Medical Condition(s); for example, blood test and prescription renewals. If the Insured's condition is listed in the table, but Insured do not meet these criteria for automatic cover, Insured MUST apply for cover - see Medical Assessment below.

1	Acne
2	Allergies, limited to rhinitis, Chronic sinusitis, eczema, food intolerance, hay fever. -provided the Insured : <ul style="list-style-type: none"> • In the last 6 months, Insured haven't required treatment by a medical practitioner for this condition. • Insured have no known respiratory conditions (e.g. Asthma)
3	Asthma – provided that Insured : <ul style="list-style-type: none"> • have no other lung disease; and • are less than 60 years of age at the date of issue of the Policy /Confirmation of Cover. <p>If Insured have asthma and do not meet the criteria for automatic cover, Insured MUST declare by doing a medical assessment.</p>
4	Bell's palsy
5	Benign positional vertigo
6	Bunions
7	Carpal tunnel syndrome
8	Cataracts
9	Coeliac disease (gluten intolerance)
10	Congenital blindness
11	Congenital deafness
12	Dry eye syndrome
13	Diabetes mellitus (Type I & Type II) – provided that Insured : <ul style="list-style-type: none"> • were diagnosed over 12 months ago, and • have no eye, kidney, nerve or vascular complications, and • do not also suffer from a known cardiovascular disease, • and are under 50 years of age at the date of Policy issue
14	Epilepsy – provided Insured have not had any seizures in the past 12 months, and Insured are on no more than one anticonvulsant medication.
15	Folate deficiency
16	Gastric reflux (heartburn, indigestion)
17	Goitre

18	Glaucoma (increased ocular pressure)
19	Graves' disease
20	Hiatus hernia
21	Hypercholesterolaemia (high cholesterol) - provided Insured do not also suffer from a known cardiovascular disease.
22	Hyperlipidaemia (high blood lipids) – provided Insured do not also suffer from a known cardiovascular disease.
23	Hypothyroidism (underactive thyroid), including Hashimoto's disease.
24	Hypertension (High Blood Pressure) – provided Insured do not also suffer from a known cardiovascular disease and Insured's most recent reading is less than 165/95.
25	Impaired glucose tolerance (glucose intolerance, pre-diabetes) if Insured are under 50 years of age at the date of Policy issue.
26	Incontinence
27	Insulin resistance
28	Menopause– provided Insured do not have osteoporosis.
29	Nocturnal cramps
30	Pernicious anaemia
31	Raynaud's disease
32	Sleep apnoea
33	Trigeminal neuralgia
34	Trigger finger
35	Vitamin B12 deficiency

Medical Assessment

Insured MUST declare any other Pre Existing Medical Condition(s) that is not described above, even if Insured no longer receives treatment for them and Insured do not require any additional cover.

How To Tell the Company About Or Apply For Cover For A Pre Existing Medical Condition

To add a Pre-Existing Medical Condition(s), Insured MUST let the Company know at the time Insured buy the Policy and complete medical assessment. The Company will ask the Insured some questions about Insured's health and then determine whether the Company can offer Insured cover and if so, on what terms.

Depending on Insured's condition, the Company may decline to cover Insured, limit the amount of cover, exclude specific medical condition and/or agree to provide cover for an additional premium.

Each condition that the Company agree to cover will be noted on Insured's Confirmation Of Cover or Policy Schedule after Insured pay any applicable additional premium. Insured are not covered unless the condition is noted on Insured's Confirmation Of Cover/Policy.

The Company will only pay for treatment that was not expected at the time the Company agreed to insure Insured.

Company cannot offer cover for Pre Existing Medical Condition(s) for Insured who's Trip already commenced, except for automatically covered conditions, if the criteria is met.

Pregnancy

The Company Will Pay

Insured are covered under the Policy while Insured are pregnant;

- a) for single foetus pregnancies - up to and inclusive of the 24th week of gestation.
- b) for multiple pregnancies - up to and inclusive of the 19th week of gestation.

If Insured have had Complications of this pregnancy Insured MUST complete medical assessment.

