

GROUP TRAVEL INSURANCE INSURING TERMS & CONDITIONS

COVERAGE/PLAN:

I. International with Domestic Travel (Annual)

Coverage	International	Domestic
Section 1 - Accidental Death And Disablement Pays for death or permanent disablement arising within 12 months of an incident. Includes accident while in a common carrier.	Up to PHP 2,500,000	PHP 1,000,000
Section 2 - Medical And Additional Expense Clause - Reimburses actual expenses for treatment of injury or sickness. All countries including Schengen Countries	Up to PHP 2,500,000 (cashless transaction)	PHP 500,000 (cashless transaction)
a. Follow-Up Medical Treatment Extension Reimburses medical expenses incurred within 30 consecutive days after returning to the Philippines. Reimburses medical expenses incurred within 30 consecutive days after returning to the Philippines.	Covered, up to PHP250,000	Covered, up to PHP 50,000
b. First Medical Assistance in Case of Pre-Existing Illness Pays for urgent medical assistance in case of sudden and acute illnesses.	up to PHP 100,000	up to PHP 100,000
c. Dental Emergency Pays for emergency dental services in case of infection or trauma.	PHP 40,000	Covered
d. Covid19 Coverage for International Trips only (excluding China)	up to PHP2,500,000 for international trips only	N/A
e. First Medical Assistance for Pregnancy Covers medical expenses due to clear and unpredictable complications that may arise as a consequence of the pregnancy, until 32 weeks of gestation excluding the first trimester, subject to the maximum amount stated in the Schedule of Benefits	Up to PHP 15,000	N/A
Section 3 - Burns Benefit Pays for second or third degree burns as a result of an injury.	PHP 150,000	PHP 25,000
Section 4 - Loss of Baggage (Including Delays) Clause Pays for the loss or repair of damaged baggage, personal effects.	Up to PHP 100,000 (subject to a limit of PHP 30,000 per any one item)	PHP 50,000 (Subject to a PHP 10,000 limit per item)
4.1 Delayed Baggage – Pays for the emergency purchase of necessary clothing or toiletries due to baggage delay after 4 hours.	4.1 Up to PHP 30,000 per 4 hours (maximum of 10 payments) Inconvenience cash assistance - Non-receipted PHP2,500 fixed	PHP 3,500 per 6 hours max 96 hours
4.2 Delayed Baggage – 6 hours after return to the Philippines Pays cash benefit for baggage delay after 6 hours upon return to the Philippines	PHP 30,000	

Section 5 - Personal Money Pays for Loss of cash, signed traveler's cheque or money order due to theft, robbery, or burglary.	up to PHP 150,000	Not Applicable
Section 6 - Loss of Documents or Samples reimburses the cost of replacing business records, documents or samples which have been lost up to the maximum amount specified	Up to PHP 100,000	Not Applicable
Section 7 - Delayed Departure Clause Pays cash benefit for common carrier delay due to strike, riot, civil commotion, hijack, adverse weather, or mechanical fault after 4 hours.	Travel Delay – PHP 5,500 per 4-hour delay, max of 10 payments	Travel Delay – PHP 6,000 per 6-hour delay, max of 10 payments
Section 8 – Trip Cancellation Pays travel and/or accommodation expenses in the event of trip cancellation due to death, serious injury, serious sickness of insured person/immediate family member/travel companion/ business partner; witness summons, compulsory quarantine, or jury service of an insured person; strike, riot or civil commotion, adverse weather conditions or infectious disease at the planned destination; serious damage to the insured person's residence from fire or flood	Up to PHP 250,000	Up to PHP 50,000
Section 9 - Trip Curtailment or Extension Pays for travel and/or accommodation expenses incurred for trip curtailment due to: death, serious injury, serious sickness of an insured person/immediate family member/travel companion/business partner; strike, riot or civil commotion, adverse weather conditions or infectious disease at the planned destination	Up to PHP 250,000	Up to PHP 50,000
Section 10 – Travel Postponement		
Section 11 – Travel Misconnections Reimburses the unexpected hotel accommodation and restaurant meals incurred, when the insured missed the onward flight as a result of the late arrival of his incoming flight.	Missed Connecting Flight - PHP 5,500 per 4-hour delay, max of 10 payments	Not Applicable
Section 12 – Flight Overbooked	up to PHP 100,000	Travel Delay – PHP 6,000 per 6-hour delay, max of 10 payments
Section 13 - Hospital Cash Benefit Clause Pays cash benefit for each day of hospital confinement due to injury or sickness while abroad. (Excluding due to Covid19)	PHP2,000 per day, max. of 30 days	PHP 1,000 per day, maximum of 20 days
Section 14 - Personal Liability Abroad Clause Pays for Legal cost in respect of accidental bodily injury or property damage to third parties due to negligence.	Up to PHP 2,500,000	Up to PHP 500,000
Section 15 - Missed Departure Clause and Missed Travel Connections Clause	Missed Connecting Flight - PHP 5,500 per 4-hour delay, max of 10 payments	Not Applicable
Section 16 - Additional Expense Due to Loss of Passport Clause Reimburses the cost of lost travel documents, additional travel and/or accommodation expenses due to theft, robbery, or burglary with maximum limit per day for travel and accommodation expenses.	Up to PHP 100,000	Not Applicable
Section 17 - Hijack Clause	Up to PHP 10,000 per day	up to PHP 20,000

