

MEDICAL AND TRAVEL ASSISTANCE PACKAGE SCHEDULE OF COVERS AND ECONOMIC LIMITS

❖ **PERIOD OF INSURANCE**

- **Start of Coverage:** All coverages, except Trip Cancellation, commence when the Insured leaves the Usual Place of Residence in the Philippines (**but not earlier than 12 hours** before the original final departure time shown on the travel ticket) on the way to the airport (i.e., there should be no deviation or side trips from this "itinerary" from Usual Place of Residence in the Philippines on the way to the airport) until the Insured reaches the airport before the Insured's scheduled flight departure time. This includes any connecting domestic flight as transit for the commercially scheduled international flight.
- **End of Coverage:** After the trip that is the object of insurance has ended when the Insured has returned from the airport back to the Usual Place of Residence in the Philippines **but no later than 12 hours** after the return to Philippines based on the original arrival time shown on the travel ticket. There should be no deviation or side trips from this "itinerary" from the airport to the Usual Place of Residence in the Philippines.
- **Annual premium Multi trip:** not exceeding 90 consecutive days per trip.
- **Annual Premium:** 365 continuous days

❖ **TYPES OF PLANS**

Individual

- Individual travelling abroad.

Family Plan

- Under the family policy, Insured includes the following: Maximum of four (4) members including dependent children Principal & Principal's Spouse; Should be a maximum of four (4) people with one Principal Insured ; Minimum of one (1) adult and one (1) dependent

Dependent Children (1 month to 21 years old)

Notes:

For Asia and Worldwide:

Medical Expenses and Personal Accident= the spouse and each dependent child shall receive 50% of the cover of the Principal, all other benefits shall be the same as that of the Principal.

❖ **PREMIUMS**

CRUISE SURCHARGE

- Cruise coverage is subjected to a surcharge of 30% of Reinsurance Premiums.
- This is applicable for INTERNATIONAL CRUISE PROGRAM which may:
 - a. start from the Philippines via cruise or;
 - b. trips that commence via Commercial Airline
- Wordings based on existing Travel Program wordings unless different covered causes are indicated on each benefit below.

COVERAGE	LIMITS (Php)
Emergency Medical Repatriation	Actual Expense
Repatriation of Mortal remains	Actual Expense
MEDICAL EXPENSES	MEDICAL EXPENSES
Emergency Medical Expenses including Cabin Confinement and Covid-19 Medical Expenses	Based on Cedant's Existing Plan
TRAVEL INCONVENIENCE	TRAVEL INCONVENIENCE
Cruise Cancellations (cancelling the Cruise before start of the Cruise)	Based on Cedant's Existing Plan
Cruise Curtailment (cutting your cruise/trip short)	Based on Cedant's Existing Plan
Baggage Loss/Damage of Personal Baggage/Property – cabin checked-in items only (minimum 21 consecutive days to be considered lost)	Based on Cedant's Existing Plan
Cruise Delays	Based on Cedant's Existing Plan

❖ **AGE ELIGIBILITY**

- 1 month old to 75 years old (ASIA & WORLDWIDE)
- 0-month-old to 99 years old (for Schengen Countries only)

- AGE SURCHARGES:

AGE	ALL DESTINATION PLANS
60 to 65 years old	50%
66 to 75 years old	100%
Age above 76 years old (for Schengen Countries only) * Subject to special acceptance	150%

❖ **APPLICATION OF AGE ELIGIBILITY**

Age eligibility of the Insured is based on their age at the time of insurance application

Geographical Coverage	ASIA - provides cover within Asia excluding Japan, Australia, New Zealand and Middle East (excluding the Philippines)																										
	WORLDWIDE - Provides cover across all territories except in the Philippines																										
	SCHENGEN – Provides cover on the following Schengen Countries, excluding The Philippines	<table border="0"> <tr> <td>1. Austria</td> <td>14. Liechtenstein</td> </tr> <tr> <td>2. Belgium</td> <td>15. Lithuania</td> </tr> <tr> <td>3. Czech Republic</td> <td>16. Luxembourg</td> </tr> <tr> <td>4. Denmark</td> <td>17. Malta</td> </tr> <tr> <td>5. Estonia</td> <td>18. Netherlands</td> </tr> <tr> <td>6. Finland</td> <td>19. Norway</td> </tr> <tr> <td>7. France</td> <td>20. Poland</td> </tr> <tr> <td>8. Germany</td> <td>21. Portugal</td> </tr> <tr> <td>9. Greece</td> <td>22. Slovakia</td> </tr> <tr> <td>10. Hungary</td> <td>23. Slovenia</td> </tr> <tr> <td>11. Iceland</td> <td>24. Spain</td> </tr> <tr> <td>12. Italy</td> <td>25. Sweden</td> </tr> <tr> <td>13. Latvia</td> <td>26. Switzerland</td> </tr> </table> <p><i>Expanded to UK, Ireland, Turkey, Scandinavia, Baltic States, European Russia (Moscow & St. Petersburg) and the Euro Zone Countries</i></p>	1. Austria	14. Liechtenstein	2. Belgium	15. Lithuania	3. Czech Republic	16. Luxembourg	4. Denmark	17. Malta	5. Estonia	18. Netherlands	6. Finland	19. Norway	7. France	20. Poland	8. Germany	21. Portugal	9. Greece	22. Slovakia	10. Hungary	23. Slovenia	11. Iceland	24. Spain	12. Italy	25. Sweden	13. Latvia
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MEDICAL AND TRAVEL ASSISTANCE PACKAGE

	Budget	Standard	Supreme
Schedule of Coverage	Php	Php	Php
1. Medical Expenses including follow up treatment (in-patient and emergency medical cases) inclusive of Dental benefit up to Php 25,000 which forms part of the medical limit	Up to 500,000	Up to 1,000,000	Up to 2,500,000
2. Medical Evacuation and Repatriation (return is always back to the Phils)	Up to 500,000	Up to 1,000,000	Up to 2,500,000
3. Repatriation of Mortal Remains	Up to 500,000	Up to 1,000,000	Up to 2,500,000
4. Personal Accident (ADD with Unprovoked Murder & Assault)	Up to 750,000	Up to 1,000,000	Up to 1,000,000
5. Personal Liability	Up to 500,000	Up to 1,000,000	Up to 1,000,000
6. Trip Cancellation or Trip Curtailment	Up to Php 70,000	Up to Php 70,000	Up to Php 70,000
7. Rescuer's Expense Indemnity due to a covered accident including Compassionate Visit (covers economy transportation and accommodation expenses of an adult family member if Insured is hospitalized for more than 5 days) or Return of Minor Children	Up to 250,000	Up to 500,000	Up to 1,000,000
8. Baggage Delay (time excess is more than 12 hours)	Up to 2,500.00	Up to 5,000.00	Up to 5,000.00
9. Baggage & Personal Effect Liability (covers for baggage which are checked-in with a hotel staff or common carrier)	Up to 25,000.00	Up to 50,000	Up to 50,000
10. Flight Delay (time excess is 12 hours due to severe weather conditions and equipment failure of aircraft)	Up to 25,000	Up to 50,000	Up to 50,000
11. Loss of Personal Money Extension (due to robbery and burglary excluding mysterious disappearance)	max 15,000	max 15,000	max 15,000
12. Loss of Travel Documents	Up to 5,000	Up to 5,000	Up to 5,000
13. Aircraft Hijacking	1,000/day max of 10 days	1,000/day max of 10 days	1,000 / day max of 10 days

COVID-19 Coverage	Please refer on COVID-19 Endorsement
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**PGA Sampo Insurance Corporation
GO WORLDWIDE TRAVEL ASSISTANCE PLAN**

COVER

Consequent upon an unforeseen event happening during the course of a journey outside the Usual Country of Residence - Philippines, the Company will provide the Insured with the immediate material assistance as specified under the benefits set out in this PGA Sampo Insurance Corporation GO WORLDWIDE Travel Assistance Plan Policy, provided that the event does not occur outside the Geographical Limits.

ARTICLE 1

DEFINITIONS

For the effects of this contract the terms below are construed to mean the following:

- **Policy:** a document containing the conditions regulating the insurance. The Application for Insurance, General Conditions, the Specific Conditions that individualise the risk, and the Special Conditions, where appropriate, form an integral part of the policy, as well as the Supplements or Appendices issued thereto in order to supplement or alter it.
- **Collective Policy:** an Insurance Policy where the policyholder, a legal person, subscribes the insurance coverages for some specific insureds and/or beneficiaries of such coverages with a relationship with the policyholder. Such Policyholder agrees with the Insurer the applicable coverages and limits coverages, according to the risks that the Policyholder desires to be protected by the Insurer in relation to the insureds of the Policy. The Policyholder assumes the responsibility to inform to the insured of the coverage of the contracted policy.
- **Insurer / The Company:** for the effects of Travel Assistance coverage, PGA SOMPO Insurance Corporation the company issuing the policy which, in its capacity as insurer and by collecting the premium, assumes the coverage of the risks those are the object of the contract according to the conditions of the policy.
- **Policyholder:** The natural or legal person, who, in conjunction with the Insurer, signs the contract and is bound by the obligations arising there from, save those which, owing to their nature, must be complied with by the Insured.
- **Insured:** the natural person identified in the Policy Schedule, and who is entitled, where fitting, to the rights derived from this policy. For the purpose of this Policy, Insureds are considered to be:
 - Filipinos travelling as fare-paying passenger on a commercial scheduled flight outside of the Philippines

- Foreigners, officially residing in the Philippines at the time of purchase of policy, living / working / studying, who want to travel as fare-paying passenger on a commercial scheduled flight outside of the Philippines to a third-party country. In this case, **Philippines is their Home Country**. All Emergency repatriations will be to their Usual place of residence in the Philippines.
- **Insured parties:** in the case of **group policies**, the natural persons set forth in the Special Conditions of the policy.

For Individual policies: individual travelling abroad via a commercially scheduled flight who is not more than 99 years old at the time of insurance application

For Family Plan Policies: Insured includes the following: Maximum of four (4) members including dependent children Principal & Principal's Spouse; Should be a maximum of four (4) people with one Principal Insured ; Minimum of one (1) adult and one (1) dependent

Dependent Children (1 month to to 21 years old)

For Asia and Worldwide:

Medical Expenses and Personal Accident= the spouse and each dependent child shall receive 50% of the cover of the Principal; all other benefits shall be the same as that of the Principal.

For Schengen:

Medical Expenses = the spouse and each dependent child shall receive 100% of the cover of the Principal and 50% for the rest of the benefits

- **Immediate Family Member Means** the spouse, children and parents
- **Relative means** your partner, or your or your partner's; parent, brother, sister, son, daughter, (including adopted or fostered children), uncle, aunt, grandparent, grandchild, stepparent, stepchild, stepbrother, stepsister or next of kin.
- **Physicians** are Doctors of Medicine: those who undergo 4 years of formal education in a School/College of Medicine, followed by Internship training (1-3 years of Junior and Senior Internship, depending on country), and passing the licensure examination for medical doctors. Once licensed to practice, s/he may choose to undergo Specialty Training in his/her field of interest for the next 3-5 years (Pediatrics, OB/GYN, Emergency Medicine, Internal Medicine, Surgery, Orthopedics, Dermatology, Neurology, Ophthalmology, Otorhinolaryngology, Radiology, Pathology, Neurosurgery, Family Medicine). Others opt to proceed to Subspecialty Training (Cardiology, Gastroenterology, etc) which takes another 2-3 years. Passing the

Diplomate or Specialty Board Examination is also required in order to practice as a Specialist.