The Company will assess the Insured's application and decide whether and to what extent the Company can offer Insured insurance for Insured's pregnancy and/or Journey. Depending on the circumstances, the Company may decline to cover Insured, limit Insured's cover and/or agree to provide cover for an additional premium. Any limitation on cover will be noted on Insured's Certificate Of Insurance or Policy Schedule

If Insured have not told the Company about the circumstances of Insured's pregnancy when Insured were required to do so, the Company may refuse Insured's claim or reduce it to the amount the Company would have paid had Insured given the Company the required information.

The Company Will Not Pay

In no circumstances will the Company pay any medical expenses for:

- a) Regular antenatal care;
- b) Childbirth at any gestation; or
- c) Care of the newborn child.

GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS

The Company will not (under any Section) pay for claims arising from any of the following:

1. Declared or undeclared war or any act of war, invasion, foreign enemy, civil war, rebellion, revolution, insurrection, military or usurped power;
2. Any nuclear reaction or contamination, ionizing rays or radioactivity;
3. Any willful or intentional acts by the Insured whether sane or insane, mental and nervous disorders, self-inflicted injury, suicide or attempted suicide, suicide pacts or agreements or any attempts thereat, provoked homicide or assault;
4. The Insured acting as a law enforcement officer, emergency medical or fire service personnel, civil defense personnel or military personnel of any country or international authority, whether full-time service or as a volunteer;
5. Any condition, which is, results from, or is a complication of infection with Human Deficiency Syndrome ('HIV'), any variance including Acquired Immune Deficiency Syndrome ('AIDS'), and AIDS Related Complications ('ARC'), or any opportunistic infections and/or malignant neoplasm (tumor) found in the presence of HIV, AIDS or ARC;
6. Any condition which is, results from, or a complication of pregnancy, childbirth, miscarriage (except Accidental miscarriage) or abortion, intoxication by alcohol or drugs not prescribed by a Physician (other than over-the-counter drugs);
7. Illegal acts (or omissions) by the Insured or the Insured's executors, administrators, legal heirs or personal representatives, loss resulting directly or indirectly from action taken by the government authorities including confiscation, seizure, destruction and restriction;
8. Air travel other than as a ticketed passenger on a fully licensed passenger carrying aircraft operated by the Air Carrier;
9. Travel booked or undertaken against the advice of any Physician or for the purpose of seeking medical attention;
10. Any Pre-Existing Conditions except as specifically provided for in the Policy Schedule / Confirmation of Cover;
11. Any government prohibition, regulation or intervention;
12. Any loss or expenses which if reimbursed or paid by the Company would result in the Company being in breach of trade or economic sanctions or other such similar laws or regulations;
13. The Insured engaging in naval, military or air force service or operation or testing of any kind of conveyance or being engaged in manual work or while engaging in offshore activities like diving, oil-rigging, mining or aerial photography or handling of explosives;
14. Any condition which results from or is a complication of venereal disease;
15. Where the Insured becomes entitled to a refund of or reimbursement of all or part of such expenses from any other source, or if there is in place any other insurance against the events covered under this

Policy, the Company will only be liable for the excess of the amount recoverable from such other source or insurance;

16. Any loss or expenses which arises in connection with or is contributed by the Insured undertaking any Trip against the travel advice of the Department of Foreign Affairs of the Philippines or the Department of Health of the Philippines, in relation to actual or threatened riot, Strike or civil commotion, war or warlike situation, outbreak of disease or unsafe health conditions, or impending natural disasters, to the country or territory of the Insured's travel destination, unless the Trip had already commenced prior to the issuance of the travel advice;

17. Any Communicable Disease Outbreak or any fear or threat of a Communicable Disease Outbreak unless expressly included at the date of inception or renewal of this Policy;

18. Any known event/foreseen circumstance, which means riot, strike, civil commotion or natural disaster, that is publicized or reported by the media or through travel advice issued by a national or international body or agency before the insurance cover was taken up or before the Trip was booked (in the case of an annual plan);

19. Any claim arising from being in control of a motorcycle without a valid motorcycle license. Motorcycle means any two-wheeled or three-wheeled motor vehicle with an engine displacement less than 250cc;

20. Any claim that arises from errors or omissions in any booking arrangements or failure to obtain the relevant visa, passport or travel documents;

21. If claim is for a loss which is recoverable by compensation under any workers compensation or transport accident laws, government sponsored fund, plan, or medical benefit scheme, or any other similar type of legislation required to be effected by, or under, a law;

22. Any claim arising from physical, mental, or emotional exhaustion, including but not limited to jet lag;

23. Any claim arising from travel in any air supported device other than as a passenger in a fully licensed aircraft operated by an airline or charter company;

24. Any claim arising from, is related to, or associated with an actual or likely epidemic or pandemic or outbreak of a contagious disease or any derivative or mutation of such viruses, except for the cover which is in place for Coronavirus related claims (meaning COVID-19 or SARS-COV-2 or any mutation or variation of these).