Section 18 - Rental Vehicle Excess Cover Clause Reimburses the excess of the rented vehicle insurance, in case the rented vehicle is stolen, damage or involved in a collision	Up to PHP 30,000	Not Applicable
Section 20 – Loss of Credit Card Reimburses monetary loss of Credit card as a direct result of theft, robbery, or burglary.	Credit Card Indemnity Benefit - up to PHP 150,000	Not Applicable
Section 21 - Extension of Period of Journey Clause coverage is automatically extended FREE of charge if the journey is extended due to public transport delay or bodily injury or sickness of the Insured, subject to the below schedule: <ul style="list-style-type: none"> • Seven (7) days delay for the carrier (public transport) • 30 days delay if due to injury or illness 	7 days	7 days
Section 22 - Emergency Medical Evacuation Clause pays for the provision of air and/or surface transportation, communication and all usual ancillary services required to move the Insured to the nearest hospital where appropriate medical care is available, up to the maximum amount specified in the Policy Schedule.	Actual Cost	PHP 500,000
Section 23 - Emergency Medical Repatriation Clause pays for a medically supervised repatriation up to the maximum amount specified in the Policy Schedule, to the Insured's home country or usual country of residence after establishing that the Insured's medical condition has stabilized.	Actual Cost	PHP 500,000
Section 24 - Transportation of Mortal Remains Clause pays for the transportation of the Insured's mortal remains to his/her Home Country or Usual Country of Residence, up to the maximum amount specified in the Policy Schedule.	Actual Cost	Not Applicable
Section 25 - Emergency Telephone Expense Clause covers telephone expenses accumulated by the Insured for calling the Emergency Hotlines (e.g., 911, BPI/MS Travel Care Hotline, etc.), during an accident or illness requiring assistance up to the maximum amount specified in the Policy Schedule.	PHP2,000	Not Applicable
Section 26 – Accident Burial Expenses Reimburses the cost of funeral expenses following an accidental death of the insured person while on trip.	Up to PHP 60,000 (Accident burial expense)	Up to PHP 35,000
Section 27 – Staff Replacement Pays for the cost airfare of a replacement staff if the original Insured is hospitalized during a scheduled business trip.	Up to PHP 120,000	Up to PHP 30,000

II. Short Term International Travel

Coverage	Limits
Section 1 - Accidental Death And Disablement	Up to PHP 2,500,000
Section 2 - Medical And Additional Expense Clause	Up to PHP 2,500,000 (cashless transaction)
a. Follow-Up Medical Treatment Extension	Up to PHP250,000
b. First Medical Assistance in Case of Pre-Existing Illness	up to PHP 100,000
c. Dental Emergency	PHP 40,000
d. Covid19 Coverage for International Trips only (excluding China)	up to PHP2,500,000 for international trips only
e. First Medical Assistance for Pregnancy	Up to PHP 15,000
Section 3 - Burns Benefit	PHP 150,000
Section 4 - Loss of Baggage (Including Delays) Clause	Up to PHP 100,000 (subject to a limit of PHP 30,000 per any one item)
4.1 Delayed Baggage – Temporary Loss of Baggage That Is Not Restored Within the Defined Hours as Stated in The Schedule from The Actual Arrival Time.	4.1 Up to PHP 30,000 per 4 hours (maximum of 10 payments) Inconvenience cash assistance - Non-receipted PHP2,500fixed
4.2 Delayed Baggage – 6 hours after return to the Philippines	PHP 30,000
Section 5 - Personal Money	up to PHP 150,000
Section 6 - Loss of Documents or Samples	Up to PHP 100,000
Section 7 - Delayed Departure Clause	Travel Delay – PHP 5,500 per 4-hour delay, max of 10 payments
Section 8 – Trip Cancellation	Up to PHP 250,000
Section 9 - Trip Curtailment or Extension	Up to PHP 250,000
Section 10 – Travel Postponement	
Section 11 – Travel Misconnections	Missed Connecting Flight - PHP 5,500 per 4-hour delay, max of 10 payments
Section 12 – Flight Overbooked	up to PHP 100,000
Section 13 - Hospital Cash Benefit Clause	PHP2,000 per day, max. of 30 days
Section 14 - Personal Liability Abroad Clause	Up to PHP 2,500,000
Section 15 - Missed Departure Clause and Missed Travel Connections Clause	Missed Connecting Flight - PHP 5,500 per 4-hour delay, max of 10 payments
Section 16 - Additional Expense Due to Loss of Passport Clause	Up to PHP 100,000
Section 17 - Hijack Clause	Up to PHP 10,000 per day
Section 18 - Rental Vehicle Excess Cover Clause	Up to PHP 30,000
Section 20 – Loss of Credit Card	Credit Card Indemnity Benefit - up to PHP 150,000
Section 21 - Extension of Period of Journey Clause	7 days
Section 22 - Emergency Medical Evacuation Clause	Actual Cost
Section 23 - Emergency Medical Repatriation Clause	Actual Cost
Section 24 - Transportation of Mortal Remains Clause	Actual Cost
Section 25 - Emergency Telephone Expense Clause	PHP2,000
Section 26 – Accident Burial Expenses	Up to PHP 60,000 (Accidental burial expense)
Section 27 – Staff Replacement	Up to PHP 120,000