- **Travelling companion** means the person who is to travel with the Insured for at least 50% of the trip and who made arrangements to accompany the Insured before he began the trip.
- **Usual place of residence:** the locality where the Insured is usually resident, which, save express indication in the Special Conditions, should of necessity be in Philippines, and to where the emergency repatriations and returns envisaged in this policy will be made.
- **Usual Country of Residence:** Philippines
- **Home Country:** Philippines.
- **Territory:** Geographic area where the trips object of the contract takes place, and in which the events that occur there have coverage.
- **Beneficiary:** for the effects of Personal Accident coverage, the person or persons to whom the Policyholder or, where applicable, the Insured, acknowledges the right to receive, in the appropriate amount, the compensation arising from the aforesaid coverage provided by this policy. Should no-one have been specified, the compensation will form part of the assets of Insured.
- **Limit:** the amount set forth in the Specific Conditions or, where applicable, in the Special Conditions, of the policy, and which represents the maximum benefit (financial, temporary or another kind) covered under each guarantee. Save express indication to the contrary, the financial limits are expressed in US\$ symbol may be used.
- **Amount insured:** the amount set forth in the Special Conditions of the policy and which represents the maximum value of the compensation for each of the guarantees. Save express indication to the contrary, the sum insured is expressed in US\$ symbol may be used.
- **Premium:** the price of the insurance that the Policyholder must pay the Insurer in consideration for the coverage of the risks provided for him/her by the latter, the receipt for which will include, moreover, the surcharges and taxes legally applicable. Save express indication to the contrary, it is expressed in US\$ symbol may be used.
- **Loss/Accident:** any event whose consequences are totally or partially covered by the guarantees of this policy. The collection of damages arising out of one event constitutes one loss/accident.
- **Robbery (as applicable):** appropriation of other people's property by violence or intimidation to persons, or violence to things.
- **Illness:** any deterioration in health diagnosed and confirmed by a legally recognised doctor during the life of the policy and which is not comprised in the two groups below:

- **Congenital disease:** that exists at the moment of birth as a consequence of hereditary factors or complaints acquired during pregnancy.
- **Pre-existing disease:** that the Insured suffered prior to the date of taking out the insurance.

Pre-existing disease: Any pre-existing disease known or unknown to the member at the time of enrolment. A pre-existing disease is any illness or medical condition already affecting a member before the effectivity date of his/her coverage. An illness or injury is considered to have been in existence prior to the effectivity date if:

- a) Any pre-enrolment professional advice or treatment was obtained by the member for such illness or injury.
- b) Such illness or injury has been by its nature, manifestations and conditions evident to the member.
- c) The onset and pathogenesis can be clinically determined to have started prior to the member's enrolment.

Pre-existing illnesses shall include, but are not limited to the following:

- Bronchial Asthma and Systemic Allergies
 - Diabetes Mellitus
 - Tuberculosis
 - Hyperthyroidism
 - Chronic EENT conditions that may require surgery
 - Chronic cholecystitis/cholelithiasis
 - Benign new growth
 - Endometriosis
 - Hernia
 - Hemorrhoids and fistula
 - Urolithiasis and glomerunephritis
 - Hypertension of whatever etiology
- **Serious illness:** Deterioration in health that requires admission to hospital and which, in the opinion of the Company's medical team, prevents the Insured from starting the trip or from continuing it on the date planned, or which involves risk of death.
 - **Accident:** the bodily injury sustained during the life of the contract, which derives from a violent, sudden, external cause and one that is not intended by the Insured. The following will also be construed to be accidents:
 - a) Asphyxia or injuries as a consequence of gases or vapours, immersion or submersion, or from the consumption of liquid or solid matter other than foodstuffs.
 - b) Infections resulting from an accident covered by the policy.
 - c) Injuries that are a consequence of surgical operations or medical treatments resulting form an accident covered by the policy.
 - d) The injuries sustained as a result of self-defence.
 - **Ambulatory costs:** care health services that are provided on an emergency out-patient basis.

- **Serious accident:** an accident which, in the opinion of the Company's medical team, prevents the Insured from starting the trip or continuing it on the date planned, or which involves risk of death.
- **Bodily injury:** bodily injuries or death, caused to natural persons.
- **Damages:** the deterioration or destruction of inanimate objects and damages caused to animals.
- **Losses:** the financial losses caused as a direct result of an identifiable bodily injury or material damage sustained by the claimant.
- **Osteosynthesis material:** parts or pieces of metal or of any other kind used to join together the ends of a fractured bone, or to knit together the tips of joints, by surgical operation and which can be reused.
- **Orthopaedic material or orthesis:** anatomical parts or items of any kind used to prevent or correct temporary or permanent deformations of the body (walking sticks, cervical collar, and wheelchair).
- **Prosthesis:** these are deemed to be any item of any kind that temporarily or permanently replace the lack of an organ, tissue, organic fluid, member or part of any of them. By way of an example, mechanical or biological items such as cardiac valve parts, joint replacements, synthetic skin, intraocular lenses, biological materials (cornea), fluids, gels and synthetic or semi synthetic liquids that replace organic humours or liquids, medicine reservoirs, mobile oxygen therapy systems, etc.
- **Valuable Article:** an article, any goods or any personal belongings with value greater than USD 500.

 Camera and Photographic, audio, video and electrical equipment (including cds, dvds, video and audio tapes and electronic games), portable audio or media players and their accessories including but not limited to ipods or other MP3 players, computer equipment, binoculars, antiques, jewelry, watches, furs, silks, objects made from precious metals, paintings, object d' art, silver and gold articles, unique objects, mobile telephones and their accessories, rifle, hunting guns, as well as their optical accessories, wheelchairs and medical appliances
- **Valuable Document:** Money, cheques, bank cards and travel documents.
- **Common Carrier:** The Common Carrier object of this guarantee will be understood like hired to carry out the trip object of this insurance and will remain limited to the plane, ship, train, or coach, including when going into and going out of the above mentioned way of transport. Equally there remains covered the Accident of the way of public transport (limited to taxi, rent car with driver, tramway train, bus, train, underground train) during the direct route between the point of departure or arrival (domicile or hotel) up to the end of the trip (station, airport, port). Licensed tour bus included in the definition.
- **Extra Hazardous Sports** - means American Football, rugby, bungee jumping, caving, horse riding, parachuting, trekking above 2,500 metres, aviation other than as a fare-paying passenger on a scheduled flight, hang-gliding, microlight flying, mountaineering with the use of ropes, rock climbing

with the use of ropes, scuba diving (up to 40 metres), white water canoeing, white water rafting, water skiing, off piste skiing and off piste snowboarding. **Participation in these activities is never covered under the terms of this policy.**

- **Dangerous Sports** - means fighting or self-defence sports, (semi) professional sports, racing of any kind other than on foot, mountaineering expeditions, deep sea diving (deeper than 40 metres), solo sea-sailing, ski jumping, free climbing without ropes, motor sports, use of fire- or other arms, yachting out of territorial Abseiling, off-road mountain biking, ice hockey, canyoning, parachuting, bobsleighting, aviation other than as a farepaying passenger on a scheduled flight, gliding, hanggliding, microlight flying, rodelen, downhill skiing and langlaufen on the normally marked public open pistes, snowboarding, big foot skiing, mono-skiing and any sport involving an extra risk of accident. American Football, rugby, bungee jumping, caving, horse riding, trekking above 2,500 metres, mountaineering with the use of ropes, rock climbing with the use of ropes, scuba diving (up to 40 metres), white water canoeing, white water rafting, water skiing, off piste skiing and off piste snowboarding (provided accompanied by a guide or instructor, waters **and any other sport involving an exceptional risk of accidents.**

Participation in competitions or tournaments organised by sporting federations or similar organisations and any other sport not described above is not included

- **Hazardous sports such** as abseiling, ice-skating, off-road mountain biking, ice hockey, canyoning, bobsleighting, rodelen, downhill skiing and langlaufen on the normally marked public open pistes, snowboarding, big foot skiing, ballooning (as an organised excursion), mono-skiing and any sport involving an extra risk of accident. **PARTICIPATION IN THESE ACTIVITIES MAY BE COVERED AGAINST PAYMENT OF AN ADDITIONAL PREMIUM. PARTICIPATION IN COMPETITIONS OR TOURNAMENTS ORGANISED BY SPORTING FEDERATIONS OR SIMILAR ORGANISATIONS IS NOT INCLUDED.**
- **Regular Sports** - means athletics, go-carting, ballooning (as an organised excursion), trekking up to 2,500 metres, iceskating, cross country running, soccer, surfing, windsurfing, golf, mountainbiking on the road, baseball, fencing, sailing, cricket, cycling, canoeing, rowing, basketball, volleyball, jogging and any other sport activities not involving an extra risk. Participation in these activities is always covered without paying additional premium; **Participation in competitions or tournaments organised by sporting federations or similar organisations is not included**
- **Manual Labour:** is work or training that is physical, including, but not limited to construction, installation, assembly and building work. This does not include bar and restaurant staff, musicians and singers and fruit pickers (who do not use machinery). The Insured will not be covered when working more than three meters above the ground.
- **Medically necessary:** Refers to a covered service or treatment that is absolutely necessary to protect and enhance the health status of a patient, and could adversely affect the patient's condition if omitted, in accordance with accepted standards of medical practice

- **Severe or Poor Weather Condition:** refers to meteorological phenomena including but not limited to high level fog, strong wind, frost etc. and those adverse weather conditions not officially declared by the country's official weather bureau

ARTICLE 2

OBJECT AND SCOPE OF THE INSURANCE

The Travel insurance guarantees will be provided, in any case, according to the terms and conditions set forth in the policy and for events derived from the risks specified therein.

For avoidance of doubt, these Travel Insurance General Conditions are valid for travelling and stay abroad provided that the required premium has been paid and that the insured has the intention to return to the Home Country.

The aforesaid Specific Policy Conditions will set forth the guarantees effectively taken out, together with the Limits of or Sums Insured for each of them, as well as the scope of application of the coverage.

The Specific Policy Conditions will prevail over what is set forth in these General conditions as far as in the Specific Policy Conditions are included the guarantees expressly subscribed by the Policyholder with the Insurer and budget by the Insurer to the Policyholder.

TRAVEL ASSISTANCE BENEFITS

By virtue of these Travel Insurance General Conditions, the Insurer guarantees to provide the Insured with immediate material help in the form of financial benefit or services, when the Insured is in difficulties as a result of an unforeseen event that occurred when the insured is travelling abroad during the period contracted under the Specific Policy Conditions.

When, as a result of an accident covered by these Travel Insurance General Conditions, an Insured has to extend his/her period of stay outside his/her home, **the Travel Assistance benefits granted by this section are automatically extended for that Insured person, once only and up to a maximum period of 10 days.** The limits referring to benefits derived from the claim that have given rise to the extension are not increased or extended.

The Insured shall submit at Insurer's Expense to medical examination as often as may be required by the Insurer in connection with any claims.