'Epidemic' means "a fast-spreading contagious disease or illness that a recognized public health authority declares, defines, detects or states or otherwise classifies as an epidemic.

'Pandemic' means "an outbreak of a disease, illness or bodily condition that the World Health Organization (WHO) or any international or national authority or organization declares, defines, detects, states or otherwise classifies as a pandemic.

Please refer to who.int for further information on Epidemics and Pandemics;

GENERAL CONDITIONS UNDER THE POLICY

Cancellation

This Policy, or any individual insurance provided thereunder, shall not be cancelled by the Company except upon prior written notice thereto to the Insured, and no notice of cancellation shall be effective unless it is based on the occurrence, after the Effective Date of this Policy, of one or more of the following:

- a) non-payment of premium;
- b) conviction of the Insured of a crime arising out of acts increasing the hazards insured against;
- c) discovery of fraud or material misrepresentation;
- d) discovery of wilful or reckless acts of omissions increasing the hazards insured against;
- e) physical changes in the property insured which result in the property becoming uninsurable;
- f) discovery of other insurance coverage that makes the total insurance in excess of the value of the property insured; or
- g) a determination by the Insurance Commissioner that the continuation of this Policy would violate or would place the Company in violation of the Amended Insurance Code.

All notices of cancellation shall be in writing, mailed or delivered to the Insured at the address shown on the Policy Schedule or Confirmation of Cover and shall state (i) which of the grounds set forth in this provision is relied upon, and (ii) that, upon written request of the Insured, the Company will furnish the facts on which the cancellation is based.

If the Insured cancels a Trip prior to the Period of Insurance as stated in the Confirmation of Cover/Policy Schedule and notifies the Company of such cancellation, the Company will refund to the Insured the premium which has been paid (if any) by the Insured in respect of that Trip less the amount of documentary stamps and premium taxes.

Currency

All amounts shown in this Policy are in Philippine Peso (Php) unless specified in the Policy Schedule. If expenses are incurred in a foreign currency, then the rate of currency exchange used to calculate the amount payable in Philippine Peso (Php), as fixed by the Bangko Sentral ng Pilipinas, will be the rate at the time the expense was incurred or the loss occurred.

Due Diligence

The Insured will exercise due diligence in doing all things to avoid or reduce any loss under this Policy.

Notice of Claim or Loss

Notice shall be given to the Company's Claims Department at the 17th Floor Federal Tower, Dasmariñas St. corner Muelle de Binondo, Binondo Manila, Philippines, or via email to travelinsurance@alliedbankers.com.ph.

If the Insured, or the Insured's legal representative wants to make a claim, the Insured or his/her legal representative must:

- (a) Complete a claim form (claim forms are available from the Company), and attach to the claim form:
 - (i) Receipts for any expenses incurred that are being claimed;

- (ii) Any reports that have been obtained from the police, a carrier or other authorities about an accident, loss or damage; and
- (iii) Any other documentary evidence required by the Company under this Policy.

(b) Provide the Company with the completed claim form and supporting documents within thirty (30) days of the incident taking place which gives rise to a claim, or as soon as reasonably practicable and not later than one (1) year from the date of loss;

(c) Provide any documents or evidence required by the Company to verify the claim at the Insured's expense. Any medical examination required by the Company (including post-mortem examination where it is not prohibited by law) to verify the claim will be at the Company's expense.

In the case of death, hospitalization or medical emergency, the Insured, a person traveling with him/her or the treating medical authority must contact the Company or the Authorized Company or its authorized representative, immediately to verify coverage and arrange the appropriate medical care or arrangements.

Failure to notify the Company within the time limit prescribed shall not invalidate the claim if it can be shown to the Company's satisfaction, that it was not reasonably possible to give such proof within the prescribed time limit for an otherwise legitimate claim.