III. Short Term Domestic Travel

Coverage	Limits
Section 1 - Accidental Death And Disablement	PHP 1,000,000
Section 2 - Medical And Additional Expense Clause	PHP 500,000 (cashless transaction)
a. Follow-Up Medical Treatment Extension	maximum of 10% of PHP 500,000
b. First Medical Assistance in Case of Pre-Existing Illness	up to PHP 100,000
c. Dental Emergency	Covered
d. Covid19 Coverage for International Trips only (excluding China)	Not Applicable
e. First Medical Assistance for Pregnancy	Not Applicable
Section 3 – Burns Benefit	PHP 25,000
Section 4 – Loss of Baggage (Including Delays) Clause	PHP 50,000 (Subject to a PHP 10,000 limit per item)
4.1 Delayed Baggage – Temporary Loss of Baggage That Is Not Restored Within the Defined Hours as Stated in The Schedule from The Actual Arrival Time.	PHP 3,500 per 6 hours max 96 hours
4.2 Delayed Baggage – 6 hours after return to the Philippines	
Section 5 - Personal Money	Not Applicable
Section 6 - Loss of Documents or Samples	Not Applicable
Section 7 - Delayed Departure Clause	Travel Delay – PHP 6,000 per 6-hour delay, max of 10 payments
Section 8 – Trip Cancellation	Up to PHP 50,000
Section 9 - Trip Curtailment or Extension	Up to PHP 50,000
Section 10 – Travel Postponement	Not Applicable
Section 11 – Travel Misconnections	Not Applicable
Section 12 – Flight Overbooked	Travel Delay – PHP 6,000 per 6-hour delay, max of 10 payments
Section 13 - Hospital Cash Benefit Clause	PHP 1,000 per day, maximum of 20 days
Section 14 - Personal Liability	Up to PHP 500,000
Section 15 - Missed Departure Clause and Missed Travel Connections Clause	Not Applicable
Section 16 - Additional Expense Due to Loss of Passport Clause	Not Applicable
Section 17 - Hijack Clause	up to PHP 20,000
Section 18 - Rental Vehicle Excess Cover Clause	Not Applicable
Section 20 – Loss of Credit Card	Not Applicable
Section 21 - Extension of Period of Journey Clause	7 days
Section 22 - Emergency Medical Evacuation Clause	PHP 500,000
Section 23 - Emergency Medical Repatriation Clause	PHP 500,000
Section 24 - Transportation of Mortal Remains Clause	Not Applicable
Section 25 - Emergency Telephone Expense Clause	Not Applicable
Section 26 – Accident Burial Expenses	Up to PHP 35,000
Section 27 – Staff Replacement	Up to PHP 30,000

IV. Travel Domestic by Land

Coverage	Limits
Section 1 - Accidental Death And Disablement	PHP 1,000,000
Section 2 - Medical And Additional Expense Clause	PHP 500,000 (cashless transaction)
a. Follow-Up Medical Treatment Extension	maximum of 10% of PHP 500,000
b. First Medical Assistance in Case of Pre-Existing Illness	up to PHP 50,000
c. Dental Emergency	Covered
Section 3 – Burns Benefit	PHP 25,000
Section 4 - Hospital Cash Benefit Clause	PHP 1,000 per day, maximum of 20 days
Section 5 - Personal Liability	PHP 100,000
Section 6 - Hijack Clause	Covered up to PHP 20,000
Section 7 - Emergency Medical Evacuation Clause	PHP 500,000
Section 8 - Emergency Medical Repatriation Clause	PHP 500,000
Section 9 – Accident Burial Expenses	Up to PHP 10,000
Section 10 – Staff Replacement	Up to PHP 5,000

Schedule of Covered Person/s:

Covered Members: As per submitted declaration list

Policy Duration: Annual Plan - 12 months, no retroactive date
 Short Term – As per declared travel period
 *(As per submitted declaration list)

Other Policy Details:
Commencement and Expiry

All coverage, except trip cancellation, commences six (6) hours before the Insured person(s) scheduled departure time and ceases or whichever of the following occurs first:

- The expiry of the policy period specified in the policy;
- The Insured person's return to his/her place of residence or employment;
- Within six (6) hours after scheduled time of arrival.

Standard Policy Conditions

WHEREAS the Insured has by proposal and declaration, which are hereby made a part of this policy, applied to the BPI/MS Insurance Corporation, (hereinafter called "the Company") for the insurance hereinafter defined.

NOW THIS POLICY WITNESSETH that subject to the payment by the insured of the sum shown in the schedule as the first premium for the period of insurance stated therein, if at any time during the said period or any subsequent period for which the Insured shall have paid and the Company accepted a renewal premium, the Insured shall sustain bodily injury caused by violent accident external and visible means which injury shall solely and independently of any other cause result in his death or disablement as hereinafter defined or necessitate medical surgical treatment as herein after defined, the Company will subject to the terms provisos and conditions of and endorsed on this Policy (which terms, provisos and conditions shall so far as the nature of them respectively will permit be deemed conditions precedent to the rights to recover under this Policy), pay to the Insured, the sum of sums of money specified in the Schedule.