ARTICLE 3

The guarantees relating to the persons insured are listed in this article, and will be rendered in accordance with the conditions set out below.

1) Medical Expenses and Hospitalization abroad

If the Insured is admitted into a hospital as an inpatient or suffer from any medically necessary treatment for emergency situation as determined by the physician, the Insured or someone must contact the Company's hotline or contact number on the Insured's behalf immediately.

The Company's medical team will maintain the telephone contacts necessary with the centre and with the doctor's attending to the Insured to supervise the provision of proper health care.

The coverage will be on a cashless basis if done within the accredited network of medical providers. **Otherwise, it will be paid by the Insurance Company thru reimbursement** subject to policy terms and conditions.

The company will pay up to the amount shown in the Table of Benefits for the necessary and reasonable cost incurred during the trip as a result of the Insured's becoming ill, being injured or dying. This includes:

- Medical, surgical and hospital treatment and ambulance cost
- If the Insured cannot return to Philippines as he/she originally planned and PGA Sampo approve this. The company will pay for:
 - Extra Accommodation (Room Only) and Travel Expenses (Economy Class unless a higher grade of travel is confirmed as medically necessary and authorized by PGA Sampo) to allow the Insured to return to Philippines.

IMPORTANT INFORMATION:

If the claim relates to the Insured's return travel to Philippines and he/she do not hold a return ticket, The Company will deduct from the Insured's claim an amount equal to his/her original carrier's published one way airfare (based on the same class of travel as that paid by the Insured for his/her outward trip) for the route used of the Insured's return.

2) Emergency Local Follow-Up Treatment

The Company will extend benefits for covered follow up medical expenses incurred in the Philippines, for the treatment of an accident or sickness which is caused by, resulting from, or incurred or contracted during the trip overseas, including whilst in his or her inbound trip that necessitated First-Aid Treatment. *(This first aid-treatment only refers to incidents happening during the clients' journey back to the Philippines and upon check-in and passing the immigration, specifically inside the plane or in the airport after check-in).* Said medical expenses must be incurred within thirty (30) days from the date the Insured returns to his or her place of residence in the Philippines. Admission to the Hospital must be within twelve (12) hours after arrival and must be a continuation of any medical attention sought while traveling. In no event shall the total amount payable under this extension shall not exceed Php25, 000.00 as stated in the Schedule of Benefit. **If the Insured's needs follow -up medical treatment, the Insured must furnish the relevant medical reports and invoices of the incurred expenses, stating the need for the follow up medical expenses and approval from the Company's medical team.**

In no event shall the total amount payable under this Section exceed one hundred (100%) of the limits stated in the Schedule of Benefits.

3) Emergency and Accidental Dental Care

The Company will meet the cost for strictly necessary emergency dental treatment of natural teeth only for the immediate relief of pain and not occasioned by the previous deteriorated state of the teeth, gums or jaws up to the limit provided at the Specific or Special Conditions of the Policy.

Crowned teeth, crowns, bridges, dentures etc. are not to be understood as natural teeth. This coverage is restricted to treatments if pain, infection and removal of infected tooth.

The indicated sub-limit on the policy schedule forms part of the Medical Benefit.

4) Transport or repatriation in the event of illness or accident sustained by the Insured during the course of a trip / Emergency Medical Evacuation

In the event of an accident or sudden illness **covered under the program**, the Company will take charge of transferring or repatriating the Insured to a properly equipped health centre or to his/her usual country of residence, the Philippines.

The Company, through its medical team, will decide which health centre the Insured is transferred to or whether repatriation is necessary, depending on the situation or gravity of the state the latter is in.

Afterwards, the Company's medical team will maintain the telephone contacts necessary with the medical centre and with the doctors attending to the Insured, and on the basis thereof will decide whether to transfer or repatriate the Insured, and on the most suitable means of transport to use.

For minor or less serious illnesses or accidents, which in the opinion of the medical team do not require repatriation, transfer will be performed in ambulance or another means of transport, to the place where adequate medical assistance can be provided.

5) Repatriation of mortal remains

In the event of the death of the Insured (as covered under the policy), the Company will make the arrangements necessary for his/her transport or repatriation and will meet the cost of the transfer expenses to the place of interment, cremation or funeral ceremony to the Philippines.

Payment of expenses for interment, cremation or funeral ceremony is excluded from this guarantee.

6) Rescuer's Expense Indemnity due to a covered accident including Compassionate Visit or Return of Minor Children

Should the Insured be hospitalized due to sudden illness or accident for more than five (5) days or is deceased, and accompanied by a minor (**up to 15 years old**) during the event and if no adult accompanies the said minor, the Company will provide a suitable person to look after him/her during the trip to the hospital where the former is hospitalized or the company will meet the cost in respect of an economy roundtrip (outbound and inbound) transfer of one immediate family member, having the same

country of residence as the Insured to accompany the Insured and minor considering this minor is unable to travel by his/her own means of transport or the means of transport used for the initial trip.

OR

Likewise due to same event when the Insured is admitted to a Hospital as an in-patient for more than five (5) consecutive days as a result of Injury or Sickness occurring during the Period of Insurance while the Insured is on a Trip and his/her medical condition does not allow evacuation and no adult member of the Insured's family is with him/her, the Insurer shall arrange for the transfer of a person chosen by the Insured or an Immediate Family Member from the Usual Place of Residence or Usual Country of Residence of the Insured. The Insurer shall meet the cost in respect of an economy round-trip transfer and necessary and relevant accommodation, transportation and meal expenses there of one (1) Immediate Family Member from the Usual Place of Residence or Usual Country of Residence of the Insured, up to the amount shown in the Table of Benefits.

Either one of said benefits includes include the indemnity for the rescuers arising out of a covered accident suffered by the Insured. Coverage is part of the benefit limit.

Note: You may claim ONLY one of these benefits per trip: Compassionate Visit or Return of Minor Children

SPECIFIC EXCLUSION FOR THE TRAVEL ASSISTANCE BENEFIT

In addition to the General Exclusions, the Insured is not covered for:

1. Any treatment or surgery which we think Insured does not need immediately and can wait until Insured returns home.
2. Any costs of treatment or surgery that was carried out more than 12 months after the date of the incident which Insured is claiming for.
3. The extra cost of single or private room accommodation unless it is medically necessary.
4. Any medical treatment that Insured receive because of a medical condition or any illness related to a medical condition which Insured knew about at the time of taking out this insurance and/or, for annual multi trip policy, prior to the booking of any individual trip.
5. Any treatment or medication that Insured receive after Insured return to Insured's home area (or Insured's final country if Insured is on a one-way trip), unless it falls within the criteria of a follow-up treatment as defined on the succeeding paragraph of Medical Expenses coverage.
6. Any extra costs after the time when, in our medical advisor's opinion, Insured is fit to return to Insured's home area (or Insured's final country if Insured is on a one-way trip).

7. Any medical treatment that Insured receive after Insured has refused the offer of returning to Insured's home area, when, in the opinion of our medical advisors, Insured is fit to travel.
8. The cost of any phone calls, other than the first call to us to tell us about the medical problem; The cost of any taxi fares (except for taxi costs paid for the initial journey to a hospital abroad due to an insured person's illness or injury) and the cost of any food and drink (unless these are a part of Insured's hospital costs if Insured is kept as an inpatient).
9. Any claim that comes from pregnancy or childbirth
10. Any claim where the Insured failed to follow the advice or instruction of The Company, or of PGA Sampo, such as when you refuse to come back to Philippines when The Company or PGA Sampo considered you were fit to return home.
11. Any claim in relation to any psychological or psychiatric disorder, anxiety, depression, nervous or stress related disorder of the Insured, or any other person whose condition may give rise to a claim.
12. Costs which we have not agreed beforehand.
13. Any medical treatment or tests that the Insured has planned or expect to have.
14. Any costs that result from taking part in winter sports or sports and other leisure activities, unless Insured has paid the winter sports or sports and other leisure activities premium or bought annual multi-trip cover which includes cover for winter sports.
15. Treatment or services provided by a private clinic or hospital, health spa, convalescent home or any rehabilitation centre; unless we have agreed that this is medically necessary.
16. Cosmetic treatment, unless we have agreed that this treatment is necessary as the result of an accident covered under this policy.
17. Any costs that are as a result of a tropical disease, if Insured has not had the recommended vaccinations or taken the recommended medication. Tropical diseases encompass all diseases that occur solely, or principally, in the tropics. In practice, the term is often taken to refer to infectious diseases that thrive in hot, humid conditions, such as, but not limited to, malaria, leishmaniasis,
18. schistosomiasis, onchocerciasis, lymphatic filariasis, Chagas disease, African tripanosomiasis and dengue.
19. Any costs that are as a result of an Epidemic or Pandemic
 *An **epidemic disease** is the rapid spread of infectious disease to a large number of people in a given population within a short period of time, usually two weeks or less.
 A **pandemic disease is an epidemic of infectious disease that has spread through human populations across a large region; for instance multiple continents, or even worldwide.

20. Any search and rescue cost (cost charged to the Insured by a government, regulated authority or private organization connected with finding and rescuing an individual. This does not include medical evacuation costs by the most appropriate transport).
21. Private medical treatment where satisfactory public care or treatment is readily available in any country under any reciprocal health agreement between Philippines and any foreign governments, where PGA Sampo have agreed that this is medically necessary.

The coverage will be on a cashless basis if done within the accredited network of medical providers. **Otherwise, it will be paid by the Insurance Company thru reimbursement.**

7) Relay of Urgent Messages

The Company will take charge of relaying the urgent messages of the insured parties, relating to any of the events covered in the policy.

8) Covid-19 Coverage

The Policy will respond to covid-19 related related as more specially described in **Annex A of Covid-19 Endorsement.**

ARTICLE 4

TRIP CANCELLATION AND CURTAILMENT EXPENSES BENEFIT

The guaranteed benefits relating to expenses for cancellations of the contracted trip are those listed in this article and shall be provided in accordance with the conditions set forth below:

Note: The guarantee shall only be valid when it is contracted at the same time as the trip covered by the policy provided that the Insured has no knowledge of any unforeseeable circumstances that will possibly lead to cancellation of the trip.

Trip cancellation cover will start on the date on which the trip is contracted and shall finalize at the moment the trip begins, i.e. boarding the collective means of transport to be used for the trip.

8) Trip Cancellation (Cancelling the Trip before Departure)

The Company will pay up to the amount shown in the Table of Benefits for unused and non-refundable portion which have been paid in advance for the following:

- Travel and accommodation expenses and pre-paid meal expenses which the Insured paid or agreed to pay under a contract and which he/she cannot recover from any source.
- The cost of excursions, tours and activities which the Insured paid for and which he/she cannot recover from any source;

Provided that the trip is cancelled before it actually starts and this is for one of the following reasons arising subsequent to taking out the insurance, which impedes undertaking the trip on the contracted dates:

- a) **Insured's unforeseen death, injury, serious illness (excluding pre-existing illness) or accident**
- b) **Insured's Immediate Family Members' unforeseen death, injury, accident or serious illness (excluding pre-existing illness)**
- c) **Serious damage caused by fire, explosion or robbery in Insured's Usual Place of Residence in the Home Country, the Philippines or the Insured's own or rented business premises, which rendered them uninhabitable or under serious risk of greater damage occurring which justify indispensably his /her presence.**

9) Trip Curtailment or Cutting the Trip Short

If the Insured needs to return home to the Philippines or return to his/her Usual place of residence in the Philippines earlier than planned and he/she wants the Company to pay, the Insured must contact/call the Company's hotline number for approval immediately.

