

Chubb Group Travel Insurance Policy

Group Policy Number CXP05403

CHUBB®

Insurance Agreement

In consideration of the statements in the Policy application or other acceptable means of enrollment, which shall be the basis of this contract and whose original copy or proof is filed with the Insurance Company of North America – Philippine Branch (a Chubb Company), hereinafter called the “Company”, and made a part of this Policy, upon the payment of premium and subject to all the exclusions, provisions and other terms of this Group Policy, the Company hereby insures the persons named, hereinafter called the “Insured”, against loss indicated as covered in the Schedule of Benefits occurring during the term of this Group Policy.

IN WITNESS WHEREOF, the Company has caused this Group 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 or Travel Itinerary Page is signed by an authorized representative of the Company.

Mari Rachelle L. Canta

Mari Rachelle L. Canta
Country President

(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. It is ready at all times to render assistance in settling any controversy between an Insurance Company and an Insured relating to insurance matter.)

Effective Date and Termination Date of Insurance

During the Period of Insurance, all covers, except Trip Cancellation and Travel Postponement Benefits, shall commence at:

- i. two (2) hours before the Insured's Scheduled Departure time from the Philippines to embark on a Trip; or
- ii. the time at which the Insured commences his/her travel from anywhere in the Philippines and embark on a Trip;
and shall cease on whichever of the following occurs first:
 - i. two (2) hours after the Insured's scheduled time of arrival;
 - ii. the expiry of the Policy Period specified in the Confirmation of Cover or any subsequent endorsement issued by the Company to amend the travel dates as requested by the Group Policyholder or Insured;
 - iii. the Insured's return to his/her place of residence or employment.

Annual Policy

1. In relation to **Annual Multi-Trip**, (i) forty five (45) days after the Insured's departure from the Philippines to embark on a Trip (inclusive of the date of departure); or (ii) two (2) hours after the Insured's scheduled time of arrival; or (iii) the expiry of the Policy Period specified in the Confirmation of Cover or any subsequent endorsement issued by the Company to amend the travel dates as requested by the Group Policyholder or Insured; (iv) the Insured's return to his/her place of residence or employment.

For Trip Cancellation and Travel Postponement Benefits, both benefits take effect upon acceptance and approval of the application or enrollment and receipt of premium payment .

Limits of Coverage

1. The conditions to cover Annual and Single Trip Policies shall be as follows (and if not met shall result in the Insured, Spouse and Dependent Children not being covered for the Trip in question):
 - (i) For both Annual Policies and Single Trip Policies, the Insured Dependent Child below twelve (12) years old shall only be covered if he is accompanied by the Insured or the Spouse on a Trip.
 - (ii) For Annual Policies, the Spouse shall be covered for any Trip made independently of the Insured. For Single Trip Policies, the Spouse shall only be covered for a Trip if the Insured is also making a Trip to the same destination (whether or not they travel together) within the Period of Insurance.
2. Any cover under this Group Policy in respect of an Insured shall terminate on the earliest of the following events:
 - (i) Upon the expiry of any Period of Insurance during which the Insured ceases to satisfy any of the Eligibility requirements set out herein; or
 - (ii) Upon the death of the Insured.
3. Termination of cover under this Group Policy in respect of the Policyholder shall automatically terminate cover for all other Insureds. However, if the Insured has already departed, cover under this policy will terminate when they return to the Philippines or upon the expiry of the Period of Insurance, whichever is later.
4. Unless otherwise provided in an appropriate endorsement, the Insured shall only be covered:
 - (i) If the individual insurance is an Annual Multi-Trip policy; for the first forty-five (45) consecutive days of any Trip; and the Company shall not be liable in respect of any loss occurring after 12.01 a.m. on the forty-six (46st) day after commencement of any Trip.
 - (ii) If the individual insurance is a Single Trip policy: for the first one hundred eighty (180) consecutive days of any Trip; and the Company shall not be liable in respect of any loss occurring after 12.01 a.m. on the one hundred eighty first (181st) day after the commencement of any Trip.

Description of Benefits

Section 1: Medical Necessary Expenses Benefit

The Company shall pay directly to the Authorized Company, or its authorized representative, the expenses for medical attention and treatment which the Insured incurred while on a Trip, up to the Benefit Amount stated in the Policy Schedule for Injury or Sickness suffered by the Insured solely and independently of any other causes during the Period of Insurance. The Company shall also pay directly to the Authorized Company, or its authorized representative, the medical attention and treatment which the Insured incurred upon return from the Trip provided that the Insured is confined in a Hospital directly as a result of Injury or Sickness suffered on a Trip. Initial treatment for such 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 residence. Admission to a Hospital must be within twelve (12) hours after arrival from a Trip and must be a continuation of medical attention sought while on a Trip. 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.

Section 2: Emergency Medical Evacuation and Repatriation of Mortal Remains Benefit (This does not apply to One-Way Trip)

Emergency Medical Evacuation

If, during the Period of Insurance, while the Insured is on a Trip and as a result of Bodily Injury or Sickness and if in the opinion of the Authorized Company, or its authorized representative, it is judged medically appropriate to move the Insured to another location for medical treatment, or to return the Insured to his place of residence, the Authorized Company, or its authorized representative, shall arrange for evacuation utilizing the means best suited to do so based on the medical severity of the Insured's condition. The Company shall pay directly to the Authorized Company, or its authorized representative, the covered expenses for such evacuation up to the Benefit Amount as stated in the Policy Schedule. The means of evacuation arranged by the Authorized Company, or its authorized representative, may include 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.

Repatriation of Mortal Remains

If, during the Period of Insurance, while the Insured is on a Trip and as a result of Bodily Injury or Sickness, the Insured dies 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 place of residence. The Company shall pay directly to the Authorized Company, or its authorized representative, the covered 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 person(s) then surviving in the order of preference as indicated under the provision entitled "To Whom the Benefits are Payable" the 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.

Section 3: Hospital Confinement Daily Cash Benefit (This does not apply to One-Way Trip.)

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, the Company will pay the Insured the relevant Benefit Amount as stated in the Policy Schedule subject to the terms and conditions of this Group 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 for a period of not exceeding twenty (20) days for all such Confinement consequent upon Bodily Injury resulting from any one Accident or series of Accidents occurring in connection with or arising out of one event or Sickness and provided 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; and
- (ii) Confinement must be considered medically necessary by a Physician in his professional capacity

Section 4: Compassionate Visit (This does not apply to One-Way Trip)

If, during the Period of Insurance, while the Insured is on a Trip, the Insured is confined in a Hospital Overseas for more than five (5) consecutive days and his medical condition forbids evacuation and no adult member of the Insured's family is with him, the Company will indemnify the Insured for hotel accommodation and travel (economy return air travel) expenses necessarily incurred for one (1) Immediate Family Member or friend who on written advice of a Physician, is required 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 Group Policy.

Section 5: Return of Minor Children Benefit (This does not apply to One-Way Trip)

If, during the Period of Insurance, while the Insured is on a Trip, the Insured or Spouse is Confined in a Hospital Overseas and there is no other adult to accompany the Insured's minor Dependent Children home, the Company will indemnify the Insured for hotel accommodation and travel (economy air travel) expenses necessarily incurred for one (1) Immediate Family Member or a next of kin residing in the Philippines to accompany the Insured's minor Dependent Children back to the Philippines, up to the relevant Benefit Amount as stated in the Policy Schedule subject to the terms and conditions of this Group Policy.

Section 6: Personal Accident Benefit

If, during the Period of Insurance, while the Insured is on a Trip and as a result of an Accident, the Insured sustains Injury and it causes Accidental Death or Permanent Total Disability within one hundred eighty (180) days from the date of the Accident, or causes the Insured to receive continuous medical treatment as a Resident In-patient in a Hospital and loss of life occurs later because of such Injury, the Company will pay compensation in accordance with the Benefit Amount as stated in the Policy Schedule or Confirmation of Cover, subject to the limits provided in the table below:

The occurrence of any specific Loss for which indemnity is payable under this Section to an Insured shall at once terminate this Section for such Insured, but such termination shall be without prejudice to any other claim originating from the Accident causing such Loss. In case indemnity for more than one Loss is payable under this Section, only the Loss entitled to the greatest amount under this Section shall be paid.