The Provisions printed and written by the Company on the succeeding pages hereof form a part of this Contract as fully as if stated over the signature hereto affixed.

DEFINITION OF TERMS

Family Cover means a policy issued to the Insured as named in the Schedule in respect of the Insured Persons who are traveling as a Family. For the purpose of this policy, the Insured Persons under a Family Cover comprise the Insured, his/her spouse and their child(ren).

Hospital means an institution lawfully organized and operated primarily for rendering medical treatment or surgical care to sick or injured persons as in – patients; adequately equipped with at least six beds installed and maintained for 24 hour use by patients, facilities for diagnosis, major medical operations or procedures and 24 – hour nursing service by registered nurses; and staffed with one or more licensed physicians available at all times.

The term “hospital” shall not apply to any establishment primarily operated as a convalescent or nursing home, or as a rest home for the aged, or to any institution primarily operated for the treatment and care of persons suffering from alcoholism or drug addiction, or from nervous or mental disorder.

Illness means poor health or poor physical condition marked by a pathological deviation from the normal healthy state caused by disease or sickness.

Injury means an injury caused solely and directly by violent, accidental, external and visible means, and resulting therefrom independently of any other cause.

Inpatient means a patient who stays for one or more nights in a hospital for treatment.

Pre-Existing Condition

Any disability which presented signs or symptoms of which the natural history can be medically determined to have started prior to the effective date of coverage or at the time of processing of the Insured’s application, whether or not the Insured was aware of such Illness or Condition; or for which treatment, or medication, or advice, or diagnosis has been sought or received within two (2) years prior to the commencement of the Policy by the Insured; or which was known by the Insured to exist prior to the commencement of the Policy whether or not treatment, or medication, or advice, or diagnosis was sought or received.

Pre-Existing Conditions shall always include the following Disabilities, their complications, and sequelae:

- Mass/Tumor/Cyst of Internal Organs
- Hemorrhoids/Anal Fistula
- Diseased Tonsils and Sinus Conditions requiring Surgery
- Cataract/Glaucoma
- Pathological Abnormalities of Nasal Septum or Turbinates
- Goiter and other Thyroid Disorders
- Hernia/Benign Prostatic Hypertrophy
- Endometriosis
- Asthma/Chronic Obstructive Lung Disease
- Epilepsy
- Spinal Column Abnormalities
- Tuberculosis
- Chronic Cholecystitis
- Gastric or Duodenal Ulcer
- Hallux Valgus
- Hypertension and other Cardiac/Vascular Diseases
- Calculi
- Mass/Tumors/Cyst on Skin, Muscular Tissue, Bone, or any form of Blood Dyscrasias
- Diabetes Mellitus
- Collagen/Auto-immune Disease
- Cerebrovascular Accident/Transient Ischemic Attack

Public Transport means any licensed and regularly scheduled land, sea or air conveyance which has fixed and established routes and any member of the public can join at a recognised stop and pay a fare.

Samples means business goods or samples or any items used in connection with the Insured Person's employment or occupation.

Sickness means specific illness, disease, or disorder of the human body.

Trip / Journey means:

- a) If policy is for single return trip – the entire return trip not exceeding ninety (90) days, unless declared to and accepted by the Company for trips more than ninety (90) days from six (6) hours prior to the scheduled departure time of the Insured for the sole purpose of commencing a trip abroad to six (6) hours after the Insured arrives back to his/her place of residence or employment or on the expiry date of the period of insurance shown in the Schedule, whichever is sooner.
- b) If policy is an annual policy – means a return trip as defined in (a) but not exceeding sixty (60) or ninety (90) consecutive days per travel or trip, as the case may be, which takes place wholly within the annual period specified in the Schedule.

BENEFITS

SECTION 1 - ACCIDENTAL DEATH AND DISABLEMENT

It is hereby declared and agreed that the Policy covers death or disablement as described below if the Insured suffers Injury during the journey which within 12 months of its happening is the sole cause of death or such disablement.

PERSONAL ACCIDENT TABLE OF BENEFITS

TABLE OF BENEFITS – I

BODILY INJURY caused by violent external and visible means which injury shall solely and independently of any other cause result in:

- A. Death - occurring within twelve calendar months of bodily injury as aforesaid
- B. Permanent Disablement occurring within twelve calendar months of bodily injury as aforesaid and not followed within twelve calendar months of the said bodily injury, by the death of the insured:

TABLE OF BENEFITS – II

DESCRIPTION OF DISABLEMENT PERMANENT DISABLEMENT	PERCENTAGE OF THE SUM SPECIFIED IN BENEFIT B OF TABLE OF BENEFITS I
Loss of two limbs	100%
Loss of both hands, or all fingers and both thumbs	100%
Loss of both feet	100%
Total loss of sight of both eyes	100%
Injuries resulting in being permanently bedridden	100%
Any other injury causing permanent total disablement	100%
Loss of arm between the elbow and wrist	50%
Loss of arm at or above elbow	70%
Loss of hand	42 ½%
Loss of four fingers and thumb of one hand	42 ½%
Loss of four fingers	35%
Loss of thumb	15%
Loss of index finger	10%
Loss of middle finger	6%
Loss of ring finger	5%
Loss of little finger	4%
Loss of metacarpals - first or second (additional)	3%
third, fourth or fifth (additional)	2%
Loss of leg at or above knee	60%
Loss of leg below knee	40%
Loss of one foot	40%
Loss of toes - all of one foot	15%
Loss of big toe	5%
Loss of any toe other than big toe, each	1%
Loss of sight of one eye	30%
Loss of hearing - both ears	50%
One ear	7%

Total Permanent loss of use of a member shall be treated as loss of such member.

The loss of the first joint of the thumb or of any finger or of any toe shall be considered as equal to the loss of one half of the thumb or finger or toe and the benefit shall be one half of the benefit above specified for the loss of the thumb or finger or toe.

The loss of more than one phalange of the thumb or of any other finger or any toe shall be treated as loss of the entire thumb or finger or toe.

Where, however, there is loss of two or more parts of the hand, the percentage payable shall not be more than the loss of the whole hand.

Where the injury is not specified the Company will adopt a percentage of disablement, which in its opinion is not inconsistent with the provisions of this table.

The aggregate of all percentage payable in respect of anyone accident shall not exceed 100%. This contract shall terminate in the event of accidental death as provided therein or upon its expiry.

In any policy year, the aggregate benefits payable under this contract in respect of any one accident resulting in loss(es) shall not exceed the principal sum (e.g., loss of life, loss of both hands and feet, loss of sight of both eyes and either hand or foot).

In any policy year, the aggregate benefits under the Dismemberment/Disability Benefits of this contract in respect of one or more accident(s) resulting in loss(es) shall not exceed the principal sum [i.e. for subsequent accident resulting in any loss(es) which would make the aggregate benefits exceed the principal sum, [be] amount(s) payable under the Dismemberment/Disability Benefit shall be the principal less the amount(s) paid for previous loss(es)]. However, the payment of the principal sum for such loss(es) shall not terminate the contract in so far as accidental death benefit is concerned.

In any policy year, the amount of benefit payable for loss of life, arising from independent/unrelated accident/event, shall always be the principal sum.

Any partial benefit already paid for any loss(es) shall not be carried over in the subsequent policy year (i.e., the amount of benefits to be paid in the succeeding policy year shall not be reduced by any amount paid in the preceding year).

SECTION 2 - MEDICAL AND ADDITIONAL EXPENSE CLAUSE

It is hereby declared and agreed that the Policy covers the following, up to the maximum amount specified in the Policy Schedule:

- a. benefit specified in the schedule for medical, surgical or hospital charges incurred as a result of accidental bodily injuries, illness or death during the journey;
- b. emergency dental treatment charges due to a covered accident;
- c. reasonable additional charges for travel and accommodation due to extension of stay due to accident or illness of the Insured.

2.1 FOLLOW-UP MEDICAL TREATMENT EXTENSION

This Policy extends to cover any follow-up medical expenses incurred, subject to the maximum Sum Insured as stated in the Schedule, within thirty (30) consecutive days after the Insured Person's return to the Philippines provided that the first treatment must have been sought outside the Philippines. Any necessity of Confinement must be arranged within twelve

(12) hours after arrival and must be a continuation of the medical attention sought during the Trip. The maximum indemnity of this follow-up medical treatment is equivalent to ten percent (10%) of the Sum Insured of Medical Expenses stated in the Schedule.

2.2 FIRST MEDICAL ASSISTANCE IN CASE OF PRE-EXISTING ILLNESS

In the products that explicitly include medical assistance in cases of chronic or pre-existent illnesses, the Company shall be liable for documented expenses arising from the provision of medical assistance up to the maximum limit for such purpose established in the Schedule of Benefits stated in the Policy, and only in the case of sudden and acute illnesses or accidents, whose urgency is such that requires medical care during the Trip and cannot be postponed to the date of arrival of the Insured to his country of origin. The Company shall be financially liable for expenses incurred in the resolution of the acute event but shall not be liable for those treatments aimed at the final resolution of the problem or at the diagnostic research on events previous to the Trip.

Chronic shall mean a disease or illness that has at least one of the following characteristics:

- It continues indefinitely and has no known cure
- It comes back or is likely to come back
- It is permanent
- It needs long-term monitoring, consultations, checkups, examinations, or tests
- It needs rehabilitation therapy or structured medical, physical, or psychological programs to cope with the medical condition
- It limits activities of daily living

2.3 DENTAL EMERGENCY

Pays for emergency dental services in case of infection or trauma

2.4 COVID-19 COVERAGE (FOR INTERNATIONAL TRIPS ONLY)

Refer to Covid-19 Endorsement

2.5 FIRST MEDICAL ASSISTANCE FOR PREGNANCY

Covers medical expenses due to clear and unpredictable complications that may arise as a consequence of the pregnancy, until 32 weeks of gestation excluding the first trimester, subject to the maximum amount stated in the Schedule of Benefits.