Trip curtailment is when Insured's trip is cut short and Insured returns to the usual country of residence in the Philippines earlier than planned due to unforeseen circumstances as enumerated under this benefit.

The benefits relating to a trip curtailment comes into force from the time the trip begins (boarding the means of group transport used on the trip) and terminates on the day when the travel object of the insure ends.

The Company will provide this cover up to the limit stated in the Policy Schedule for the proportional part of the value of the journey forfeited (which is non-refundable) if the cutting short of the Insured's trip is necessary and unavoidable as a result of the following:

- a) **Insured's treating medical practitioner certifying that he/she is unfit to continue with the original itinerary. Serious illness (excluding pre-existing illness), serious bodily accident or death sustained by the Insured during Insured's trip object of insurance.**
- b) **The unforeseen death, serious injury or illness (excluding pre-existing illness) of the Insured's Immediate Family Member/s**

Note: Trip Termination due to Insured and Insured Immediate Family pre-existing illnesses are NOT covered.

- c) **Serious damage caused by fire, explosion or robbery in Insured's Usual Place of Residence in the Home Country, the Philippines or the Insured's own or rented business premises, which rendered them uninhabitable or**

under serious risk of greater damage occurring which justify indispensably his /her presence.

The guarantees will only be valid if provided that Insured has no knowledge of any unforeseeable circumstances that will possibly lead to curtailment of the trip.

IMPORTANT INFORMATION FOR CANCELLATION AND CURTAILMENT COVER

The Insured will be under the obligation to notify his/her travel provider within three (3) days or as soon as Insured has knowledge causing it and the Company of the cancellation or curtailment of the trip as soon as he/she has knowledge of the event causing it, and the Company will be exempted from compensating the expenses or penalizations that accrue from the moment of that notification in the event of failure to fulfil this obligation.

In order to claim compensation for this benefit, the Insured must submit the following documents:

1. Copy of the document vouching for the occurrence of the accident (medical report or death certificates, etc.) that document must of necessity, reflect the date of the occurrence (admission to hospital, death and accident), the diagnosis or type of damage, the clinical or background history, and the treatment prescribed.
2. Original copy of the invoice and/or receipts from paying the agency for the trip, and a copy of the travel voucher issued by the agency.
3. A copy or photocopy of the cancellation expenses invoice by the travel wholesalers to the retail agency, and a copy of the general conditions of sale of the wholesaler.
4. The original cancellation document issued by the travel agency, as well as the cancellation expenses invoice or payment slip thereof. This cover is subject to a limit provided by the preferred plan.

IMPORTANT: The insurance premium cannot form part of any claim

SPECIFIC EXCLUSIONS ON CANCELLATION & CURTAILMENT

In addition to the General Exclusions to all the guarantees of this policy, travel cancellations are not guaranteed when they are brought about by:

1. Any change of plans because the Insured or his/her travelling companion changes his/her mind and decide not to proceed with the original trip or choose not to travel.
2. Any cost that would not have been incurred had the Insured told the appropriate holiday company, including but not limited to tour operators, travel agents, transport providers, or accommodation providers, as soon as the Insured knew that he/she had to cancel his/her trip.

3. The Insured being unable to travel due to a failure to obtain the passport or visa needed for the planned trip, or failing to check in according to the Insured's itinerary or the time advised to him/her.
4. Cost which the Insured paid on behalf of any other person, unless that person is also an Insured person named on the Insured's Policy Schedule.
5. Any terrorist act or any loss incurred as a result of any intentional use of military force or other intervention by a government or official authority to intercept, prevent or mitigate any known or suspected terrorist act.
6. a.) Claims arising from Insured's business (other than severe damage to Insured's business premises) or employment, including but not limited to, not being able to take leave from that employment. This exclusion will not apply to the Insured being involuntarily retrenched from his/her usual full time employment in the Philippines.
b.) Claims arising from the Insured's financial or contractual obligations or those of his/her travelling companion, relative or business associate.
7. Cancellation, delays or rescheduling caused by the carrier, but only in relation to the amount paid in advance to the same carrier that is responsible for the cancellation, delay or rescheduling.
8. An aesthetic treatment, a cure, a travel or vaccination contraindication, the fact that it is impossible to continue in certain destinations the preventive medical treatment advised.
9. Epidemics
10. Failure to furnish, for any cause, the documents indispensable for any travel, such as Passport, Visa, Tickets, Identity Card or Vaccination Certificates.
11. Non-emergency dental treatment and rehabilitation treatments
12. Illness sustained by persons aged more than the maximum age limit of 99 years old for Insured, and/or Insured's Immediate Family Member, Relatives, Business associate and /or Travelling companion
13. Mental or nervous illness or anxiety for Insured, and/or Insured's Immediate Family Member, Relatives, Business associate and /or Travelling companion.
14. Expense arising from illness or injury where Insured, and/or Insured's Immediate Family Member, Relatives, Business associate and /or Travelling companion;
 - are proposing to travel against a doctor's advice;
 - are receiving, or are on a waiting list for in-patient treatment in a hospital or nursing home
 - have received a terminal prognosis
15. Any claim relating to a medical condition for which Insured and/or Insured's Immediate Family Member, Relatives, and Business associate and / or Travelling companion received treatment in the twelve (12) months prior to arranging cover.
16. Any amount recoverable from a travel agent, tour operator, carrier or any other source.

17. Pregnancy or childbirth of Insured, and/or Insured's Immediate Family Member, Relatives, Business associate and /or Travelling companion.
18. Insured failing to allow sufficient time to reach his/her departure point from Insured's Home Country in time.
19. Visa - cost of visas which the Insured paid for and which he/she cannot recover from any sources.
20. Any trip cancellation caused by natural phenomena.

DELAYED DEPARTURE

10) Delayed Departure / Flight Delay – Outbound & Inbound

This guarantee covers flight delays due to severe weather conditions and equipment failure of aircraft

The company shall reimburse the cost of basic necessities that may be incurred such as transport and hotel accommodation, maintenance (meals), toiletries and necessary clothing.

The above are payable subject to presentation of the corresponding original invoices and up to the amount shown in the Table of Benefits, if after more than twelve (12)-hour period (for international trips) the Insured is delayed as long as the Insured eventually goes on the trip.

This does not cover any delay that is a direct consequence of a strike called by employees belonging to the airline company and/or the departure or arrival airports for the flight, or to service companies subcontracted by the same.

Also excluded from this guarantee are those delays that occur on charter or non-regular flights.

11) Aircraft Hijacking Cover

Aircraft Hijacking means any seizure or exercise of control by force or violence or threat of force of violence and with wrongful intent of an Aircraft.

This section will pay the insured person the scheduled indicated on the plan per day (minimum 12 hours waiting period; maximum of 10 days) for delay or interruption of the journey in excess of waiting period of 12 hours which prevents the insured person from reaching the scheduled destination of the aircraft on which he or she is the passenger as a result of an act of Aircraft hijacking.

The company will pay up to the limit of the of the preferred plan.

The hijack covered is only that occurs via aircraft.

Specific Exclusions in addition to General Exclusion, the Insured is not

covered for;

- i. Any terrorist act or any loss incurred as a result of any intentional use of military force or other intervention by a government or official authority to intercept, prevent, or mitigate any known or suspected terrorist act.
- ii. Any claims that results from the Insured missing a connection flight or diverted (unless covered under the policy)
- iii. Any claim that results from actual or planned strike (whether or not known by the Insured) or industrial action which the public knew about at the time the insured made travel arrangements for the trip and those delay that is a direct consequence of a strike called by the employees belonging to the airline company and/or departure or arrival airports for the flight, or to service companies subcontracted by the same.
- iv. Any delays that occur on charter or non-regular flights

Important Information

The Insured must obtained written confirmation from the appropriate transport company or authority stating the reason for the delay and how long the delay lasted.

CONDITIONS AND LIMITATIONS APPLICABLE TO FLIGHT DELAYS

- 1) The Insured Person must obtain written confirmation from the carriers or their agents of the actual date and time of departure and the reasons for delay before a claim is considered under this Section of the Policy.
- 2) Claims under this Section shall be calculated from the actual time of departure of the conveyance on which the Insured Person was booked to travel, as specified in the booking confirmation.

SPECIFIC EXCLUSIONS ON DELAYS.

1. Any terrorist act or any loss incurred as a result of any intentional use of military force or other intervention by a government or official authority to intercept, prevent, or mitigate any known or suspected terrorist act.
2. Any claim that results from actual or planned strike or industrial action whether the public knew about it or not at the time the insured made travel arrangements for the trip and those delay that is a direct consequence of a strike called by employees belonging to the airline company and/or the departure or arrival airports for the flight, or to service companies subcontracted by the same.
3. Any delays that occur on charter or non-regular flights.
4. Mechanical failures of the mean of aircraft transport.

Important Information

The Insured must obtain written confirmation from the appropriate transport company or authority stating the reason for the delay and how long the delay lasted.

COVERAGE FOR LUGGAGE

The guarantees relating to baggage and personal possessions that belong to the Insured persons are those listed in this section, and will be provided according to the conditions set out below.

In all cases, the original certificate of the carrier or complaint, reporting the occurrence of the loss/accident must be furnished.

12) Baggage Delay (Delay in Arrival of baggage)

The Company covers the minimum delay of twelve (12) hours in the arrival of registered and tagged baggage on an IATA (International Air Transport

Association) Member Airline in the event the baggage was delayed, misdirected or temporarily misplaced in its delivery provided the baggage is registered, with a maximum the sum provided by the preferred plan, for the purchase of articles of basic necessity (i.e., necessary clothing and toiletries).

This benefit is for outbound trips only.

All such claims shall be accompanied by documents duly certified by the Airline attesting to the occurrence of the event.

Specific Exclusions on Baggage Delay

Insured is not covered:

1. For claims not declared to a competent person of the airline company as soon as the Insured knows the baggage is late or lost;
2. For any clothing or toiletries that the Insured purchased more than four (4) days after the actual time of arrival at the airport of destination;
3. When the baggage delay occurs on the return journey to the Insured's usual place of residence; In which case is the return to the Philippines.
4. For purchases made after delivery of Insured's baggage by the air carrier

Important Information

1. There is no cover under this Section if Insured's baggage is delayed on his/her final inward journey returning home.
2. Insured must get written confirmation of the length of the delay from the appropriate airline or Transport Company and he/she must keep all receipts for the essential items he/she buy. If the Insured's baggage is permanently lost, The Company will deduct any payment the Company made for delayed baggage from your overall claim for baggage.

13) a) Compensation for In-Flight Loss, Robbery or Destruction of Baggage Checked-In

The Company will supplement for lost checked-in baggage by an airline, *only the portion that is not covered by the airline baggage limit of liability* as set by the airline, up to the amount shown in the Table of Benefits, as a sum of both compensation payments, for the collection of baggage and possessions checked-in by each insured, in the event of loss, stolen, or total or partial destruction during the carriage by air performed by the carrier, for the purpose of which the Insured shall furnish a list of the contents including the estimated price and date of purchase of each item, as well as the settlement of the compensation payment by the carrier. Compensation payment for loss, stolen or partial destruction will be calculated according to the procedures recommended by the international carriage by air organizations.