Loss Covered	Percentage of the Benefit Amount Payable
Accidental Death	100%
Permanent Total Disability	100%
Permanent Loss of Speech and Hearing	100%
Loss of sight in both eyes	100%
Loss of or Loss of Use of two Limbs	100%
Loss of or Loss of Use of one Limb	60%
Loss of sight in one eye	60%
Permanent Loss of Lens of One Eye	60%
Permanent Loss of Speech	50%
Permanent Loss of Hearing in :	
(i) both ears	50%
(ii) one ear	15%

Section 7: Accident Burial Benefit

The Company will reimburse the cost of burial expenses to be incurred, if the Insured dies due to Accident during the Period of Insurance. The Benefit Amount payable is up to the limit as stated in the Policy Schedule or Confirmation of Cover.

Additional Exclusions Applicable To:

Medical Necessary Expenses Benefit (Section 1)
Emergency Medical Evacuation and Repatriation Benefit (Section 2)
Hospital Confinement Daily Cash Benefit (Section 3)
Compassionate Visit Benefit (Section 4)
Return of Minor Dependent Children Benefit (Section 5)
Personal Accident Benefit (Section 6)
Accidental Burial Benefit (Section 7)

Sections 1-7 of this Group Policy do not cover Loss or Injury, and the Company will not in any event be liable in respect of any claim under Sections 1-7, occurring, caused by, resulting from or contributed to by the following:

1. While the Insured is riding or traveling on a motorcycle;
2. Any claims involving participation by the Insured or the Insured's traveling 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, 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 (unless with additional premium and with the Company's prior written approval);
3. Miscarriage, pregnancy or any of its complications, or abortion;
4. Suicide or attempted suicide, or intentional self-inflicted injury;
5. The Insured not taking all reasonable efforts to safeguard his property or to avoid any Injury or minimize any claim under this Group 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. Pre-Existing Conditions;
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;
19. Ophthalmological care, eyeglasses, contact lenses, hearing aids, dental care (unless such treatment is necessarily incurred to sound and natural teeth) and dentures, 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; or
22. Any expenses for a service not approved and arranged by the Authorized Company, or its authorized representative, except that the Company Insurance reserves the right to waive this exclusion in the event the Insured or his traveling companions cannot for reasons beyond their control notify the Authorized Company, or its authorized representative, during an emergency medical 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.

Section 8: Trip Cancellation Benefit

If, prior to the commencement of the Trip, the Insured is forced to cancel any part of the Trip as the direct and necessary result of any Specified Cause, the Company will indemnify the Insured in respect of Cancellation Expenses occurring up to thirty (30) days prior to the Scheduled Departure Date, up to the Benefit amount specified in the Policy Schedule or Confirmation of Cover subject to the terms and conditions of this Group Policy.

Additional Definitions

Specified Cause means:

- i. death, Injury or Sickness or compulsory quarantine of the Insured or Immediate Family Member;
- ii. unexpected outbreak of Strike, riot, or civil commotion at the scheduled destination arising out of circumstances beyond the control of the Insured;
- iii. receipt of witness summons or jury service; or
- iv. serious damage to the Insured's residence from fire, flood or similar natural disaster (typhoon, earthquake, etc.), which requires the presence of the Insured on the premises on the Scheduled Departure Date.

Whereby, for paragraphs (i) to (iii), the events mentioned must occur within thirty (30) days before the Scheduled Departure Date, and for paragraph (iv), the event must occur within seven (7) days before the Scheduled Departure Date.

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.

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

Section 9: Travel Postponement Benefit

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 8), the Company will indemnify the Insured in respect of Postponement Expenses occurring up to thirty (30) days prior to the Scheduled Departure Date, up to the Benefit amount as specified in the Policy Schedule or Confirmation of Cover subject to the terms and conditions of this Group Policy.

This coverage is effective only if the individual insurance 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 means the resulting administrative charges incurred to postpone the Trip:

- 1) which full payment was made by the Insured;
- 2) for which the Insured is legally liable; and
- 3) which are not recoverable from any other source.

Section 10: Trip Curtailment Benefit (This does not apply to One-Way Trip.)

If, during the Period of Insurance, the Insured is forced to curtail the Trip and return directly to the Insured's place of residence, as the direct and necessary result of any **Specified Cause** (as defined in Section 8), the Company will indemnify the Insured in respect of **Curtailment Expenses** incurred up to the maximum sum insured specified in the Policy Schedule or Confirmation of Cover subject to the terms and conditions of this Group Policy.

This coverage is effective only if the individual insurance is purchased before the Insured becomes aware of any circumstances which could lead to the disruption of the Insured's Journey.

Additional Definition

Curtailment Expenses means

- (i) loss of deposits, advance payments for 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;
- (ii) any additional administrative expenses incurred where it is possible to amend the original travel ticket; or
- (iii) additional travel (limited to economy class fare) expenses 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**.

Additional Exclusions Applicable To:

Trip Cancellation Benefit (Section 8)
Travel Postponement Benefit (Section 9)
Trip Curtailment Benefit (Section 10)

Sections 8, 9 and 10 of this Group Policy do not cover Loss or Injury, and the Company will not in any event be liable in respect of any claim under Sections 8 or 9 or 10, occurring, caused by, resulting from or contributed to by the following:

1. Pregnancy and its complications;
2. Pre-Existing Conditions;
3. Illnesses or disorders of a psychological nature, nervous depression, mental illness, sexually-transmitted disease, AIDS, HIV infections and AIDS-related infections;
4. Suicide, attempted suicide, or intentionally self-inflicted injury;
5. Failure to obtain required vaccinations before departure;
6. Travel arrangements interrupted by an airline, cruise line or tour operator, or an organized labor strike that affects public transportation;
7. Changes in plans by the Insured or an Immediate Family Member for any reason;
8. Financial circumstances of the Insured or an Immediate Family Member;
9. Any business or contractual obligations of the Insured or an Immediate Family Member;
10. Financial default (whether full or partial suspension of operations due financial circumstances following a filing of bankruptcy) or failure to provide promised services by the person, agency, tour operator or organisation with whom the Insured made travel arrangements. Any loss that is covered by any other existing insurance scheme, government programme or which will be paid or refunded by a hotel, carrier or travel agent or any other provider of travel and/or accommodation.
11. Any government prohibition, regulation or intervention; or
12. The Company will not pay for 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.

Section 11: Travel Delay Benefit

If, during the Period of Insurance, while the Insured is on a Trip, the departure of the Common Carrier in which the Insured had arranged to travel is delayed at any single location from the time specified in the travel itinerary supplied to the Insured due to:

- (a) strike or industrial action;
- (b) adverse weather conditions;
- (c) mechanical breakdown/derangement or structural defect of the Common Carrier.,

The Company will pay the Insured the relevant Benefit for every six (6) consecutive hours of delay (the delay being calculated from the scheduled departure time specified in the Itinerary Page and the actual departure time of the Common Carrier), up to the maximum sum insured specified in the Policy Schedule, subject to the terms and conditions of this Group Policy.

The delay must be verified in writing by the operator(s) of the Common Carrier or their handling agent(s) as well as the number of hours delayed and the reason for the delay.

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

Additional Exclusions

In addition to the General Exclusions, this Group Policy does not cover, and the Company will not in any event be liable in respect of any claim under this Section which is directly or indirectly, caused by, a consequence of, arises in connection with or contributed to by any of the following:

- 1. failure of the Insured to check-in according to the itinerary supplied to him;
- 2. strike or industrial action existing on the date the Insured applied for cover under this Group Policy;
- 3. late arrival of the Insured at the airport or port after check-in or boarding time (except if the late arrival is due to strike or industrial action);
- 4. If the Company has paid a claim under Section 13- Missed Connecting Flight Benefit or Section 21- Flight Diversion Benefit arising from the same event.

Section 12: Aircraft Hijack Benefit

If, during the Period of Insurance, while the Insured is on a 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 specified in the Policy Schedule, for every six (6) hour-period that the Hijack continues, up to the maximum of the relevant Benefit amount specified in the Policy Schedule subject to the terms and conditions of this Group Policy.

Additional Condition

(a) Any claims under this Section must be accompanied by a police report or a report issued by the Air Carrier confirming that the Insured was a victim of the Hijack and the duration of such Hijack.

Additional Definition

Hijack means any seizure or exercise of control by force or violence, or threat of force or violence and with wrongful intent, of the Air Carrier.