Provisions For Section 2

- In no event shall all the reimbursed medical expenses under this section (including Follow-up Medical Treatment, and Overseas Hospital Cash) exceed the Sum Insured of Medical Expenses stated in the Schedule for any one Accident or Sickness. If the Insured Person is entitled to a refund of all or part of such expenses (except Overseas Hospital Cash) from any other source or sources, the Company shall only be liable for the excess of the amount recoverable from such other source(s).
- The necessary and reasonable medical expenses covered are those that are medically necessary to treat the Insured Person's condition, unless otherwise approved in writing by Us before such medical treatment is provided.
- All treatment must be prescribed or referred by a Physician or Doctor in order for expenses to be reimbursed under this Policy and the Insured Person shall be required to produce written documentation in relation to such prescription or referral. Treatments and services including medicines must be customary for the treatment of a condition the Insured Person have and cannot be experimental or elective.

SECTION 3 - BURNS BENEFIT

It is hereby declared and agreed that the Policy covers an Insured Person if he sustains an Injury in the course of a Trip and is diagnosed by a Qualified Medical Practitioner to have suffered any of the Burn Events listed under the following Compensation Table 1, The Company shall pay the Insured Person a benefit in accordance with the Percentage of Sum Insured for the Burn Event stated in Compensation Table below.

COMPENSATION TABLE 1

Burn Event	Compensation Second Degree or Third-Degree Burns	(Percentage of Sum Insured)
On 45% or more of body surface		100%
On 27% or more of body surface		60%
On 18% or more of body surface		50%
On 9% or more of body surface		30%
On 4.5% or more of body surface		20%

Provisions For Section 3

Benefits shall not be payable for more than one of the above Burn Events in respect of the same Accident. Should more than one of the above Burn Events occur from the same Accident, the Company shall only be liable for the Burn Event with the greater Percentage of Sum Insured.

SECTION 4 - LOSS OF BAGGAGE (INCLUDING DELAYS) CLAUSE

It is hereby declared and agreed that the Policy covers the following:

- Loss of Baggage** – Pays for loss or damage of the Insured's baggage, clothing and personal effects within the baggage, trunks, suitcases, and similar bags up to the maximum benefit amount excluding mobile gadgets, electronic equipment, sporting equipment, musical instruments, cash, and jewelry.
- Delayed Baggage** – Temporary loss of baggage that is not restored within the defined hours as stated in the Schedule from the actual arrival time.

Reimburses the Insured for the purchase of necessary clothing and toiletries up to the maximum benefit per four (4) hour delay if the checked-in baggage accompanying the Insured Person has been delayed, misdirected, or temporarily misplaced in delivery from more than four (4) hours from the time of the arrival at the overseas destination, subject to maximum sum insured stated in the Schedule.

In the event that Insured Person's checked-in baggage is delayed upon return of the Insured Person to his point-of-origin, The Company shall pay a cash benefit after four (4) hours of delay up to the maximum Sum Insured stated in the Schedule.

Provisions Under Section 4

- For claims not declared to a competent person of the airline company as soon as the Insured knows the baggage is late or lost;
- 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;
- When the baggage delay occurs on the return journey to Insured's normal domicile;
- For purchases made after delivery of the Insured's baggage by the air carrier.
- The delay must be certified by the Common Carrier Operator.
- Unexplained delay, delay due to confiscation or detention by customs or any other authority, or delay of any personal baggage forwarded in advance of a Trip or separately mailed or shipped other than in the Common Carrier carrying the Insured Person at the same time are not covered.
- Original receipts must be produced by an Insured Person showing details of the expenditures when a claim arises.
- Any loss claimed under Section 4 – Loss of Baggage arising from the same cause is excluded.

SECTION 5 - PERSONAL MONEY

It is hereby declared and agreed that the Policy covers if an Insured Person sustains loss of cash, signed traveler's cheque(s) or money order as a direct result of theft, robbery, or burglary in the course of a Trip, the Company shall indemnify the Insured Person for such loss subject to the maximum Sum Insured stated in the Schedule.

Provisions For Section 5

1. An Insured Person must report the theft, robbery or burglary to the police having jurisdiction at the place where the loss occurred within twenty-four (24) hours of the occurrence.
2. Unexplained loss or loss due to confiscation or detention by customs or any other authority, devaluation of currency, or shortages due to errors or omissions during money exchange transactions are not covered.
3. This section is not applicable to the Insured Person aged ten (10) or below.

SECTION 6 - LOSS OF DOCUMENTS OR SAMPLES

It is hereby declared and agreed that the Policy will reimburse the cost of replacing business records, documents or samples which have been lost up to the maximum amount specified in the Policy Schedule.

Provisions For Section 6

1. The Insured Person must report the theft, robbery or burglary to the police having jurisdiction at the place where the loss occurred within twenty-four (24) hours of the occurrence.
2. Travel expenses are limited to economy class if by air or train.
3. The travel and hotel accommodation expenses are subject to a maximum amount per day as stated in the Schedule.
4. Loss of any travel document or visa which is not needed to complete the particular Trip during which the loss occurred is excluded.
5. Unexplained loss, mysterious disappearance, or loss due to confiscation or detention by customs or any other authority are excluded.