To Whom Claims Paid

Benefits payable under this Policy shall be made to the Insured; or in the event of his/her death, to the beneficiary designated by the Insured provided such beneficiary is not legally disqualified and survives the Insured; or in the absence of beneficiary designation, to the person or persons then surviving in the following order of preference: (a) legal spouse; (b) children; (c) parents; (d) brothers and sisters; otherwise, to the estate of the Insured, except under **Section II-B** (Emergency Medical Evacuation), **II-C** (Repatriation of Mortal Remains) and **II-D** (Emergency Communication Expenses). Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of the payment.

Subrogation

In the event of any payment made by the Company under one or more sections of this Policy, the Company will be subrogated to all the Insured's rights of recovery against any person or organization. The Insured shall provide the Company with reasonable assistance including but not limited to, executing and delivering any instruments and/or documents. The Insured shall take no actions which may prejudice the Company's subrogation rights.

Recovery

Any money the Company recover from a third party under right of subrogation will be applied in the following order:

1. To the Company for administration and legal costs arising from the recovery and for an amount equal to the amount that the Company paid the Insured under the Policy;
2. To the Insured for his/her uninsured loss (less Excess);and
3. To the Insured for Excess.

Once the Company has paid total loss, the Company will keep any money left over.

If the Company have paid the full amount of Insured's loss and Insured later receive a payment from someone else for that loss, Insured must pay that money to the Company (but only up to the amount the Company paid to the Insured).

If the Company pay for lost or damaged property which is later recovered or replaced by a third party, Insured must repay the amount the Company paid for that property.

Other Insurances

The Insured can only be covered under one (1) travel insurance policy underwritten by the Company for the same Trip. In the event of a claim, the Insured must advise the Company as to any other insurance the Insured may have covering the same risks in this Policy. If, at the time of occurrence of any loss, except otherwise provided for in this Policy, there are other valid and collectible insurance policy/ies in place, the Company will only be liable for the excess beyond the amount of such other Insurance, and any applicable deductible.

Fraud or Misrepresentation

This Policy shall be voidable in the event of any intentional misrepresentation, non-disclosure or concealment of any circumstances by the Insured which is material to or connected with:

- (a) fraud;
- (b) the Insured's risk experience and claim history; or
- (c) the Insured's insurance record, including previous refusals to grant insurance coverage.

Fraud Warning

Section 251 of the Amended Insurance Code imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim.

Fraudulent Claims

If any claim under this Policy is fraudulent or if any fraudulent means or devices are used by any person to obtain a benefit under this Policy, the Company shall have no liability in respect of such claim and the Company shall be entitled to terminate this Policy with immediate effect.

Physical Examination and Autopsy

The Company at its own expense shall have the right and opportunity to examine the Insured when and as often as it may reasonably require during the pendency of the claim hereunder and to make an autopsy in case of death where it is not forbidden by law.

Misstatement of Age

If the age of the Insured has been misstated, all amounts payable under this Policy shall be such as the premium paid would have purchased at the correct age. In the event the age of the Insured has been misstated, and if according to the correct age of the Insured, the coverage provided by this Policy would not have become effective, or would have ceased prior to the acceptance of such premium or premiums, then the liability of the Company during the period the Insured is not eligible for coverage shall be limited to the refund of all premiums paid for the period not covered by this Policy.

Clerical Error

A clerical error by the Company shall not invalidate insurance otherwise validly in force, nor continue insurance otherwise not validly in force.

Notice of Trust or Assignment and Third Party Rights

The Company shall not be bound or be affected by any notice of any trust, charge, lien, assignment or other dealing with or in relation to this Policy.

A person who is not a party to this Policy shall have no right to enforce any of its terms.

Complying with Policy Conditions

Failure to comply with any of the provisions contained in this Policy may delay processing and lead to invalidate claims related to the provision not complied.

Entire Contract

This Policy, the Policy application, the Policy Schedule, Confirmation of Cover and any amendments or endorsements shall contribute the entire contract of insurance. No change to the terms and conditions of this Policy shall be valid unless approved in writing by and authorized executive officer of the Company and such approval shall be endorsed hereon or attached hereto. No broker or agent has the authority to amend or to waive any of the terms and conditions of this Policy except in accordance with the pertinent provisions of Section 50 of the Amended Insurance code.