The minimum period of time that must elapse for the luggage to be considered to have been lost once and for all will be that stipulated by the carrier company, with a **minimum of twenty one (21) days**.

Valuable Articles, Money, jewellery, debit and credit cards, and any type of document are excluded from this benefit.

Compensation payments received under this benefit will be net of the compensation received for the delay of that baggage under this policy

b) Indemnity for Robbery / Burglary or Destruction of Luggage Delivered into Safekeeping of the Carrier

Up to the amount shown in the Table of Benefits, and without prejudice to the liability that might correspond to the carrier company for the luggage as a whole, the Insurance Company shall indemnify in the event of robbery or burglary or destruction during transportation by the carrier company. To this end, the Insured must:

- a. Lodge a formal complaint before the police at the place where it occurred, duly listing the contents of the luggage and their economic value. Obtain a certificate of the said complaint.
- b. Present a written complaint before the carrier company, within the time limits established by each company. Keep a copy of the same.
- c. Make a list of the contents of the luggage and their value.
- d. Present all the above original documentation to the Company.

14) Location and forwarding of baggage and personal effects

The Company will furnish the Insured with advice on reporting the robbery or loss of his/her baggage and personal possessions, and will collaborate in arrangements for locating them.

In the event that the aforesaid possessions should be recovered, the Company will take charge of forwarding them to the place of the trip planned by the Insured or to his/her usual country of residence.

In this event, the Insured is under an obligation to return the compensation received for the loss in accordance with this policy.

15) Loss of Personal Money

The Company will reimburse the Insured up to the maximum benefit amount for replacing the Insured's personal money/cash, traveller's cheque, banknotes or credit card, if it is lost or stolen due to robbery, burglary, or natural disasters and which were in the Insured's care custody or control during a trip. Provided always that the insured shall exercise reasonable care for the safety and supervision of the property and that such loss is reported to the police having jurisdiction at the place of the loss no later than twenty four (24) hours after the incident. Any claim must be accompanied by written documentation from the police.

It is the responsibility of the insured person to provide proof of ownership of any lost or stolen personal money and The Company are under no obligation to make payment without this proof of ownership (if available).

Important Information

- The Insured must act in reasonable way as if uninsured to look after his/her property and not leave unattended or unsecured in public place
- The Insured must carry valuable with him/her when he/she is travelling.
- The insured must report any loss of robbery / burglary to the police within 24 hours of discovery and get a written police report from them

16. Loss of Travel Documents

The Company will pay up to the amount shown in the Table of Benefits for the cost to replace the documents plus the cost from travel needed to obtain the new passport or documents as well as the accommodation expenses until it has been obtained should the trip have extended past the return fate planned, up to the limit of the plan for replacing the following items during the trip;

- Passports
- Travellers Cheques (if these cannot be refunded by the provider)
- Visa

Important Information

The cost of replacing the Insured's passport includes the necessary and reasonable cost the Insured pay overseas associated with getting a replacement passport to allow the Insured to return to the Philippines.

This guarantee does not include the maintenance expenses (i.e. meals) of the insured."

In addition to General Exclusion, the Insured is not covered for:

1. The excess shown in the table of benefits.
2. Property the insured left unattended in any public place or with someone the insured do not know looking after it.
3. Any loss, robbery/burglary or damage to valuables which the Insured do not carry in his/her luggage while the Insured is travelling.
4. Claims arising due to an unauthorized person fraudulently using the insured's credit or debit cards.
5. Losses due to devaluation or depreciation of currency.
6. Other negotiable items, gold or precious metals, precious unset or uncut gemstones, bonds, coupons, stamp, negotiable instruments, deeds, manuscripts securities of any kind, bullion, tools of trade, traveller's samples, or property of any kind used wholly or partially for business.
7. Any claims in relation to:
 - a) Unaccompanied luggage (unless the Insured's airline carrier has to transfer the insured's luggage to a different carrier of flight for reasons other than the luggage being over the allowable weight limit)
 - b) Luggage sent under any freight agreement or items sent by postal or courier services.
8. Any loss which the Insured have claimed, or are claiming for under another section of this policy.
9. Any claim which the Insured have claimed, or are claiming for under the Winter Sport Equipment, Business Equipment or Golf Equipment sections.
10. Loss of Money not reported to the police within 24 hours of discovery and supported by a written police statement.
11. Passports, travellers cheques, travel or event admission ticket and travel document such as visas which you do not carry with you unless they are being held in locked safety deposit facilities.
12. Breaking or scratching of fragile objects or breakage of sports equipment while being used (unless your claim is for damage to winter sport equipment and you have purchased the winter sports Cover or Gold Cover upgrades (as applicable)).
13. Damage due to scratching or denting unless item has become unusable as a result of this.
14. If your property is legally delayed, held or confiscated by Customs, the police or other officials.
15. If your baggage is delayed on your final inward journey returning home.

16. Loss of jewellery (other than wedding rings) while swimming or taking part in physical, sporting or adventure activities.
17. Loss of date or losses caused by mechanical or electrical breakdown or damage caused by leaking powder or fluid carried within your baggage.
18. Loss, robbery/burglary or damage to sunglasses, dentures, paintings, household equipment, mobile phone prepaid minutes have not used, mobile rental charges or payments, bicycles and their accessories, motor vehicles and their accessories, marine craft and equipment or items of perishable nature (meaning items that can decay or not and will not last for long, for example food).
19. Wear and tear, depreciation in value or gradual deterioration, damage by moth, vermin, insects, atmospheric or climatic conditions, or any process if cleaning, dyeing, ironing, repairing, restoring or like actions.
20. Any claim relating to a mobile phone or device with phone capabilities, if you are unable to supply the IMEI (International Mobile Equipment Identity).
21. Pick-pocket, snatching, trickery, hypnosis or when insured was made gullible, looting, embezzlement, larceny, pilferage, purloin.
22. **Mysterious Disappearance** - The term 'mysterious disappearance' means a disappearance that is mysterious. To constitute a mysterious disappearance, the disappearance must be under unknown, puzzling, and baffling circumstances which stir up wonder, curiosity, or speculation, or under circumstances which are difficult to understand or explain.

In addition to General Exclusion, the Insured is not covered for:

1. The excess shown in the table of benefits
2. Property the insured left unattended in any public place or with someone the insured do not know looking after it.
3. Any loss, robbery/burglary or damage to valuables which the Insured do not carry in his/her luggage while the Insured is travelling.
4. Claims arising due to an unauthorized person fraudulently using the insured's credit or debit cards
5. Losses due to devaluation or depreciation of currency
6. Other negotiable items, gold or precious metals, precious unset or uncut gemstones, bonds, coupons, stamp, negotiable instruments, deeds, manuscripts securities of any kind, bullion, tools of trade, traveller's samples, or property of any kind used wholly or partially for business.
7. Any claims in relation to:

- c) Unaccompanied luggage (unless the Insured's airline carrier has to transfer the insured's luggage to a different carrier of flight for reasons other than the luggage being over the allowable weight limit)
 - d) Luggage sent under any freight agreement or items sent by postal or courier services.
8. Any loss which the Insured have claimed, or are claiming for under another section of this policy
 9. Any claim which the Insured have claimed, or are claiming for under the Winter Sport Equipment, Business Equipment or Golf Equipment sections.
 10. Loss of Money not reported to the police within 24 hours of discovery and supported by a written police statement.
 11. Passports, travellers cheques, travel or event admission ticket and travel document such as visas which you do not carry with you unless they are being held in locked safety deposit facilities.
 12. Breaking or scratching of fragile objects or breakage of sports equipment while being used (unless your claim is for damage to winter sport equipment and you have purchased the winter sports Cover or Gold Cover upgrades (as applicable)
 13. Damage due to scratching or denting unless item has become unusable as a result of this
 14. If your property is legally delayed, held or confiscated by Customs, the police or other officials.
 15. If your baggage is delayed on your final inward journey returning home.
 16. Loss of jewellery (other than wedding rings) while swimming or taking part in physical, sporting or adventure activities.
 17. Loss of date or losses caused by mechanical or electrical breakdown or damage caused by leaking powder or fluid carried within your baggage.
 18. Loss, robbery/burglary or damage to sunglasses, dentures, paintings, household equipment, mobile phone prepaid minutes have not used, mobile rental charges or payments, bicycles and their accessories, motor vehicles and their accessories, marine craft and equipment or items of perishable nature (meaning items that can decay or not and will not last for long, for example food).
 19. Wear and tear, depreciation in value or gradual deterioration, damage by moth, vermin, insects, atmospheric or climatic conditions, or any process if cleaning, dyeing, ironing, repairing, restoring or like actions.
 20. Any claim relating to a mobile phone or device with phone capabilities, if you are unable to supply the IMEI (International Mobile Equipment Identity)

21. Pick-pocket, snatching, trickery, hypnosis or when insured was made gullible, looting, embezzlement, larceny, pilferage, purloin
22. **Mysterious Disappearance** - The term 'mysterious disappearance' means a disappearance that is mysterious. To constitute a mysterious disappearance, the disappearance must be under unknown, puzzling, and baffling circumstances which stir up wonder, curiosity, or speculation, or under circumstances which are difficult to understand or explain.
23. Merchandise, material of a professional nature, collections, securities of any kind, identity documents and, in general, any paper documents and share instruments, credit cards, any contents stored on electronic and/or computer media, documents recorded on magnetic strips or filmed, prostheses, spectacles and contact lenses. For these purposes, personal computers shall not be considered professional material.
24. Any losses resulting from an object not delivered into the safekeeping of a carrier simply being misplaced or forgotten.
25. Robbery while staying at a camping or caravan site, or in any non-permanent accommodation.
26. Damage suffered by luggage that is not adequately packaged or identified, as well as fragile or perishable goods.
27. Breaking of china, pottery, glass or other brittle articles, other than photographic and telescopic lenses;
28. Contact or corneal lenses, dentures, hearing aids, cycles, unset precious stones, motor vehicles and their accessories, water craft and their accessories, caravans, trailers and trailer tents and their accessories, and property carried in connection with any business, profession or trade;
29. Failure by Insured to take ordinary and reasonable precautions for the safety of Insured's Luggage, clothing and personal effects. Robbery / burglary of luggage when left unattended, other than when locked in secured premises (hotels, etc.) or locked out of sight, in the boot of a motor vehicle, but only during the hours of daylight.
30. Losses resulting from currency fluctuations;
31. Any article of a value greater than USD 200 if not accompanied by the original bills of purchase and proof of ownership;
32. An extra deduction of the value of any articles if not accompanied by the original bills of purchase and proof of ownership;
33. Any articles not documented on the police report, or other official report, compiled at the time that the robbery / burglary is reported to the respective authority;
34. Accessories and subscriptions of mobile/satellite telephones;

35. Valuable Articles;

36. Valuable Documents;

37. Ordinary care is lacking among other things in case of transportation with a motor vehicle:

a. If Insured leaves behind Valuable Articles and Valuable Documents in a car, caravan/camper or motorcycle;

- If the remaining luggage in the car, caravan/camper or on the motorcycle is not stored in: a separate, locked boot in a passenger car; a boot of a hatchback (3-door or 5-door) passenger car including an estate car which has been covered by a roller sheet, back shelf or similar means;
- the interior of a camper, delivery van, car or caravan allowing no outside view on the goods due to a properly fixed provision;
- a properly fixed and locked luggage boot or luggage compartment.
-

38. If during a stay, Insured fails to take the remaining luggage practically packed in suitcases or bags to the accommodation address; in case of transportation by a passenger transport Insurer;

39. If during the flight or the journey by train, bus or boat Insured has not transported Valuable Articles, Valuable Documents, breakable goods, and as hand-luggage;

40. During a stay at the holiday destination: if Insured leaves Valuable Documents, Valuable Articles and luggage behind unattended in a not properly locked space. In all these situations, there is no right to indemnification if in the given situation Insured has failed to take the measures that could reasonably be expected of Insured in order to prevent or limit any damage. Safe measures include, among other things, storage in a safe of Valuable Articles and Valuable Documents

16) Personal Accident

Not eligible:

Persons over the maximum insured age of 99 years old at the moment of the insurance underwriting

- Minors may only be insured if there is a written authorization signed by their legal tutors. In any case, the Accidental Death Guarantee cannot be taken out for children under 18 years of age or disabled unless they travel under the family plan (as applicable).
- a) Those who have not given their written consent, save where their interest in the policy may be assumed for some other reason.