SECTION 7 - DELAYED DEPARTURE CLAUSE

It is hereby declared and agreed that the Policy will reimburse expenses incurred by the Insured for every full four (4) hours delay of aircraft, train, or sea-going vessel up to the maximum amount specified in the Policy Schedule.

The Company will reimburse the Insured for:

- a. Any prepaid, unused, non-refundable land or water accommodations;
- b. Any reasonable expenses incurred in respect of meals and lodging which were necessarily incurred as a result of the delay, and which were not provided by the airline or any other party free of charge;
- c. The cost of transfer to and from the airport.

Only those delays caused by the following will be covered:

- a. Delay caused by any severe weather conditions;
- b. Delay due to a strike or other job action by employees of the airline on which Insured is scheduled to travel;
- c. Delay caused by the equipment failure of the aircraft on which Insured is scheduled to travel.

This only applies to normally scheduled airline flights which the Insured had duly confirmed according to the airline's rules and regulations. Any delay of a charter flight will not be covered.

SECTION 8 - CANCELLATION AND CURTAILMENT CHARGES CLAUSE

It is hereby declared and agreed that the Policy covers the following, up to the maximum amount specified in the Policy Schedule:

- a. Reimburses non-refundable deposits for unused travel and accommodation if the journey is cancelled or curtailed and/or reasonable additional travel and accommodation expenses necessary to return early to home due to any of the following:
 - i. accident, illness, or death of the Insured;
 - ii. accident or death of the Insured's traveling companion, immediate family member or close business associate.
 - iii. unanticipated outbreak of strike, riot or civil commotion, adverse weather conditions, or by Acts of Nature at the planned destination arising within one (1) week before the departure date; or
 - iv. serious damage to the Insured Person's residence in the Philippines from fire or by Acts of Nature within one (1) week from the departure date which requires the Insured Person's presence in the premises on the departure date.

- b. Cancellation due to delayed departure beyond 24-hours.

However, the Company will not pay for any loss caused directly or indirectly by government regulations or control, bankruptcy, liquidation or default of travel agencies, or carrier caused cancellation. The Company will not pay for any loss that is covered by any other existing insurance scheme, government program or which will be paid or refunded by a hotel, airline, travel agent for any other travel and/or accommodation.

SECTION 9 - TRIP CURTAILMENT OR EXTENSION

It is hereby declared and agreed that this Policy will indemnify the Insured Person for (i) any additional Travel Ticket and/or accommodation expenses; and (ii) any loss of Travel Ticket, land arrangements including Entrance Fees and/or accommodation expenses forfeited by the Insured Person which are not recoverable from any other source and consequent upon his/her return to the Philippines necessitated by any of the following after the commencement of a Trip subject to the maximum Sum Insured stated in the Schedule:

- a. Unanticipated death, Serious Injury or Serious Sickness of an Insured Person;
- b. Unanticipated death, Serious Injury or Serious Sickness of an Insured Person's Immediate Family Member, travel companion or co-partner; or
- c. Unanticipated outbreak of strike, riot or civil commotion, adverse weather conditions, or Acts of Nature at the planned destination which will prevent the Insured Person from continuing with his/her Trip.

This coverage is effective only if the expenses are incurred before the Insured Person became aware of any of the above circumstances, which could lead to the disruption of his/her particular Trip.

This benefit extends to cover the reasonable cost of airfare, accommodation, and/or any surcharge fees of the original ticket of the insured for the extension of the Insured's Trip, in the event of any of the following:

- a. the Insured is hospitalized as a result of a covered illness or accident as recommended by a registered medical practitioner; or
- b. unanticipated outbreak of strike, riot or civil commotion, or Adverse Weather Condition at the planned destination which prevents the Insured Person from continuing with his/her Trip.

If a claim was filed under Section 7 – Travel Delay and Reroute, results from the same event, the Company shall pay for the claim under one of the Sections only.

Provisions For Sections 7 to 9

- a. The Company shall not be liable for any loss which is directly or indirectly caused by, a consequence of, arising from, in connection with or contributed by any one (1) or more of the following:
- i. As a result of circumstances that were in existence and/or had been announced before:
 - 1. the time of application for a Single-Trip Policy; or
 - 2. in respect of an Annual Travel Policy: (i) the application date; or (ii) the date stated on the receipt issued by the travel agent or Common Carrier Operator for the confirmation of payment of Travel Ticket or tour, whichever is later; or
 - ii. Failure to notify any travel agency, tour operator, Common Carrier Operator, or provider of accommodation of the need to cancel or curtail (as the case may be) the travel arrangement(s) immediately upon finding out that it is necessary to do so;
- b. The Company will not compensate for any air miles or credit card points or similar reward or loyalty points used to pay (in part or in full) for the curtailed or cancelled (as the case may be) Trip.