Section 13: Missed Connecting Flight Benefit

If, during the Period of Insurance, while the Insured is on a Trip, the Insured's confirmed onward travel connection Overseas is missed at the transfer point due to the late arrival of the Insured's incoming confirmed connecting scheduled Air Carrier flight and no onward transportation is available to the Insured within six (6) consecutive hours on his actual arrival time, the Company will pay to the Insured the relevant Benefit Amount stated in the Policy Schedule for every full six (6) consecutive hours of misconnection (the misconnection being calculated from the actual arrival to the actual departure of the Insured) up to the maximum sum insured specified in the Policy Schedule, subject to the terms and conditions of this Group Policy.

The travel misconnection details must be verified in writing by the operator(s) of the Air Carrier or their handling agent(s) as well as the reason for the travel misconnection, the scheduled and actual time of arrival and the scheduled and actual departure time of the next available Air Carrier.

This coverage is effective only if the individual insurance is purchased before the Insured becomes aware of any circumstances which could lead to the disruption of the Insured's Journey.

Additional Exclusion

In addition to the General Exclusions, this Group Policy does not cover, and the Company will not in any event be liable in respect of any claim under this Section which is directly or indirectly, caused by, a consequence of, arises in connection with or contributed to by any of the following:

1. If the Company has paid a claim under Section 11- Travel Delay Benefit arising from the same event.

Section 14: Loss or Damage of Baggage and Personal Effects Benefit

The Company will pay for all direct loss or damage to the Insured's baggage and personal effects within the baggage, up to the Loss or Damage of Baggage and Personal Effects Benefit Amount as stated in the Policy Schedule, during the Trip, subject to the following conditions:

1. the baggage or personal effects must be in the possession of the hotel staff or the Common Carrier and proof of such loss must be obtained in writing from the hotel management or the Common Carrier's management and such proof must be provided to the Company; or
2. if loss or damage is the result of the forceful taking of the baggage or personal effects by way of violent means or threat of violence, such loss must be reported to the police having jurisdiction at the place of the loss no more than twenty-four (24) hours from the incident. Any claim must be accompanied by written documentation from such police.

The Company will pay for loss or damage to the Insured, as follows:

1. The amount payable in respect of any one item shall not exceed the Loss or Damage of Baggage and Personal Effects Benefit Amount as stated in the Policy Schedule, subject to a maximum amount per item as stated in the Policy Schedule.
2. The Company may make payment or at its own option reinstate or repair as it may select in respect of articles not older than one (1) year.
3. The Company may make payment or at its own option reinstate or repair subject to due allowance of wear and tear and depreciation in respect of articles of more than one (1) year.

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

Section 15: Loss of Personal Money Benefit

Should the Insured while Overseas suffer or experience a loss of cash or banknotes in his possession, the Company shall pay up to the Benefit Amount as stated in the Policy Schedule to compensate for actual loss, provided such loss is reported to the police having jurisdiction at the place of the loss no more than twenty-four (24) hours after the incident, and provided always that the Company shall not be liable for the first Philippine Peso: One Thousand Only (Php 1,000.00) of cash or banknote which is lost by the Insured. Any claim must be accompanied by written documentation from the police. The Insured must take every possible safeguard to ensure the security of his cash or banknotes.

Section 16: Loss of Travel Documents Benefit

The Company will reimburse the Insured up to the Benefit Amount as stated in the Policy Schedule in respect of additional hotel, travel and communications expenses necessarily incurred in the country or countries visited in obtaining the replacement of a lost passport or visa, provided always that the Insured shall exercise reasonable care

for the safety and supervision of the documents and that any loss of passport must be reported to the police within twenty-four (24) hours of the discovery of the loss.

Additional Exclusions Applicable To:

Loss or Damage of Baggage and Personal Effects (Section 14)

Loss of Personal Money Benefit (Section 15)

Loss of Travel Documents Benefit (Section 16)

The following classes of property are excluded from coverage, and the Company will not in any event be liable in respect of any claim under Sections 14,15 and 16 relating to the following classes of property:

- a. Animals;
- b. Motor vehicles (including accessories), motorcycles, boats, motors, or any other conveyances;
- c. Snow skis, bicycles, sailboards, golf clubs, tennis rackets and other sporting equipment except while checked-in as baggage with a registered Common Carrier;
- d. Household effects, keys, antiques, arts, collectors' items, jewelry, musical instruments, equipment for professional use;
- e. Computers (including data recorded on tapes, cards, disks or otherwise, software and accessories);
- f. Eyeglasses, contact or corneal lenses, hearing aids, prosthetic limbs, wheelchair, artificial teeth or dental bridges;
- g. Documents, identity papers, credit and payment cards, transport tickets, stocks and securities;
- h. Perishables and consumables;
- i. Baggage sent in advance or souvenirs and articles mailed or shipped separately;
- j. Hired or leased equipment; or
- k. Business goods or samples.

Section 14, 15 and 16 of this Group Policy does not cover, and the Company will not in any event be liable in respect of any claim under Section 14, 15 and 16 relating to:

1. Loss not reported to proper police authorities;
2. Loss or damage caused by wear and tear, gradual deterioration, moths and other insects, vermin, inherent vice or damage sustained due to any process or while actually being worked upon and resulting therefrom;
3. Loss of or damage to property resulting directly or indirectly from seizure or destruction under quarantine or customs regulations, confiscation or expropriation by order of any government or public authority or risk of contraband or illegal transportation of trade;
4. Loss of or damage to property insured under any other insurance policy or reimbursed by the Air Carrier or hotel management;
5. Loss to Insured's baggage left unattended in any vehicle or public place or as a result of the Insured's failure to take precautions for the safeguard and security of such property;
6. Loss of or damage to property insured while the Insured is suffering from mental and nervous disorders, including but not limited to insanity;
7. The Insured not taking all reasonable efforts to safeguard his property or to avoid or minimize any claim under this Section;
8. Mysterious disappearance; or
9. Breakage of brittle or fragile articles, cameras, cellular phones, computers (including software and accessories), musical instruments, radio, compact disc players and similar property.

Section 17: Baggage Delay Benefit

If, during the Period of Insurance, while the Insured is on a Trip, the Insured's baggage that is accompanied and checked-in with the Common Carrier is not delivered to him within six (6) hours of the Insured's arrival at the scheduled destination Overseas and in the Philippines, the Company will reimburse the Insured for the emergency purchase of essential clothing and toiletries up to the relevant Benefit Amount stated in the Policy Schedule for every full six (6) consecutive hours of delay (the delay being calculated from the arrival time of the aircraft at the Overseas destination specified in the itinerary until delivery of Insured's baggage by the Common Carrier), up to the maximum Benefit Amount stated in the Policy Schedule, subject to the terms and conditions of this Group Policy.

Additional Exclusions Applicable To:
Baggage Delay Benefit (Section 17)

Section 17 of this Group Policy does not cover, and the Company will not in any event be liable in respect of any claim under Section 17 relating to:

1. Delay not reported to a competent person of the Common Carrier as soon as the Insured knows the baggage is late or lost;
2. For any clothing or toiletries purchased more than four (4) days after the actual time of arrival at the point 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 Common Carrier

Section 18: Personal Liability Benefit

The Company shall indemnify the Insured for legal liability to a third party as a result of:

1. Death of or an Accidental Bodily Injury to any person;
2. Accidental loss of or damage to property of any person, up to the maximum benefit amount, which shall be the aggregate limit for all losses incurred during the Group Policy period. Included within this same limit 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 Section.

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

Additional Exclusions Applicable To:
Personal Liability Benefit (Section 18)

Section 18 of this Group Policy does not cover, and the Company will not in any event be liable in respect of any claim under Section 18 relating to:

1. Bodily Injury and Property Damage to any Insured;
2. Property owned by the Insured or property in the care, custody or control of the Insured;
3. Damage relating to any liability assumed under contract;
4. Damage relating to the willful, malicious or unlawful act or omission on the part of the Insured;
5. The ownership, possession or use of any vehicle, aircraft, watercraft, firearms or animals, or arising from the negligent supervision and vicarious liability for the acts of a minor in connection with the above;
6. Past or present business, trade or professional activities, including the rendering of or failure to render business, trade or professional activities;
7. Any criminal proceedings whether actually convicted or not;
8. The transmission of communicable disease by an Insured;
9. The possession or use of any controlled substances/drugs unless prescribed by a licensed Physician;
10. Sexual molestation, corporal punishment or physical or mental abuse;
11. Pollution which includes the alleged or potential introduction of substances causing the impurities or harmful effects to the environment. 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 Philippines;
12. Loss or damage to property while the Insured is suffering from mental and nervous disorders, including but not limited to insanity.