- b) Insured intending to travel more than the maximum allowable trip duration per travel plan, non residents in the country and those who have initiated the trip prior to insurance underwriting.
- c) Insured travelling for work reasons (paid or otherwise), undertaking physical or manual hazardous activities such as: driving vehicles with use of machinery, loading and unloading working at heights or in confined spaces, assembly of machinery, working on floating or underwater platforms, mines or quarries, use of mechanical substances, laboratory work of any kind and any other hazardous activities.

OBJECT AND SCOPE OF INSURANCE

"TWENTY FOUR (24) HOUR" COVER:

Insurance covers accidents the Insured may suffer at any time, twenty four hours a day, during the trip.

The indemnity limit is that provided at the Specific Conditions or at the individual Insurance Certificate. Nevertheless, if the Company has paid an indemnity under the Disability cover, as a result of the same accident, it shall indemnify the difference between the amount paid and the insured sum in the event of death.

The indemnity limit for all the affected Insureds by the same accident is USD 2,000,000.00 (TWO MILLION), regardless the number of Insureds or policies involved.

ACCIDENT BENEFITS OCCURRED DURING THE PERIOD OF INSURANCE

ACCIDENTAL DEATH

According to the present article of these General Conditions, an **accident** is:

- A. The bodily injury suffered during the term of the contract, which derives from a violent, sudden, external cause and one that is not intended by the Insured. For the purposes of this policy, the following shall also be construed to be accidents:
 - i) Asphyxia or injuries as a consequence of gases or vapours, immersion or submersion, or from the consumption of liquid or solid matter other than foodstuffs.
 - ii) Infections resulting from an accident covered by the policy.
 - iii) Injuries that are a consequence of surgical operations or medical treatments resulting from an accident covered by the policy.
- B. Where an accident should lead to the death of the Insured, the Company shall pay the Beneficiary the **sum determined for this eventuality**.

If as a result of an accident covered by the policy the Insured person/s should die, the Company will pay the beneficiary the Sum Insured set forth in the Specific Conditions for that purpose.

- C. If, prior to the death, the Company should have paid an indemnity for disablement, as a result of the same accident and this had occurred in less than one year, it shall indemnify the difference between the amount paid and the insured sum in the event of death. Should the indemnity already paid out be greater, the Company shall not be liable to pay out any further amounts.
- D. If, upon death of the Insured, there should be no designated beneficiary, nor rules to decide upon one, the insured sum shall go on to form part of the policyholder's estate. Where there are several beneficiaries, and save agreement to the contrary, payment of the sum insured shall be divided equally between them, or in proportion to their share of the estate, where those designated are the legal heirs. That part not received by a beneficiary shall augment all the others, save agreement to the contrary, except in the case where any of them should be a wilful causer of the accident. In such a case, any designation in favour of the same shall be deemed null and void and the corresponding part not received shall go on to form part of the Policyholder's estate.

PERMANENT DISABILITY OR DISABLEMENT

- 1) This shall be deemed to consist of the permanent anatomic loss or lack of functionality of limbs or organs as a result of an accident.

The amount of the indemnity shall be determined by applying to the Sum Insured the percentages established in the Injury Table of this Benefit.

If the Insured dies before determination of the permanent disablement, and the death is not a result of the accident, then the right to the benefit remains. The benefit is determined based on the expected definite degree of disablement based on the medical reports, if the Insured has not died.

Maximum payable Total Permanent Disablement 100%

Injury Table Percentage of indemnity

Head and nervous system

• Complete mental derangement	100
• Maximum expression of epilepsy	60
• Total blindness	100
• Loss of one eye or the sight thereof, where the other had previously been lost	70
• Loss of one eye, while conserving the other, or reduction of binocular vision to 50%	25
• Operated bilateral traumatic cataract	20
• Operated unilateral traumatic cataract	10
• Total deafness	50
• Total deafness in one ear, having previously lost hearing in the other	30
• Total deafness in one ear	15
• Total loss of sense of smell or taste	5
• Total mutism with impossibility of emitting coherent sounds	70
• Ablation of the lower jaw	30
• Grave disorders in the articulations of both jawbones	15

Spine

• Paraplegia	100
• Quadriplegia	100
• Mobility limitations as a result of vertebral fractures, without neurological complications or grave deformations of the spine: 3 per cent for each vertebra affected, up to a maximum of.	20
• Barré-Lieou syndrome	10

Thorax and Abdomen

• Loss of a lung or a reduction to 50 per cent of lung capacity	20
• Nephrectomy	10
• Enterostomy	20
• Splenectomy	5

Upper Limbs

• Amputation of an arm from the articulation of the humerus	100
• Amputation of an arm at the level of, or above, the elbow	65
• Amputation of an arm below the elbow	60
• Amputation of a hand at the level of, or below, the wrist	55
• Amputation of four fingers of a hand	50
• Amputation of a thumb	20
• Total amputation of an index finger or two joints thereof	15
• Total amputation of any other finger or two joints thereof	5
• Total loss of movement of a shoulder	25
• Total loss of movement of an elbow	20
• Total paralysis of the radial, cubital or median nerve	25
• Total loss of movement of a wrist	20

Pelvis and Lower Limbs

• Total loss of movement of a hip	20
• Amputation of a leg above the knee	60
• Amputation of a leg, while conserving the knee	55
• Amputation of a foot	50
• Partial amputation of a foot, while conserving the heel	20
• Amputation of a big toe	10

• Amputation of any other toe	5
• Shortening of a leg by 5 cm or more	10
• Total paralysis of the external popliteal sciatic nerve	15
• Total loss of movement of a knee	20
• Total loss of movement of an ankle	15
• Serious walking difficulties subsequent to the fracture of one of the heel bones	10

2) Applying the table of injuries shall be governed by the following principles:

- a. **When the injuries affect the non-dominant upper limb**, the left of a right-handed person or vice versa, **the indemnity percentages for the same shall be reduced by 15 per cent**
- b. In order to determine the said percentages, neither the Insured's profession or age, nor any other factor not included in the table shall be taken into account.
- c. The accumulation of all the disablement percentages arising from the same accident shall not give rise to an indemnity of over 100 per cent.
- d. The total lack of functionality of some limb or organ shall be considered as total loss thereof.
- e. The sum of diverse partial percentages related to the same limb or organ shall not exceed the percentage of indemnity established for the total loss thereof.
- f. Those types of disablement not expressly specified shall be indemnified by analogy with other cases that do appear therein.
- g. Partial limitations and anatomic losses shall be indemnified proportionally, with respect to the total loss of the affected limb or organ.
- h. In the event that, prior to the accident, some member or organ suffered amputations or functional limitations, the percentage of the indemnity shall be the difference between the pre-existing disablement and that present after the accident.

2) For the purposes of the definitive indemnity, the degree of disability shall be determined by the Company whenever the Insured's physical condition is medically recognized as being definitive and the corresponding medical certificate of incapacity is provided. Where twelve months pass from the date of the accident, without the above

3) being established, the Insured may request from the Company a further period of up to twelve months more, after which time the latter must determine the disability on the basis of what it believes, will be the definitive condition.

4) Should the Insured not accept the Company's proposal, duly made in accordance with the medical certificate of incapacity and in line with the scale outlined in the policy, the following rules shall apply:

- a.) Each party shall appoint a medical expert and their written acceptance must be duly recorded. Should one of the parties not make such an appointment, he

shall be obligated to do so within eight days of the date on which the party who had once done so requires him to comply; should

the former still not name anyone within this period, it shall be taken that he accepts the report issued by the other party's appraiser and he shall be duly bound by it.

b.) Where the experts reach an agreement, this shall be reflected in a joint report, which shall state the causes of the loss, the degree of disability, any other circumstances that have a bearing on the determination of the same and the corresponding percentage of indemnity proposed.

c.) Where no agreement between the medical experts is forthcoming, both parties shall agree on the designation of a third appraiser. Should this agreed destination not prove possible, this shall be incumbent on the Judge corresponding to the Insured's address, in an act of voluntary

jurisdiction and in keeping with the procedures envisaged for the selection of appraisers under the Philippines law of civil procedure

d.) Should the experts' report be challenged, the Company shall pay the minimum amount that could be due according to the knowledge it possesses. Otherwise, it shall pay within five days the amount of compensation indicated by the said experts.

Exclusions:

1. The Company does not cover the consequences originated or produced by the following:

- a) Bad faith on the part of the Insured or those intentionally caused by the same, save where the damage was sustained in order to avoid something worse.
- b) Wars, with or without prior declaration, and any conflicts or international interventions using force or duress. Events arising from terrorism, mutiny or crowd disturbances. As well as damage caused during the course of strikes.
- c) Events or actions of the Armed Forces or security Forces in peace time.
- d) Extraordinary natural phenomena such as floods, earthquakes, landslides, volcanic eruptions, atypical cyclonic storms, falling objects from space and aerolites, and in general, any extraordinary atmospheric, seismic or geological phenomenon.
- e) Fall of sideral bodies and meteorites.
- f) Those derived from radioactive nuclear energy.
- g) Those caused when the Insured takes part in bets, challenges or brawls, save in the case of legitimate defence or necessity.
- h) Accidents caused by the Insured's participation in criminal acts, or as a result of his / her fraudulent, seriously negligent or reckless actions.
- i) Accidents suffered as a result of being inebriated or under the effect of drugs, toxics or narcotics. Inebriation shall be taken to mean when the blood alcohol level is greater than 0.50 grams per 1.000 cubic centimetres, or the Insured is fined or convicted for this cause.
- j) Intoxication or poisoning from the consumption of foodstuff.
- k) Infectious diseases, such as sleeping sickness, malaria, Paludism, yellow fever and, in general, illnesses of any kind, fainting fits, syncope, strokes, epilepsy or epileptiforms and caused by any kind of loss of consciousness as a result of an accident as the latter is defined in these General Conditions.

2. The consequences of accidents that occurred prior to the coming into force of this insurance are also excluded, despite the fact that they become apparent during its lifetime, as well as the consequences or after-effects of an accident covered which become apparent after the three hundred and sixty five (365) days subsequent to the date on which it occurred.