Unless applied for by the Insured, any rider, clause, warranty or endorsement issued after the Effective Date of this Policy shall be countersigned by the Insured, which countersignature shall be taken as the Insured's agreement to the contents of such rider, clause, warranty or endorsement.

Governing Law

This Policy shall be governed by the interpreted in accordance with the laws of the Republic of the Philippines.

Mediation

In the event of any controversy or claim arising out of or relating to this Policy, or a breach hereof, the Company and the Insured shall first endeavor to amicably settle the matter by mediation administered by the Insurance Commission or any recognized institution under the Mediation Rules, before resorting to arbitration, litigation or some other alternative dispute resolution procedure.

Legal Action

Unless the claim has been denied, no action or suit shall be brought either to the Insurance Commission or any court of competent jurisdiction to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. In any event, no legal action shall be brought after the expiration of twelve (12) months from notice of the denial of the claim.

Civil Code 1250 Waiver Clause

It is hereby declared and agreed that the provision of Article 1250 of the Civil Code of the Philippines (Republic Act No. 386) which reads:

“In case of extraordinary inflation or deflation of the currency stipulated should supervene, the value of the currency at the time of the establishment of the obligation shall be the basis of payment.” shall not apply in determining the extent of liability under the provisions of this Policy.

Sanction And Limitation Exclusion Clause

No (re)insurer shall be deemed to provide cover and no (re)insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that (re)insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America, Singapore or Switzerland

Schengen Area Countries

IT IS HEREBY UNDERSTOOD AND AGREED, that this insurance is valid to all existing member countries of the Schengen:

1. Austria
2. Belgium
3. Czech Republic
4. Croatia
5. Denmark
6. Estonia
7. Finland
8. France
9. Germany
10. Greece
11. Hungary
12. Iceland
13. Italy
14. Latvia
15. Liechtenstein
16. Lithuania
17. Luxembourg
18. Malta
19. Netherlands
20. Norway
21. Poland
22. Portugal
23. Slovakia
24. Slovenia
25. Spain
26. Sweden
27. Switzerland

Any addition or deletion of member countries is automatically included or deleted from the Policy.

24/7 Worldwide Travel and Medical Assistance

Toll Free Hotline No.: (see policy schedule)

This policy is entitled to the 24/7 Worldwide Travel and Medical Assistance Services offered by ABIC through its Authorized Company to facility a smooth and hassle-free travel experience:

1. Pre-trip Information Services: Provide essential information and guidance regarding the visa application process, required documents, travel restrictions, recommended medical precautions and accredited facilities in the destination(s), and other relevant pre-trip details.
2. Embassy Referral: In case the Insured needs consular assistance prior and during the trip, will assist in locating, referring, or contacting the appropriate embassy or consulate.
3. Lost Luggage Assistance: In case of lost or delayed luggage during your travel, will guide the Insured with the necessary procedures and communicate with the relevant authorities where needed.

4. Lost Passport Assistance: In the event of a lost or stolen passport, assist the Insured on how to report the incident and obtain a new passport at the appropriate embassy or consulate.
5. Weather and Exchange Rate Information Assistance: Provide current and updated weather conditions as well as exchange rate information to the Insured.
6. Emergency Message Transmission Assistance: Assist the Insured with the transmission of urgent messages to family, friends, or business contacts during critical situations or emergencies.
7. Interpreter Referral: Arrange for interpreters to assist the Insured with language barriers during their travel, ensuring effective communication with officials or other relevant parties.
8. Inoculation Information: Provide information about required or recommended vaccinations and medical precautions for the specific Schengen country the Insured is visiting.
9. Lost Credit Card Reporting Assistance: Offer guidance and support in reporting lost or stolen credit cards, facilitating communication with the credit card company and relevant authorities, and assisting with necessary actions to minimize any potential financial impact.
10. Emergency Airline and Hotel Reservation: Assist in making emergency airline or hotel reservations in case of unexpected travel disruptions or emergencies, ensuring the Insured has temporary accommodation and transportation arrangements.
11. Legal Referral: Provide recommendations and contact information for legal professionals or services in case the Insured requires legal assistance or advice during their stay in the Schengen country.