Section 19: Accidental Dental Expenses Benefit

If, during the Period of Insurance, while the Insured is on a Trip, the Insured incurs Dental Expenses as a direct result of Bodily Injury, the Company will pay the Insured in respect of such expenses up to the relevant Benefit amount as stated in the Policy Schedule, subject to the terms and conditions of this Group Policy.

Additional Condition

For the avoidance of doubt, in the event 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 Section, the Company will only be liable for the excess of the amount recoverable from such other source or insurance.

Additional Definitions

Dental Expenses mean reasonable and necessary charges for dental treatment, carried out by a Dentist, medically necessary to treat the Insured's condition, including charges for medical supplies or services, not exceeding the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred and does not include charges that would not have been made if no insurance existed.

Dentist means a legally licensed dentist or dental surgeon duly registered and practicing within the scope of his license pursuant to the laws of the country in which such practice is maintained. Dentist shall not include the Insured or any of his/her relatives unless otherwise approved by the Company.

Additional Exclusions

In addition to the General Exclusions, this Group Policy does not cover, and the Company will not in any event be liable in respect of any claim under this Section which is directly or indirectly, caused by, a consequence of, arises in connection with or contributed to by any of the following:

- 1) Any expenses relating to any treatment for Bodily Injury where such treatment was first sought more than sixty (60) days from the time the Bodily Injury was first sustained ;
- 2) Any expenses incurred for dental care (unless such treatment is necessarily incurred to sound and natural teeth) and dentures unless prescribed by a Physician for the treatment of Bodily Injury ; or
- 3) Any expenses relating to any treatment not prescribed by a Physician

Section 20: Emergency Mobile Phone Charges Benefit

If, during the Period of Insurance, while the Insured is on a Trip, as a result of an Insured being in a Critical Medical Condition and incurred charges for personal mobile phone used for the sole purpose of engaging the services of the Company Authorized Company,, or its authorized representative, during a medical emergency, and for which a medical claim has been submitted under Section 1, the Company will pay the Insured in respect of Emergency Mobile Phone Charges up to the Benefit amount as stated in the Policy Schedule.

Additional Definition

Critical Medical Condition means a medical suffered by the Insured as a result of Bodily Injury or Sickness, which is determined to be life-threatening by a Physician designated by the Company at the Physician's absolute discretion.

Additional Exclusions

In addition to the General Exclusions, this Group Policy does not cover, and the Company will not in any event be liable in respect of any claim under this Section which is directly or indirectly, caused by, a consequence of, arises in connection with or contributed to by any of the following:

- 1) telephone calls made via standard land line; or
- 2) public telephone using international calling card.

Section 21: Flight Diversion Benefit

If, during the Period of Insurance, while the Insured is on a Trip, the aircraft in which the Insured had arranged to travel is diverted for at least six (6) consecutive hours at any single location from the time specified in the itinerary supplied to the Insured due to adverse weather conditions, the Company will pay the Insured the relevant Benefit Amount stated in the Policy Schedule for every full six (6) consecutive hours of diversion up to the maximum Benefit Amount specified in the Policy Schedule.

The delay must be verified in writing by the operator(s) of the aircraft or their handling agent(s) as well as the number of hours delayed and the reason for the delay.

Additional Exclusion

In addition to the General Exclusions, this Group Policy does not cover, and the Company will not in any event be liable in respect of any claim under this Section which is directly or indirectly, caused by, a consequence of, arises in connection with or contributed to by any of the following:

- (1) If the Company has paid a claim under Section 11- Travel Delay Benefit arising from the same event.

Section 22: Credit Card Indemnity Benefit

If, during the Period of Insurance, while the Insured is on a Trip, the Insured sustains financial loss as a direct result of a credit card(s) being lost or stolen and being subsequently used fraudulently by any person other than the Insured, the Company will pay the Insured for such loss up to maximum of the relevant Benefit Amount specified in the Policy Schedule, subject to the terms and conditions of this Group Policy.

Additional Conditions

1. The loss must be reported to the credit card company(s) within six (6) hours after the incident. Any claim must be accompanied by a copy of the report issued by the credit card company(s) evidencing such loss.
2. 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.
3. The Insured must take every possible safeguard to ensure the security of his credit card(s).
4. The loss must be 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.

Section 23: Flight Overbooked Benefit

If, during the Period of Insurance, while the Insured is on a Trip, the Insured is denied boarding on a confirmed scheduled Common Carrier flight due to over-booking and no alternative transportation is made available to the Insured within six (6) hours of the scheduled departure of such Common Carrier flight, the Company will pay to the Insured the relevant Benefit amount specified in the Policy Schedule for every full six (6) consecutive hours, up to the maximum Benefit Amount as specified in the Policy Schedule, subject to the terms and conditions of this Group Policy.

Section 24: Home Guard Benefit

If, during the Period of Insurance, while the Insured is on a Trip, the Company will pay the Insured for loss of or damage to Home Contents kept in the Insured's place of residence, arising out of any one of the following perils, up to the Benefit Amount as specified in the Policy Schedule subject to the terms and conditions of this Group Policy:

- 1) fire, lightning, thunderbolt, subterranean fire;

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- 2) explosions;
- 3) aircraft and other aerial devices or articles dropped therefrom;
- 4) impact by:
 - (a) any vehicle, plant, machinery and equipment;
 - (b) falling trees or branches but not loss or damage caused by falling or lopping of trees by or on the Insured's behalf;
 - (c) breakage or collapse of television and radio aerials, aerial fittings and masts;
- 5) bursting or overflowing or domestic water tanks, apparatus or pipes (forming part of the domestic fixed water system), washing machine or water mains;
- 6) theft, but only if accompanied by forcible and violent breaking into or out of the place or residence, or any attempt thereat;
- 7) riot, civil commotion or acts of strikers or locked out workers or persons taking part in labor disturbances;
- 8) malicious act of person(s) other than by a member of the Insured's family or by any person lawfully in the residence.

Additional Conditions

- 1) In settling claims for theft or total destruction, the basis of settlement will be replacement in the same form without deduction for wear and tear or depreciation except in respect of wearing apparel and household items.
- 2) In the event of loss or damage to any Home Contents forming part of a pair or set, the liability of the Company shall not exceed a proportionate part of the value to the pair or set.
- 3) 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

Home Contents mean all description of household goods, personal effects and possessions of the Insured.

Additional Exclusions

In addition to the General Exclusions, this Group Policy does not cover, and the Company will not in any event be liable to indemnify the Insured in respect of, any claim under this Section which is, directly or indirectly, caused by, a consequence of, arises in connection with or contributed to by any of the following:

1. in respect of shortage due to error, omission, exchange or depreciation in value;
2. escape of water or oil from any washing machine, dishwasher or fixed domestic water or heating installation if the Insured's place of residence is unoccupied;
3. theft during or after the occurrence of a fire;
4. the burning of property through the order of any public authority.

Section 25: Pet Care Benefit

If, during the Period of Insurance, while the Insured is on a Trip, the Insured is being prevented from completing the return leg of a Trip as a result of Travel Delay under Section 11 or the Insured being Confined in a Hospital Overseas, the Company will pay the Insured the additional cost of putting the Insured's pet in a pet's boarding home up to the Benefit Amount specified in the Policy Schedule, subject to the terms and conditions of this Group Policy.

Section 26: Terrorism Extension Benefit

In the event of a claim arising directly or indirectly from any Act of Terrorism, this Group Policy is extended to cover the Insured up to the maximum Benefit Amount specified in the Policy Schedule for this Section.

Additional Definition

Acts of Terrorism means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered Acts of Terrorism. Acts of Terrorism shall also include any act, which is verified or recognized by the (relevant) government as an act of terrorism.

Section 27: 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, for up to the number of day/s as stated in the Policy Schedule.