3. Unless expressly included in the Private or Special Conditions and subject to payment of the relevant surcharge premium, the consequences of the following are excluded from the guarantee object of this contract:

- a) Engaging in the following sports: motor racing or motorcycle racing in any of its modes, big game hunting, underwater diving using artificial lung, navigation in international waters in craft not intended for the public transport of passengers, horse riding, climbing, pot holing, boxing, wrestling in any of its modes, martial arts, parachuting, hot air ballooning, free falling, gliding and, in general, any sport or recreational activity that is notoriously dangerous.
- b) Participation in competitions or tournaments organized by sporting federations or similar organizations.
- c) The use, as a passenger or crew, of means of air navigation not authorized for the public transport of travellers, as well as helicopters.
- d) Accidents due to a physical or manual risk activity (paid or not, but related to the Insured's occupation) such as: driving of vehicles, use of machinery, loading and unloading, work in heights/levelling or confined locations, assembly of machinery, undertaking work on floating or underwater / sub-aquatic platforms, mines or quarries, use of chemical substances, laboratories of any kind, and any other dangerous activities.

AGGRAVATION OF THE RISK

Throughout the contract period, the Policyholder or the insured must inform the Company, as soon as possible, of any and all circumstances that increase the risk and are of such a nature that, had the latter been aware of the same at the inception of the contract, it would not have entered into this contract or it would have concluded it with more onerous conditions.

The following are deemed aggravating circumstances:

- a) **A change of the insured's activity or occupation, even where this is temporary, that implies a greater possibility of accidents with respect to the situation declared.** Domestic work or repairs carried out on a non-profit basis shall not be considered in this.
- b) **Permanent incapacity or disability and chronic diseases suffered by the Insured as a result of events not covered by this Policy.**

The following are deemed aggravating circumstances:

- c) **A change of the insured's activity or occupation, even where this is temporary, that implies a greater possibility of accidents with respect to the situation declared.** Domestic work or repairs carried out on a non-profit basis shall not be considered in this.
- d) **Permanent incapacity or disability and chronic diseases suffered by the Insured as a result of events not covered by this Policy.**

OBLIGATIONS IN CASE OF LOSS

The Insured is duly obligated, save for some justified reason, to agree to an examination by the doctors the Company may designate, where it deems this necessary in order to complete the reports furnished, and, at the Company 's expense, attend the corresponding medical facilities for said examination.

The Policyholder, the Insured, or where appropriate, the beneficiaries shall be obligated to furnish the Company with all manner of information the latter may require in order to adequately judge the case, in relation to the circumstances or state of health of the Insured prior to the occurrence of the loss incident.

The Insured shall be responsible for any injury that, through their acts or omissions, may be cause to the Company in its right to subrogation.

The actions arising from this insurance contract shall prescribe after five (5) years, as from the date on which they may be exercised.

Specific exclusions of Accident Benefit:

In addition to the General Exclusions to all the guarantees of this policy described in Article 4 of these General Conditions, accident benefits are not guaranteed when they are brought about by:

- a. Accidents as a consequence of a risky undertaking in which the Insured has recklessly endangered his or her life or body, unless this risky undertaking was reasonably necessary for legitimate self or attempts to save himself or herself, others, animals or goods.
- b. Accidents which arise as a consequence of a sickly condition or as a consequence of the Insured's bodily or physic abnormalities, unless these circumstances are a result of an accident for which Insurer was obliged to pay indemnification under this insurance.
- c. Psychic affections, as a result of any cause, unless medically determinable as a direct result of brain damage caused by the accident.
- d. Hernia inguinalis (rupture), lumbago, ruptured intervertebral disk (hernia nuclei pulposi), tendovaginitis crepitans, muscle spraining, periarthritis humeroscapularis, tennis-elbow (epicondylitis lateralis), or golfer's-arm (epicondylitis medialis).
Injuries and diseases that are the result of surgical interventions or medical treatments not brought about by an accident covered by the policy; as well as diseases of any nature (including those of infectious origin), infarcts, cardiovascular episodes, epilepsy attacks and loss of mental faculties, except where produced by an accident.
- e. The consequences of medical treatment, which the Insured has undergone, without there being any link with an accident covered under the policy making this treatment necessary.

- f.** Accidents to the Insured as driver of a motorcycle with a cylinder content of 50 cc. or more, if the Insured has not yet reached the age of 18 years.
- g.** Dangerous, Hazardous and Extra Hazardous Sports.
- h.** Anyone over the maximum insured age (per respective travel plans) at the start date of the policy.
- i.** Damage caused during the course of strikes.
- j.** Accidents considered legally being work (i.e., manual labour) accidents, the consequence of a risk inherent to the work performed by the Insured.
- k.** Intoxication or poisoning from the consumption of foodstuffs.
- l.** Infectious diseases, such as sleeping sickness, malaria, Paludism, yellow fever and, in general, illnesses of any kind, fainting fits, syncope, strokes, epilepsy or epileptiforms and caused by any kind of loss of consciousness as a result of an accident as the latter is defined in these General Conditions.
- m.** The consequences of accidents that occurred prior to the coming into force of this insurance are also excluded, despite the fact that they become apparent during its lifetime, as well as the consequences or after-effects of an accident covered which become apparent after the three hundred and sixty-five days subsequent to the date on which it occurred.

BENEFITS FOR PERSONAL LIABILITY

17) Personal Liability

1. The Company guarantees the Insured, by payment by the latter of the relevant premium, to pay the compensation for which it may be civilly liable by law, for bodily or material damages caused involuntarily to third parties and products during the lifetime of the insurance contract, according to the definitions, terms and conditions set out in the policy and for incidents arising from the risk specified therein.
2. The limit of the Sum Insured indicated in the Specific Conditions and provided that the object of the claim is included under the policy cover, the following are also guaranteed, even in the case of groundless claims:
 - a) The furnishing of court bail, to guarantee the civil results of the procedure.
 - b) The legal court costs, which will be paid in the same proportion that exists between the compensation that the Company should pay,

according to what is provided for in the policy, and the total amount of liability of the Insured in the loss.

3. Save express agreement to the contrary, the Company will assume the legal supervision as regards the claim by the damaged party, and will meet the cost of the defence expenses that arise. The Insured shall provide the collaboration necessary to assist the legal supervision assumed by the Company.
4. The aforementioned provisions will also be applicable, subject to express agreement, in the case of criminal procedures against the Insured or the employees thereof which have their cause in the exercise of their activities as such, subject to the consent of the defendant.
5. If in the court procedures brought against the Insured there should be a conviction, the Company will decide whether it is appropriate to appeal to the competent Higher Court; if it does not deem the appeal appropriate, it will inform the party concerned thereof, and the latter will be free to lodge it on its own exclusive account. In this latter event, if the appeal lodged were to give rise to a sentence favourable to the interests of the Company, it will be obliged to meet the cost of the expenses arising from such appeal.
6. When any conflict arose between the Insured and the Company, prompted by the latter having to maintain in the loss interests contrary to the defence of the Insured, the Company will inform the Insured thereof, without prejudice to taking the measures which, because of their urgent nature, are necessary for the defence. In this case, the Insured may choose between maintaining the legal supervision provided by the Company or entrusting its own defence to another person. In this last event, the Company will be obliged to pay the expenses of such legal supervision up to the limit agreed in the Specific Conditions.

When in the civil part an amicable agreement was reached, the defence in the criminal part is discretionary on the part of the Company and is subject to the prior consent of the defendant.

Specific exclusions on Personal Liability:

In addition to the General Exclusions from all the guarantees of this policy described in Article 4 of these General Conditions, the consequences brought about or caused by the following incidents are not guaranteed:

- a) Damage which has its origin in the breach of or voluntary failure to observe positive Legal rules or of those governing the activities object of the insurance.
- b) Damage to goods or animals that are in the possession of the Insured, or the person for whom the latter is answerable, for his/her own use, or that have been entrusted or rented out to him/her to use, look after, transport, use for working purposes or operate.
- c) Damage caused by the contamination of the ground, waters or the atmosphere, unless the cause thereof should be accidental, sudden and unforeseen or not anticipated by the Insured.

- d) Damage caused by risks that should be object of compulsory insurance cover.
- e) Damage arising from the use and running of motor vehicles, and of the elements towed or incorporated therein.
- f) The contractual obligations of the Insured.
- g) Damage caused to ships, aircraft or any device destined for navigation or water or air support, or caused by them.
- h) Damage caused by the transport, storage and handling of corrosive, toxic, inflammable and explosive substances and gases.
- i) The payment of penalties and fines, as well as the consequences of failure to pay them and the furnishing of court bonds to guarantee the criminal results of the procedure.
- j) Liability arising from labour accidents sustained by the personnel in the service of the Insured.
- k) Damage caused by products, completed works and services rendered, after they have been delivered to clients or after they have been rendered.
- l) Damage caused to movable or immovable property which, for their use or enjoyment, handling, transformation, repair, safe-keeping, deposit or transport, have been entrusted, assigned or rented to the Insured, or which are in his/her possession or sphere of control.
- m) Financial losses that are not the consequence of a material damage covered by the policy, as well as the financial losses that are the consequence of a bodily harm or material damage not covered by the policy.
- n) Damage caused by engaging in obviously dangerous sports, such as mountaineering, underwater activities, shooting or similar.

LIABILITY CONDITIONS

- 1) In the event of any claim the liability of the Company shall be conditional on the Insured claiming indemnity or benefit having complied with and continuing to comply with the terms of this Policy.
- 2) In the event of a claim under this Policy the Insured shall:
 - a) Take all reasonable precautions to minimize the loss.
 - b) As soon as possible telephone the Company to notify the claim stating the Benefits required.

Telephone number (24/7) for assistance is: **+632 8866 7388**

- c) Freely provide the Company with all relevant information.
- d) Make no admission of liability or offer promise or payment of any kind.

- 3) The Company is not liable in respect of any Benefit which would otherwise be payable under this Policy should there be another insurance in force covering the same benefits which predates this Policy, except for Section D.
- 4) PGA Sampo will not reimburse or consider reimbursing any expenses which were not previously approved. Previously approved expenses will have to include the claim number obtained from PGA Sampo prior to send the official receipts, and letter explaining the reason and circumstances of why the Travel Assistance Services for which expenses are claimed were not obtained from PGA Sampo directly.

GENERAL EXCLUSIONS

1. On a general basis for all the guarantees and coverage, the consequences of the following are excluded from the guarantee object of this Agreement:
 - a) Anyone over the maximum insured age at the start date of the policy / travel
 - b) Those caused directly or indirectly by the bad faith of the Insured, by his/her participation in criminal acts, or as a result of his/her fraudulent, seriously negligent or reckless actions. The consequences of the actions of the Insured in a state of derangement or under psychiatric treatment are not covered either.
 - c) Extraordinary natural phenomena such as floods, earthquakes, landslides, volcanic eruptions, atypical cyclonic storms, falling objects from space and aerolites, and in general any extraordinary atmospheric, meteorological, seismic or geological phenomenon. Except for incidents covered under Trip Cancellation
 - d) Events arising from terrorism, mutiny or crowd disturbances.
 - e) Events or actions of the Armed Forces or Security Forces in peacetime.
 - f) Any claim arising out of war, civil war, invasion, insurrection, revolution, use of or threatened use of military power, usurpation of government or military power and any conflicts or international interventions using force or duress, with or without prior declaration.
 - g) Those derived from radioactive nuclear energy.
 - h) Those caused when the Insured takes part in bets, challenges or brawls, save in the case of legitimate defense or necessity.
 - i) Those that occur as a result of the participation by the Insured in competitions, sports, and preparatory or training tests.
 - j) Engaging in the following sports: motor racing or motorcycle racing in any of its modes, big game hunting outside European territory, underwater diving using artificial lung, navigation in international waters in craft not intended for the public transport of passengers, horse riding, climbing, pot holing, boxing, wrestling in any of its modes, martial arts, parachuting, hot air ballooning, free falling, gliding and, in general, any sport or recreational activity that is notoriously dangerous.