Documentary Stamp Tax Memo

In case of policy cancellation, the Assured or the intermediary concerned has to remit the documentary stamps tax advanced by the insurer. Documentary Stamps Tax can no longer be refunded in cases of cancellation, endorsement of the policy or reduction of premium.

War And Civil War Exclusion Clause

This Policy does not cover any liability assumed by the Insured on loss or damage directly or indirectly occasioned by, happening through or in consequence of war, invasion, acts of foreign enemies, hostilities or war-like operations (whether war be declared or not), civil war, mutiny, civil commotion assuming the proportions of or amounting to a popular rising, military rising, insurrection, rebellion, revolution, military or usurped power, martial law, confiscation or nationalisation or requisition or destruction of or damage to property by or under the order of any Government or public or local authority, or any act of any person or persons acting on behalf of or in connection with any organisation the objects of which are to include the overthrowing or influencing of any de jure or de facto government by terrorism or by any violent means.

Nuclear, Chemical, and Biological Terrorism

It is agreed that, regardless of any contributory cause(s), this Contract does not cover any claim(s) in any way caused or contributed to by an act of terrorism involving the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent.

For the purpose of this exclusion an **act of terrorism** means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

If the Insurers allege that by reason of this exclusion any claim is not covered by this Insurance the burden of proving the contrary shall be upon the Assured.

Punitive Damages Clause

Notwithstanding anything to the contrary contained herein, it is understood and agreed that punitive and/or exemplary and/or multiple damages against an original Insured shall be excluded from recovery hereon.

Free-look Provision

A free-look period of five (5) days is hereby provided, which starts from the time of the receipt of the Policy until the last day of the period provided herein, for which the Insured may return or cancel the Policy. Any premium paid will be refunded during this period. The Insured will not receive a premium refund if he/she has made a claim during this period.

For your own protection you are requested to read this Policy in full, including its conditions and if it is not in accordance with your intentions, please return it within the prescribed free-look period for correction.

Claims Settlement Clause

Periodic payment will be made of all indemnities payable under this Policy which accrue during a period of more than four (4) weeks. Indemnities payable under this Policy for any loss other than loss for which this Policy provides any periodic payment will be paid within thirty (30) days after receipt by the Company of due written proof of such loss and after ascertainment of the loss is made by the agreement between the Company and the Insured or by arbitration; but if such ascertainment is not had or made within sixty (60) days after such receipt by the Company of the proof of loss, then the loss shall be paid within ninety (90) days after such receipt. Subject to due written proof of loss, all accrued indemnities for loss, for which this Policy provides periodic payment, will be paid at the expiration of each four (4) weeks during the continuance of the period for which the Company is liable, and any balance remaining unpaid upon the termination of liability will be made immediately upon receipt of due written proof. Refusal or failure to pay the loss within the periods prescribed herein will entitle the Insured to collect interest on the proceeds of the Policy for the duration of the delay at the rate of twice the ceiling prescribed by the Monetary Board, unless such refusal or failure to pay is based on the ground that the claim is fraudulent.

Data Protection

The Company will use the information supplied during the formation and performance of this Policy for policy administration, customer services, paying claims and fraud prevention. The Company may disclose this information to its service providers for these purposes. We will keep this information for a reasonable period. Where sensitive personal data has been disclosed, including any medical or criminal record information, the Company will also use this information for the above purposes. The Company may also transfer certain information to countries that do not provide the same level of data protection for the above purposes so a contract will be in place to ensure the information transferred is protected. Insured's whose information has been supplied to the Company have a right to ask for a copy of that information and to have any inaccuracies corrected. The Company may record telephone calls to make sure it follows instructions correctly and for staff training purposes.

When personal or sensitive data is supplied to the Company about third parties other than the Insured, both during the formation and performance of this Policy, the Company assumes that those third parties consent to the supply of this information to the Company, to the Company processing this data, including sensitive personal data, and to the transfer of their information abroad. The Company will also assume that the supplier of the information is authorized to receive, on their behalf, any data protection notices.

Important Notice Clause

The Insurance Commission of the Philippines, with offices in Manila, Cebu, and Davao, is the government office in charge of the faithful execution and enforcement of all laws relating to insurance and has supervision over insurance companies. The office is ready at all times to render assistance in settling any controversy between an Insurance Company and an Insured relating to insurance matter.

Alliedbankers Insurance Corporation


Authorized Signatory