General Exclusions Applicable to All Sections

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

1. War (whether declared or not), invasion, act of foreign enemies, civil war, revolution, insurrection, civil commotion, popular rising against the government, riot, strike;
2. Nuclear weapons, radiation or radioactivity from any nuclear fuel or nuclear refuse arising from the combustion of nuclear fuel and any process of self-sustaining nuclear fission/ fusion;
3. Any illegal, criminal or unlawful act by the Insured or confiscation, detention, destruction by customs or other authorities;
4. Any prohibition or regulations by any government;
5. Any breach of government regulation or any failure by the Insured to take reasonable precautions to avoid a claim under this Policy following the warning of any intended strike, riot or civil commotion through or by general mass media;
6. The Insured engaging in naval, military or air force service or operations or testing of any kind of conveyance or being employed as a manual worker or while engaging in offshore mining or aerial photography or handling of explosive or hitchhiking or backpacking.
7. Any loss or expenses with respect to Cuba or a Specially Designated List or 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.

General Provisions

1. The Insured must not make any offer or promise payment, admit his fault to any other party or become involved in any litigation without the Company's written approval.
2. The Insured can only be covered under one such policy for the same Trip.
3. Enrollment for this Group Policy will be allowed using any of the following enrollment methods:
 - a. Submission of completed and signed application form transmitted by postal or messengerial delivery;
 - b. Submission of completed and signed application form transmitted by facsimile;

- c. Submission of completed application form via electronic mail;
 - d. Verbal agreement and acceptance by the applicant confirmed via recorded telephone conversation with an authorized telemarketer of the Company.
4. The following documents and/or information will form part of the entire contract of Insurance:
- a. Completed and signed application form transmitted by postal or messengerial delivery;
 - b. Completed and signed application form transmitted by facsimile;
 - c. Completed application form transmitted via electronic mail;
 - d. Tape, computer disc or any other medium used for the storage of recorded telephone conversation.

General Conditions

Premium Payment

This Group Policy shall not be valid and binding unless and until the premium stated herein is paid and the Company issues an official receipt duly signed by its official or authorized agent for the payment made by the Policyholder.

Grace Period

A grace period of thirty-one (31) days will be granted for the payment of each premium falling due after the first premium during which time this Group Policy shall continue in force, unless this Group Policy has been cancelled, terminated or has not been renewed in accordance with the provisions of this Group Policy. However, if loss occurs within the Grace Period for which the Company shall be obligated to pay benefits under this Group Policy, any premium then due and unpaid will be deducted in settlement.

Currency

All amounts shown in this Group Policy are in Philippine Pesos (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 Pesos (Php) will be the rate at the time the expense was incurred or the loss occurred.

Assistance and Cooperation

The Insured shall cooperate with the Company and upon the latter's request, assist in making settlements, in the conduct of suits and in enforcing any right of contribution or indemnity against any person or organization who may be liable to the Insured because of Injury or damage wherein insurance is afforded under this Group Policy. In this regard, the Insured shall promptly attend hearings and trials and assist in securing and giving of evidence and obtaining the attendance of witnesses. The Insured shall not, except at the Insured's own cost, voluntarily make any payment, assume any obligation, or incur any expense other than for payment of first aid expenses to others at the time of Accident.

Due Diligence

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

Notice of Claim or Loss

In case of hospitalization or medical emergency, the Insured, a person traveling with him, or the treating medical authority must contact the Company or Authorized Company immediately to verify coverage and arrange the appropriate medical care. In case of Injury or Accidental Death, written notice of claim must be given to the Company within thirty (30) days after a covered loss begins or as soon as is reasonably possible. Notice should include the Insured's name and the Confirmation of Cover number. If the Insured's property covered under this Group Policy is lost or damaged, the Insured must notify the Company as soon as possible, take immediate steps to protect, save and/or recover the covered property, give immediate notice to the Common Carrier or bailee who is or may be liable for the loss or damage, and notify the police or other authorities in case of robbery or theft within twenty-four (24) hours from the time of discovery of the robbery or theft by the Insured.

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Claim Forms

Upon receipt of a notice of claim, the Company will furnish to the claimant such forms usually required by the Company for filing proofs of loss. If such forms are not furnished within fifteen (15) days from receipt of such notice of claim, the claimant shall be deemed to have complied with the requirements of this Group Policy, as to proof of loss, upon submitting, within the time fixed in this Group Policy for filing proof of loss, written proof covering the occurrence, the character and extent of the loss for which the claim is made. All certificates, information and evidence, other than the usual claim forms, which the Company may reasonably require in support of a claim, shall be furnished by the Insured.

Proof of Loss

Written proof of loss including the original receipts, invoices and all other relevant documents must be furnished to the Company within thirty (30) days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and not later than one (1) year from the date of loss.

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.

To Whom Claims Paid

Benefits payable under this Group Policy shall be made to the Insured; or in the event of his 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. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of the payment.

Time of Payment of Claim

Periodic payment will be made of all indemnities payable under this Group Policy which accrue during a period of more than four (4) weeks. Indemnities payable under this Group Policy for any loss other than loss for which this Group 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 Group 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 his/her insurance cover 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.

Subrogation

In the event of any payment under the Loss or Damage of Baggage and Personal Effects and Loss of Travel Documents Benefits in this Group Policy, the Company shall be subrogated to all the Insured's rights of recovery therefor against any person(s), organization(s) or entity(ies). The Insured shall execute and deliver such instruments and papers and do whatever else is necessary to secure such rights. The Insured shall take no action after the loss that will prejudice the rights of recovery of the Insured or the Company by subrogation.

Right of Recovery

In the event authorization of payment and/or payment is made by the Company for a medical claim whereby policy liability is not payable, the Company reserves the right to recover the amount paid against the Insured for the full sum which the Company is liable to the Hospital or medical institution where the Insured was admitted to.

Cumulative Insurances

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 Group Policy. If, at the time of occurrence of any loss, except in respect of the Personal Accident Benefit, there are other valid and collectible insurance policy/ies in place, the Company will be liable only for the excess of the amount of loss over the amount of such other Insurance, and any applicable deductible.

Misstatement of Age

If the age of the Insured has been misstated, all amounts payable under this Group 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 Group 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 Group Policy.

Reinstatement of Policy

If this Group Policy is terminated due to default in the payment of the agreed premium, the subsequent acceptance of a premium by the Company or by any of its duly authorized representatives shall reinstate this Group Policy, but shall only cover loss resulting from Sickness or Injury sustained after the date of such reinstatement.

Renewal Conditions

This Group Policy may be renewed for further consecutive periods by the payment of premium on the effective date of the renewal at the Company's premium rate in force at the time of renewal, subject to the Company's right to decline renewal of this Group Policy on any anniversary date of the Group Policy upon giving forty-five (45) days prior written notice, mailed or delivered to the Policyholder at the address shown in the Group Policy, of the Company's intention not to renew the Group Policy, or to condition its renewal upon reduction of limits or elimination of coverages. The Company's acceptance of premium shall constitute its consent to renew. Unless renewed as herein provided, this Group Policy shall terminate at the expiration of the grace period for which premium has not been paid.

Right to Return Policy

In the event the Group Policyholder/Insured is not satisfied with the Group Policy/Confirmation of Cover for any reason, the Group Policyholder/Insured may cancel this Group Policy/Confirmation of Cover by advising the Company in writing within seven (7) days after receipt of this Group Policy/Confirmation of Cover. Any premium paid will be refunded during this period. The Group Policyholder/Insured will not receive a full refund if the Group Policyholder/Insured have made a claim during this period.

Cancellation

This Group Policy, or any individual insurance provided for thereunder, shall not be cancelled by the Company except upon prior written notice thereto to the Group Policyholder/Insured, and no notice of cancellation shall be effective unless it is based on the occurrence, after the Effective Date of this Group 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 Group Policy would violate or would place the Company in violation of the Insurance Code.

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

If the Group Policyholder/Insured cancels the Annual Policy, which must be in writing, the Company shall be entitled to retain a portion of the premiums computed in accordance with the applicable percentage indicated below, but in no event less than the Company's customary minimum premium.

Period of Coverage Prior to Cancellation	Percentage of Annual Premium (Computed Based on Premiums Exclusive of Documentary Stamps and Premium Taxes) to be Retained by the Company
2 Months (Minimum)	40%
3 Months	50%
4 Months	60%
5 Months	70%
6 Months	75%
Over 6 Months	100%

Such cancellation by the Group Policyholder/Insured shall become effective on the last day preceding the date the next premium is due and payable.