- k) Participation in competitions or tournaments organized by sporting federations or similar organizations.
 - l) Skiing and/or similar sports, unless coverage for it has been expressly agreed.
 - m) Dangerous, Hazardous and Extra Hazardous Sports
 - n) The use, as a passenger or crew, of means of air navigation not authorized for the public transport of travelers, as well as helicopters.
 - o) The accidents deemed legally to be work or manual labor accidents, consequence of a risk inherent to the work performed by the Insured such as: driving vehicles with use of machinery, loading and unloading working at heights or in confined spaces, assembly of machinery, working on floating or underwater platforms, mines or quarries, use of mechanical substances, laboratory work of any kind and any other hazardous activities
 - p) Any claim resulting from the Insured travelling in, to or through a country or area where the Philippine Government has issued a "DO NOT TRAVEL" warning.
 - q) Any losses, liability or expenses that are for, related to or as a result of any consequential loss, economic or otherwise, loss of enjoyment or other loss not mentioned in this policy.
 - r) Any claim involving the Insured taking part in:
 - a. Missionary work and related travel.
 - b. Humanitarian work and related travel.
 - s) Any claim arising from government authority seizing, withholding or destroying anything of yours, any prohibition by or regulation or intervention (including but not limited to interference with the Insured's travel plans) of any government, or the operation of legal processes, law enforcement officers or immigration officials acting in the course of their duties unless intervention of authority is covered under some specific benefits.
 - t) Any claim for which The Company are prohibited by legislation from providing cover or making payments in respect of claims made under this policy, including but not limited to any legislation which requires us to be registered in the insured person's country of citizenship or residence where the event occurs and/or payments are to be made.
2. In addition to the previous exclusions, the following benefits are not covered by this insurance:
- a) The services arranged by the Insured on his/her own behalf, without prior communication or without the consent of The Company or PGA Sampo, except in the case of urgent medical necessity (a life threatening condition based on physician's assessment). In that event, the Insured must notify the Insurer PRIOR to being discharged from the hospital. Non advice to the Insurer prior to Insured being discharged is a ground for denial of the claim. Insured must furnish the Insurer with the vouchers and original copies of the official receipt / or proof of payment made.

- b) Illnesses or injuries arising from chronic ailments or from those that existed prior to the inception date of the policy.
 - c) Death as a result of suicide and the injuries or after-effects brought about by attempted suicide.
 - d) Those derived from illnesses or pathological states caused by the voluntary consumption of alcohol, drugs, toxic substances, narcotics or medicines acquired without medical prescription, as well as any kind of mental illness or mental imbalance.
 - e) Those where the Insured is affected by sexually transmitted diseases of any sort, Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC) or Human Immunodeficiency Virus (HIV).
 - f) Those derived from renunciation of or delay, on the part of the Insured or persons responsible for him/her, in the transfer proposed by the Company and agreed by its medical service.
 - g) Rehabilitation treatments.
 - h) Prostheses, orthopedic material or orthosis and osteosynthesis material, as well as spectacles.
 - i) Those derived from pregnancy and childbirth, or for a complication therefore or voluntary termination of pregnancy.
 - j) Those derived from baggage that is not sufficiently well packaged or identified, as well as fragile baggage or perishable products.
 - k) Assistance or compensation for events that occurred during a trip that had commenced, in any of the following circumstances:
 - i. Before this insurance comes into force.
 - ii. With the intention of receiving medical treatment.
 - iii. After the diagnosis of a terminal illness.
 - iv. Without prior medical authorization, after the Insured had been under treatment or medical supervision during the twelve months prior to the start of the trip.
3. The Company is exempt of liability when, as a result of force majeure, it is unable to put into effect any of the benefits specifically envisaged in this policy.

SCOPE OF COVER OF THE SERVICE

The Insured party may request the international information services from any country in the world where he is staying, for a maximum period of the maximum number of days under an Annual Multi Trip Plan or exceptionally up to a maximum of 365 consecutive days when chosen and contracted this option by the Policyholder, as well as from the usual country of residence.

INTERVENTION CONDITIONS

When any of the events, which are the object of the mentioned guaranteed services occur, the Insured party may request the corresponding information by telephone.

HOW THE INSURED SHOULD APPLY FOR ASSISTANCE?

<p><i>He/She should dial the Go Worldwide Hotline number: +632 8866 7388 24 hours a day and 365 days a year to apply for assistance</i></p>	<p>By dialling our Go Worldwide hotline #, he/she will be prompt to provide:</p> <ul style="list-style-type: none"> ▪ Passport or Identity card number. ▪ Assistance card number. ▪ Full name of the injured and the principal insured. ▪ The cause of the call. ▪ The place he/she are located (Hotel/City/Address/Phone number)
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CLAIM NOTIFICATION

- The Claim Form, together with the required claims documents, must be submitted within 90 days from the day of notification to the 24/7 assistance hotline.
- If Insured needs to make a claim, we will require the Insured to: a) provide us with original invoices, receipts and other vouchers relating to Insured's loss or expenses. It is the responsibility of the Insured person to provide proof of ownership, receipted proof of value for any lost, stolen or damaged items and we are under no obligation to make payment without this proof of ownership. b) produce the Policy Schedule. c) provide us with all information we require in English or officially translated into English.

ANNEX A

COVID-19 Endorsement

Notwithstanding anything to the contrary contained in the Terms and Conditions of the TravelJoy Insurance herein referred to as the Policy, IT IS HEREBY DECLARED AND AGREED that the Policy shall extend to cover the following COVID-19 coverages:

1. Benefits and Limits

BENEFITS	LIMITS
Medical Expenses (in-patient and emergency medical cases) extended to cover COVID-19 Medical expenses	Up to 100% of the medical limit of the respective plan
Repatriation of Mortal Remains	Up to 100% of the repatriation limit of the respective plan
Medical Evacuation /Transport and/or Repatriation in case of illness (COVID-19)	Up to 100% of the medical evacuation limit of the respective plan
Trip Cancellation due to COVID-19	10% of the benefit limit but not exceeding USD 500
Trip Curtailment due to COVID-19	Not Covered
Rebooking Charges, Meals and Accommodation IF STRANDED abroad	Not Covered

2. Coverages

DEFINITION COVID-19: Coronavirus disease 2019 or COVID-19: infectious disease caused by the virus called severe acute respiratory syndrome coronavirus 2 (SARS-Cov-2) in any of its variants.

2.1. MEDICAL EXPENSES ABROAD

In the event of contagion of COVID-19 by the Insured Beneficiary, which occurs while they are displaced outside their country of habitual residence, the Company will be responsible for hospitalization expenses, surgical interventions, medical fees, nursing expenses; as well as the pharmaceutical products and the COVID-19 detection tests prescribed by the doctor who treats the Insured until stabilization is achieved that allows the trip or transfer to Insured's usual home or hospital near it; all this up to the limits established in this article. The Company's medical team will maintain the necessary telephone contacts with the center and with the physicians who attend to the Insured to supervise that the health care is adequate.

SPECIFIC EXCLUSIONS COVID-19 HEALTH EXPENSES

In addition to the General Exclusions, COVID-19 disease extension as provided will not cover those who are already tested positive or diagnosed to the disease or already manifesting symptoms of the disease prior to availing of the cover.

3. Maximum Days of Coverage allowed (Indemnified Program):

- a) For Two Way continuous leisure / business trips – COVID-19 is covered up to a maximum one hundred-eighty (180) days only;
- b) For Two Way Annual Multi Trip – COVID-19 is covered up to a maximum of ninety (90) days per Trip Only;
- c) For Overseas Filipino Workers One Way Trip for Travel Requirements to go to country of work destination abroad– COVID-19 is covered up to a maximum of twenty-one (21) days

Only; Excluding USA and Canada;

d) For One Way Trip Non Overseas Filipino Workers – COVID-19 is covered up to twenty-four (24) hours upon reaching immigration.

4. Maximum Age

Up to seventy-five (99) years old Only; Not to be offered to travelers seventy-five (99) years old and above

5. Eligible Individuals

Applicable to Individual and Family ONLY.
Not to be offered to Groups.

6. Terms and Conditions of COVID-19:

- Negative PC-R Test or any COVID-19 equivalent test approved by country of origin authorities within seventy-two (72) hours prior to scheduled departure or fulfilment of any travel requirement from destination country;
- Claims related to mandatory COVID-19 diagnostic tests that the Insured Person is required to take are not covered;
- Insured person should be fully vaccinated;
- Hospitalization due to COVID-19 will only be covered IF medically required and necessary as determined by a medical practitioner based on the condition of the Insured patient;
- Any quarantine expenses are NOT covered either as a requirement upon arrival in the foreign country (i.e., known risk) or as a requirement for a COVID-19 positive Insured;
- We do not cover any medical evacuation / repatriation of people with the active virus;
- We do NOT cover the hospitalization expenses IF the quarantine facility for an asymptomatic or mild case patient is in a hospital in that particular country abroad.
- Medical check-ups due to COVID-19 for symptomatic patients that do not require hospitalizations (i.e., mild cases) is NOT covered; Only the RT PCR Tests are covered for MILD cases that would not require hospitalization;
- For Trip Cancellation coverage (Prior to leaving the Philippines): “Serious illness understood as any unexpected alteration of the Insured's state of health that involves risk of death or implies hospitalization and makes it impossible to start the contracted trip”. If the reason for cancellation is due to COVID-19, the insured is obliged to submit a positive COVID-19 test performed fourteen (14) days before the start of the trip. Contracting COVID-19 would require a positive COVID-19 test to validate that Insured has COVID-19, and would not rely on self-diagnosis or unsubstantiated doctors report.
- EXCLUDES coverage on expenses due to prolonging the stay of a positive COVID-19 who cannot travel but is asymptomatic and has not required medical attention and carrying out COVID-19 tests as a preventive measure or in asymptomatic policyholders, expenses related to mandatory quarantines without medical criteria. For those who have undergone hospitalization, our policy has a standard wording that only allows automatic extension of up to ten (10) days only from the initial expiry date if extension is due to a covered illness.
- This COVID-19 Endorsement is specific to COVID-19 ONLY and will not extend to cover any other epidemic, pandemic and any communicable disease declared by any government agency, entity or in an executive order causing a state of emergency in any area and necessitating the setting up of appropriate quarantine measures therein.
- This is applicable to International Travel ONLY.

ALL OTHER TERMS, EXCLUSIONS, AND CONDITIONS OF THIS POLICY SHALL REMAIN UNCHANGED.