Without prejudice to the immediately preceding paragraph, if the Insured cancels a Trip (a) prior to the Effective Date of this Group Policy or prior to the Period of Insurance as stated on the Policy Schedule or Confirmation of Cover or (b) within thirty (30) days after the Effective Date of this Group Policy or Period of Insurance as stated on the Policy Schedule or Confirmation of Cover, 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.

Termination of Insurance:

This Group Policy shall automatically end on the earliest of the following dates:

- (a) On the first premium due date on which no person occupies the status of Insured;
- (b) On the latest date of expiration of coverage for all Insured when applicable.

In case the individual Insured, on the expiration of the grace period, failed to pay any premium when due only his insurance coverage is terminated.

Termination or cancellation of this Group Policy or expiration of individual coverage shall not affect any valid claim or loss occurring before such termination, cancellation or expiration. The payment to or acceptance by the Company or by an agent of the Company of any premium after such termination, cancellation or expiration shall not create any liability except to return the premium paid after the termination, cancellation or expiration of this Group Policy unless this Group Policy is reinstated pursuant to the Reinstatement provision.

In any policy year, the aggregate benefits payable to the Insured under this Group Policy or Confirmation of Cover in respect of any one Accident, resulting in Injury within one hundred eighty (180) days from the date of the

Accident, shall not exceed the amount equivalent to the Accidental Death Benefit payable in case of Accidental Death.

In any policy year, the aggregate benefits payable to the Insured for Accidental Permanent Total Disability Benefit under this Group Policy or Confirmation of Cover in respect of one or more Accident(s) resulting in Injury within one hundred eighty (180) days from the date of Accident, shall not exceed the amount equivalent to the Accidental Death Benefit. However, the payment of the amount equivalent to the Accidental Death Benefit for Injuries for which the Insured becomes entitled to Accidental Permanent Total Disability in one (1) year shall not terminate this Policy in so far as the Accidental Death Benefit is concerned.

In any policy year, the amount of Accidental Death Benefit shall be the principal sum.

Fraud

Any statement made by the Policyholder/Insured in the group Application/individual application/enrollment, which is an intentional misstatement of fact and constitutes fraud shall result in the right of the Company to immediately terminate this Group Policy/individual insurance.

Fraudulent Claims

If any claim under this Group Policy shall be, in any respect, fraudulent or if any fraudulent means or devices shall be used by the Insured or anyone acting on the Insured's behalf to obtain any benefit under this Group Policy, The Company shall be under no liability in respect of such claim and shall be entitled to terminate this Group Policy immediately.

Clerical Error

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

Assignment

No assignment of interest under this Group Policy shall be binding upon the Company unless and until the original or a duplicate copy thereof is filed with the Company. The Company does not assume any responsibility for the validity of any assignment.

Age Limitation

If at the Effective Date of this Group Policy or at the commencement of the Period of Insurance stated in the Confirmation of Cover, the age of the Insured at nearest birthday is more than seventy-five (75) years, this Group Policy or Confirmation of Cover issued to the Insured shall be void and the Company shall be liable only for the return of the premiums actually paid on it.

Geographical Limits

The benefits under this Group Policy shall apply twenty-four (24) hours a day anywhere in the world unless otherwise endorsed or amended.

Terms and Conditions

Payment of any benefit under this Group Policy is subject to the Definitions, Exclusions, and all other terms and conditions pertinent to the payment of the benefit.

Complying With Policy Conditions

The due observance and fulfillment of the terms of this Group Policy insofar as they relate to anything to be done or complied with by the Insured and the truth of the statements and answers in any proposal and/or Application and

of evidence required from an Insured in connection with Group Policy shall be conditions precedent to any liability of the Company to give any payment due under this Group Policy.

Entire Contract

This Group Policy, including endorsements and attached papers the descriptive title of which are mentioned in this Group Policy, if any, the Application on file with the Company or attached herewith, the Policy Schedule, the Confirmation of Cover, constitute the entire contract of insurance. No change in this Group Policy shall be valid until approved by an authorized executive officer of the Company and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Group Policy or to waive any of its provisions. None of the provisions, conditions and terms of this Group Policy shall be waived or altered except in accordance with the pertinent provisions of Section 50 of the Insurance Code, as amended.

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

Governing Law

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

Mediation

In the event of any dispute or difference as to the amount of any loss or damage covered by this Group Policy, the Company and the Group Policyholder or the Insured shall first endeavour to amicably settle the matter by mediation administered by the Insurance Commission or any recognized institution under the Mediation Rules, before resorting to 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 Group Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Group 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 Group Policy.

Availability of the Group Policy

This Group Policy shall be kept in the main office of the Policyholder and shall be in the custody of its authorized officer. This Group Policy shall be available to the Insured for inspection during the regular office hours of the Policyholder.

Data Protection

The Company will use the information supplied during the formation and performance of this Group Policy for policy administration, customer services, paying claims, fraud prevention and the development of new insurance products. The Company may disclose this information to its service providers, its authorized agents and the Policyholder/Insured for these purposes. The Company 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. Individuals whose information have 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 Group 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.

Definitions

1. **“Accident”** as referred to in the definition of Bodily Injury, means a sudden, unforeseen and fortuitous event.
2. **“Accidental Death”** means death occurring as a result of an injury.
3. **“Air Carrier”** means any aircraft might or might not be provided and operated by the Partner Airline (including its code share and interline partners) which is duly licensed for the regular transportation of ticketed passengers, and which has established routes.
4. **“Annual Multi-Trip Policy”** means a policy where the Insured(s) can make an unlimited number of Trips during the Period of Insurance.
5. **“Application”** means the application for this Group Policy which forms an integral part hereof.
6. **“Authorized Company”** means the medical assistance company appointed from time to time by the Company and stated in the Policy Schedule and/or Confirmation of Cover issued by the Company prior to each Trip.
7. **“Benefit Amount”** means the respective Benefit Amount, as stated in the Policy Schedule and/or Confirmation of Cover, payable by the Company under the terms and conditions of this Group Policy in respect of each event or loss covered by this Group Policy.
8. **“Bodily Injury or Injury”** means Accidental Bodily Injury occurring while this Group Policy is in force, resulting solely, directly and independently of all other causes from an Accident caused by external, violent and visible means.
9. **“Confirmation of Cover”** means the individual certificate of insurance issued to the Insured. It describes in general the insurance protection to which the Insured is entitled and shall form part of the contract between the Company and the Policyholder/Group Policyholder. In the event of discrepancy between the provisions of such confirmation and this Group Policy, the provisions of this Group Policy shall prevail.
10. **“Common Carrier”** means any bus, coach, ferry, ship, taxi, tram or train provided and operated by a carrier duly licensed for the regular transportation of fare-paying passengers; any helicopter provided and operated by an airline which is duly licensed for the regular transportation of fare-paying passengers provided that such helicopter is operating only between established commercial airports and/or licensed commercial heliports; and any fixed-wing aircraft provided and operated by an airline company which is duly licensed for the regular transportation of fare-paying passengers.
11. **“Confined” or “Confinement”** means confinement for a continuous uninterrupted period in a Hospital as a Resident In-patient upon the advice of and under the regular care and attendance of a Physician.
12. **“Dependent Children”** means the Insured’s unmarried dependent children, including stepchildren or legally adopted children, who are aged two-weeks old to eighteen (18) years old or, who are over eighteen (18) years old to twenty-one (21) years old in case they are full-time students at an accredited institution of higher learning and are primarily dependent upon the Insured for maintenance and support.

13. **“Effective Date”** means the date on which insurance under this Group Policy commences as stated in the Policy Schedule.
14. **“Eligibility”** means to be eligible for cover under this Group Policy, the Insured(s) must be at least two (2) weeks old but not more than seventy-five years (75) old at the time of enrollment date of the Insured.
15. **“Expiry Date”** means the date on which insurance under this Group Policy expires or ends as stated in the Policy Schedule.
16. **“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 service by and under the supervision of a staff of 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 establishment; 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.
- Also, the Hospital shall not include the following:
- (1) a mental institution, an institution confined primarily to the treatment of psychiatric disease including sub normal, the psychiatric department of a hospital;
 - (2) a place for the aged, a rest home, a place for drug addicts or alcoholics; or
 - (3) 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.
17. **“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 provided such person is at the relevant time not more than seventy five (75) years of age.
18. **“Insured”** means the person(s) who come within the description of Insured contained in the Policy Schedule in the case of Group Policy or the person(s) named in the Confirmation of Cover in the case of individual insurance and with respect to whom premium has been paid or agreed to be paid.
19. **“International Trip”** means a trip outside the territorial limits of the Philippines, which is undertaken by the Insured.
20. **“Itinerary Page”** means the document issued by the Air Carrier which contains the passenger, flight and insurance details.
21. **“Limb”** includes a hand or foot.
22. **“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 an Accidental Injury. This term shall not include loss of use of a part of the body.
23. **“Loss of Hearing”** means permanent irrecoverable and complete loss of hearing.
24. **“Loss of Sight”** means the total and irrecoverable loss of all sight of an eye which is beyond remedy by surgical or other treatment.

25. **“Loss of Speech”** means the disability in articulating any three of the four sounds which contributes to speech such as the 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.
26. **“Loss of Use”** means, with respect to a part of the body, the complete inability of the part of the body to function as a result of an Injury sustained on that part.
27. **“Medical Necessary Expenses”** mean expenses sustained by Injury or Sickness incurred by the Insured from a legally qualified medical practitioner, physician, surgeon, nurse, hospital and/or ambulance service for medical, surgical, x-ray, hospital or nursing treatment including the cost of medical supplies and ambulance hire.
28. **“One-Way Trip”** means a one-way trip made during the Period of Insurance commencing from the Philippines to a destination Overseas.
29. **“Overseas”** means anywhere outside the Philippines.
30. **“Partner Airline”** means the named Policyholder under this Group Policy.
31. **“Period of Insurance”** means the period during which the individual insurance under this Group Policy is effective as stated in the Confirmation of Cover.
32. **“Permanent Loss”** means:
- a) 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;
 - b) Irrecoverable loss of all sight in an eye;
 - c) Entire and irrecoverable loss of hearing;
 - d) Entire and irrecoverable loss of the ability to speak;
- and in each case caused by an Accidental Injury.
33. **“Permanent Total Disability”** means disablement, which having lasted for at least twelve (12) consecutive months, will, in all probability, entirely prevent the Insured from engaging in gainful employment of any and every kind for the remainder of his life.
34. **“Physician”** means a physician or surgeon duly licensed and practicing within the scope of their license pursuant to the laws of the Philippines and shall not include the Insured or his Spouse or any of his Immediate Family Members unless approved by the Company.
35. **“Policyholder or Group Policyholder”** means the policy owner of this Group Policy.
36. **“Group Policy”** means this document, the Application, the Policy Schedule and the Confirmation of Cover, describing the insurance cover under this Group Policy. It shall also include, after this Group Policy has taken effect, any amendment, rider, clause, warranty, endorsement or any other document attached to this Group Policy and which has been endorsed by an authorized executive officer of the Company and countersigned by the Policyholder/Insured.
37. **“Policy Schedule”** means the schedule attached to this Group Policy.
38. **“Pre-Existing Condition”** means condition for which an Insured has been diagnosed, received medical advice, consultation, treatment or prescribed drugs by currently a licensed Physician or surgeon within a twelve (12)-month period prior to the Period of Insurance as stated in the Confirmation of Cover.
- “Condition”** as used herein means any specific injury, disease or infirmity requiring medical treatment, advice or medication, including all underlying or related conditions.

39. **“Resident In-patient”** means an Insured whose Confinement is as a resident bed patient and whose Confinement is covered by this Group Policy and not merely for any form of nursing, convalescence, rehabilitation, rest or extended-care.
40. **“Return Trip”** means a round trip made during the Period of Insurance by the Insured commencing from the Philippines to a destination Overseas and back.
41. **“Scheduled Departure Date”** means the date on which the Insured is scheduled to depart as set out in his travel ticket/Itinerary Page.
42. **“Schedule of Benefits”** means the table of benefits, which is incorporated in and forms part of this Group Policy.
43. **“Serious Injury or Serious Sickness”** means Injury or Sickness that causes Permanent Total Disability of Insured, which is certified as such by the attending Physician. It does not include a terminal condition diagnosed prior to the commencement date of the Trip.
44. **“Sickness”** means any illness or disease of the Insured occurring during a Trip but does not include a terminal condition of the Insured diagnosed prior to the commencement date of the Trip, or any chronic or other medical condition (other than mild and controlled asthma or hypertension) for which the person on whom the claim depends:
- (a) has received daily medical treatment or medication in the thirty (30) days immediately prior to commencement date of the Trip; or
 - (b) has been hospitalized or has undergone surgery (or was on a waiting list for hospitalization or surgery) in the six (6) months immediately prior to the commencement date of the Trip.
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 or airport’s employees as a result of an industrial or labor dispute.
48. **“Specially Designated List”** means names of a person, entities, groups, corporate specified on a list who are subject to trade or economic sanctions or other such similar laws or regulations of the United States of America, Australia, United Nations, European Union or United Kingdom.
49. **“Trip”** means an Overseas journey that commences from the Philippines as described under this Group Policy.
50. **“Unforeseen Circumstances”** means adverse weather conditions, act of God, mechanical breakdown or derangement of the aircraft, the Insured is denied boarding due to over-booking of the scheduled flight, or the inability to travel back to country of residence due to Sickness or Bodily Injury sustained by the Insured during the Trip.

Contact Us

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About the new Chubb

Chubb is the world's largest publicly traded property and casualty insurer. With operations in 54 countries, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. The company is distinguished by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength, underwriting excellence, superior claims handling expertise and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb maintains executive offices in Zurich, New York, London and other locations, and employs approximately 30,000 people worldwide.

Chubb, via acquisitions by its predecessor companies, has been present in the Philippines for more than 60 years. Chubb in the Philippines is a branch of Insurance Company of North America, which has been assigned a financial rating of AA by Standard & Poor's. The company provides specialized and customized coverages for Property, Casualty, Marine, Financial Lines, as well as Accident & Health. It leverages global expertise and local acumen to tailor solutions to mitigate clients' risks. With a focus on building strong relationships with its clients by offering responsive service, Chubb in the Philippines has become one of the leading providers of Accident & Health insurance through direct marketing.

More information can be found at www.chubb.com/ph

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Chubb Travel Insurance (formerly ACE Secure Travel Insurance)

Policy Schedule

Policyholder or Group Policyholder:	CATHAY PACIFIC AIRWAYS LIMITED
Policy Number:	CXPH05403
Policy Effective Date:	August 4, 2021
Policy Expiry Date:	August 4, 2022
Destination/s:	Per declaration
Name of Insured:	Passengers of Cathay Pacific Airways Limited
Insured Family Member/s (for Family Plan):	n/a
Address:	22F LKG Tower, 6801 Ayala Avenue, Makati City, 1226, Philippines (*CPA*).
Beneficiary (& Relationship):	Per declaration
Contact Number:	Per declaration
Total Premium:	Per declaration
Plan Type:	Per declaration
Period of Insurance:	Duration of Travel

Documentary Stamps collected for this Policy have been paid and affixed to the premium register.

Important Notes:

Coverages are underwritten by one or more Chubb companies and are subject to licensing requirements and sanctions restrictions. Not all coverages are available in all countries and territories. This document is neither an offer nor a solicitation of insurance or reinsurance products. Potential purchasers should contact their local broker or agent for advice.

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Schedule of Benefits

Benefit	Benefit Amount
	US Dollars (USD)
Section 1: Medical Necessary Expenses Benefit	50,000
Section 2: Emergency Medical Evacuation and Repatriation of Mortal Remains Benefit	Actual Cost
Section 3: Hospital Confinement Daily Cash Benefit	100 per day (max of 20 days)
Section 4: Compassionate Visit Benefit	4,000
Section 5: Return of Minor Dependent Children Benefit	4,000
Section 6: Personal Accident Benefit	50,000
Section 7: Accidental Burial Benefit	1,000
Section 8: Trip Cancellation Benefit	4,000
Section 9: Travel Postponement Benefit	400
Section 10: Trip Curtailment Benefit	4,000
Section 11: Travel Delay Benefit	60 per 6 hours (max of 96 hours)
Section 12: Aircraft Hijack Benefit	100 per 6 hours (max of 96 hours)
Section 13: Missed Connecting Flight Benefit	80 per 6 hours (max of 96 hours)
Section 14: Loss or Damage of Baggage and Personal Effects Benefit	2,500 (subject to 200 limit per item)
Section 15: Loss of Personal Money Benefit	1,000 (deductible 20)
Section 16: Loss of Travel Documents Benefit	1,000
Section 17: Baggage Delay Benefit	200 per 6 hours (max of 48 hours)
Section 18: Personal Liability Benefit	20,000

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Section 19: Accidental Dental Expenses Benefit	6,000
Section 20: Emergency Mobile Phone Charges Benefit	200
Section 21: Flight Diversion Benefit	60
Section 22: Credit Card Indemnity Benefit	400
Section 23: Flight Overbooked Benefit	60
Section 24: Home Guard Benefit	4,000
Section 25: Pet Care Benefit	400
Section 26: Terrorism Extension Benefit	200
Section 27: Automatic Extension Benefit	1 day
24-Hour Emergency Assistance Service	Unlimited

COVID-19 Benefits (in USD, maximum trip duration of 30 days per trip)	Round Trip	One Way
Medical Hospitalization Expenses & Emergency Medical Evacuation and/or Repatriation & Return of Mortal Remains	50,000	Not Applicable
Travel Cancellation	4,000	4,000
Travel Curtailment	4,000	Not Applicable

This insurance applies to benefits for which an amount is specified.

This policy covers individual up to 75 years old only.

Chubb Customer Service Hotline: +632 8 849 6000
(Mondays – Fridays, 8:30am to 5:30pm)
E: Travel.PH@chubb.com

Important Notes:

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INSURANCE COMPANY OF NORTH AMERICA

Mari Rachelle L. Canta

Mari Rachelle L. Canta
Country President

CHUBB®

Chubb Travel Insurance is designed to provide you with peace of mind on your travels. Be assured knowing that help is readily available with our 24/7 worldwide assistance hotline - Chubb Assistance.

Chubb Assistance 24-hour emergency hotline: +632 8 864 0865

Important Notes:

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Endorsement

Endorsement No.:	1.21
Date Issued:	20 September 2021
Attached to and forming part of Group Policy Number:	CXPH05403
Endorsement Effective Date:	01 October 2021
Policyholder:	Cathay Pacific Airways Limited

OPTIONAL BENEFIT – COVID-19 ENDORSEMENT

IT IS HEREBY DECLARED AND AGREED THAT THE FOLLOWING **OPTIONAL BENEFIT** IS ADDED TO THE ABOVE NUMBERED GROUP POLICY

COVID-19 BENEFIT

a) Medical Hospitalization Expenses Benefit

If during the Period of Insurance, the Insured is necessarily and reasonably Confined in a Hospital Overseas 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 up to the maximum Benefit Amount specified in the Policy Schedule, subject to the terms and conditions of this Group Policy.

ADDITIONAL CONDITIONS

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

ADDITIONAL EXCLUSIONS

In addition to the General Exclusions Applicable to All Sections under the Group Policy, the Company will not pay under Medical Hospitalization Expenses for any of the following:

- (a) Any further expenses incurred by the Insured if the Company wish to return the Insured to his/her Country of Residence, but the Insured refuses (where in the opinion of the treating Physician and the Assistance 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.

b) Repatriation of Mortal Remains Benefit

If during the Period of Insurance, while the Insured is on a journey, he/she dies as a result of COVID-19, the Assistance Company or its authorized representative shall make the necessary arrangements for the return of the Insured's mortal remains to his/her Country of Residence or is/her Home Country. The Company shall pay directly to the Assistance 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 Group 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 Assistance 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 the Group Policy, the Company will not pay 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 journey; or
- (b) Any expense incurred for the transportation of the Insured's remains not approved and arranged by Assistance Company or its authorized representative.

c) Travel 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 Group 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.



ADDITIONAL DEFINITION

Specified Cause means the Insured or his/her Travel Companion is diagnosed with COVID-19 and confirmed by a Physician within fifteen (15) days prior to the Scheduled Departure Date.

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.

d) Travel Curtailment Benefit

If during the Period of Insurance, while the Insured or his/her Travel Companion is on a journey, the Insured or his/her Travel Companion is forced to curtail or alter the itinerary of any part of a planned journey during the course of that journey, as the direct and necessary result of any Specified Cause as defined below, We 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 Group Policy. This coverage is effective only if this Group Policy is purchased before the Insured became aware of any circumstances which could lead to the disruption of his/her journey.

ADDITIONAL DEFINITION

Specified Cause means the Insured or his/her Travel Companion is diagnosed with COVID-19 and confirmed by a Physician during the Period of Insurance.

Curtailment 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 Country of Residence), which have not been and will not be used but become forfeited or payable under a contract;
- (b) any additional administrative expenses incurred where it is possible to amend the original travel ticket; and/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 above).

ADDITIONAL EXCLUSION:

In addition to the General Exclusions Applicable to All Sections under the Group Policy, the Company will not pay under Travel Cancellation and Travel Curtailment 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 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 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 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 journey in part or in full.

ADDITIONAL DEFINITIONS APPLICABLE TO 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 synthesized 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. **Country of Residence** means the country or territory in which the Insured is residing at the start of Period of Insurance, or the country declared to the Company where the Insured is working for a period of more than one hundred and eighty-three (183) days.
5. **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 Group Policy is in force and results, directly and independently of all other such causes.
6. **Home Country** means any country or territory of which the Insured is a citizen or a permanent resident and excludes his Country of Residence.
7. **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 Assistance Company or its authorized representative.
8. **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.

9. One-Way Journey means a one-way trip commencing from the Philippines to a destination Overseas and shall commence on the departure of the Public Conveyance in which the Insured has arranged to travel and shall terminate after two (2) days in the destination Overseas.

10. 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 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.

11. 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 they were suffering from at any time within twelve (12) months prior to the Effective Date of the Group Policy or in respect of any amendment or endorsement to the terms, conditions and exclusions of this Group Policy, including the benefits payable under this Group Policy.

12. Travel Companion means a person who has travel bookings to accompany the Insured on a One-Way or Return Journey, which may include the Insured's Spouse and Dependent Children.

13. Return Journey means any trip made during the Period of Insurance by the Insured while this Group 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) two (2) 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 time the Insured returns to his/her place of residence in the Philippines;
 - (b) two (2) hours after the scheduled arrival time of the carrier in which the Insured travelled; 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 COVID-19 BENEFIT

The following are eligible for cover under this Group Policy:



- (a) The Insured who is travelling within the Philippines or out of and returning to the Country of Residence and has purchased his/her travel fares through the Policyholder's website;
- (b) The Insured's Spouse and or his/her Dependent Children (if any) under the age of eighteen (18) years who are accompanied by the Insured; and
- (c) The Travel Companion of the Insured.

ADDITIONAL GENERAL EXCLUSIONS APPLICABLE TO COVID-19 BENEFIT

This Group 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) Pre-Existing Medical Conditions;
- (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.

Sanctions Exclusions Applicable to this Group Policy

This Group Policy does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims.

The Company is a branch of a US company and Chubb Limited, a NYSE listed company. Consequently, the Company is subject to certain US laws and regulations in addition to EU, UN and local sanctions restrictions which may prohibit it from providing cover or paying claims to certain individuals or entities or insuring certain types of activities related to certain countries such as Cuba.

Nothing herein contained shall be held to vary, alter, waive or change any of the terms, limits or conditions of this Group Policy, except as herein above set forth.



This Endorsement is part of the above-numbered Group Policy and is effective as of the Endorsement Effective Date shown above. It is not binding unless signed by an authorized representative of Insurance Company of North America (a Chubb Company) and countersigned by the Policyholder as provided under the conforme below.

**INSURANCE COMPANY OF NORTH AMERICA
(a Chubb Company)**

By: *Maria Rachelle L. Cortez*
Authorized Signatory

Important Notice: If this endorsement is issued together with the Group Policy, the Policyholder need not sign on the space provided below. However, if this endorsement is issued after the Group Policy was issued, then this endorsement must be countersigned, which countersignature shall be taken as the Policyholder's agreement to the contents of this endorsement. Return one (1) signed copy to us within thirty (30) days.

CONFORME: _____
Policyholder