SECTION 10 – TRAVEL POSTPONEMENT

It is hereby declared and agreed that the Policy covers for the reasonable additional Travel Ticket cost to reschedule the Insured Person's Trip if it is unexpectedly and unavoidably postponed due to any of the following reasons occurring within thirty (30) days before the commencement of a Trip but after the date of arranging this Policy (whichever is later) and this Trip, up to the applicable Sum Insured limit shown in the Schedule:

- a. Unanticipated Serious Injury or Serious Sickness of an Insured Person;
- b. Unanticipated death, Serious Injury or Serious Sickness of an Insured Person's Immediate Family Member, travel companion for the Trip. The Company must receive written confirmation of the nature of the Serious Injury or Serious Sickness from a Physician or Doctor;
- c. The Insured Person or their travel companion for the Trip being called as a witness in a court of law in the Philippines;
- d. The Insured Person's primary residence in the Philippines becoming uninhabitable or being seriously damaged following a burglary, fire, or by Acts of Nature which requires the Insured Person to stay in the Philippines;
- e. An unexpected strike, industrial action, riot, civil commotion, or by Acts of Nature at the planned overseas destination, which will prevent the Insured Person from commencing the scheduled Trip.

The Insured Person must notify the tour operator, Common Carrier Operator, or accommodation provider within thirty (30) days from the occurrence of the reasons of travel postponement.

Provisions For Section 10

- a. The Company shall not be liable for any loss arising from the postponement of a Trip due to circumstance that was existent and/or announced before:
- 1. the time of application for a single-trip policy; or
 - 2. in respect of an annual travel policy: (i) the application date; or (ii) the date stated on the receipt issued by the travel agent or Common Carrier Operator for the confirmation of payment of Travel Ticket or tour, whichever is later.
- b. In the case of a single-trip policy, once an Insured Person postpones the Trip and a claim is made for travel postponement under this section, his/her cover will immediately end upon the Insured Person's postponement of the Trip. For the avoidance of doubt, the Policy shall continue to be in force for the other Insured Persons who continue with the Trip; or

- c. If a claim was filed under Section 8 – Trip Cancellation, or Section 10 – Travel Postponement results from the same event, the Company shall pay for the claim under one of the sections only.

SECTION 11 – TRAVEL MISCONNECTIONS

It is hereby declared and agreed that the Policy covers if the Insured Person's incoming scheduled Common Carrier arrives late at the transfer point outside of the Philippines and they miss the onward scheduled Common Carrier which they have a confirmed reservation, The Company shall pay a cash benefit per each six (6) hours of delay up to the maximum amount stated in the Schedule.

The period of delay is calculated from the actual arrival time of Insured Person's incoming Common Carrier at the transfer point to the actual scheduled departure time of the replacement Common Carrier.

Provisions For Section 11

If a claim was filed under Section 7 – Travel Delay, Section 8 – Trip Curtailment, Section 11 – Travel Misconnections, Section 12 – Flight Overbooked results from the same event, The Company shall pay for the claim under one of the sections only.

SECTION 12 – FLIGHT OVERBOOKED

It is hereby declared and agreed that the Policy covers if the Insured Person is denied boarding a scheduled flight which they have a confirmed reservation from the travel agent or airline due to overbooking, The Company shall indemnify the Insured Person. The Insured Person must get written confirmation from the Common Carrier Operator or handling agent stating the reasons.

Provisions For Section 12

If a claim under Section 9 – Travel Delay, Section 11 – Trip Curtailment, Section 13 – Travel Misconnections, Section 14 – Flight Overbooked results from the same event, The Company shall pay for the claim under one of the sections only.

SECTION 13 - HOSPITAL CASH BENEFIT CLAUSE

It is hereby declared and agreed that the Policy will reimburse a fixed amount for each day that the Insured is hospitalized as an inpatient due to an accident or illness while the Insured is on a trip, up to the maximum amount specified in the Policy Schedule.

SECTION 14 - PERSONAL LIABILITY ABROAD CLAUSE

It is hereby declared and agreed that the Policy covers legal liability of the Insured during the trip for bodily injury or property damage to third parties caused by the Insured's negligence up to the maximum amount specified in the Policy Schedule and which shall be the aggregate limit for all losses incurred during the policy period.

Provisions For Section 14

The Company shall not be liable for the following:

- a. Damage to the property of or to any person who is an Immediate Family Member or the employer of the Insured Person;
- b. Damage to property which belongs to the Insured Person or is in his/her care, custody, or control;
- c. Damage relating to any liability assumed by the Insured Person under contract;
- d. Damage relating to the willful, malicious, or unlawful act on the part of the Insured Person;
- e. The ownership, possession or use of vehicles, aircraft, watercraft, firearms, or animals;
- f. The undertaking of any trade, business, or profession;

- g. Any criminal proceedings; or
- h. Any liability which has been admitted or settled by the Insured Person.

Legal Cost means the amount that pays for the lawyers and the fees paid in court in legal proceedings in defending the claim made against the Insured Person.

SECTION 15 - MISSED DEPARTURE CLAUSE and MISSED TRAVEL CONNECTIONS CLAUSE

It is hereby declared and agreed that the Policy will reimburse the Insured for reasonable additional travel expenses and accommodation costs due to failure of public transport services (such as but not limited to transport strike and mechanical breakdown) to departure port, airport, or train station up to the maximum amount specified in the Policy Schedule.

If a claim shall arise under Missed Travel Connection, Missed Departure from the same event, the Company will pay for the claim under one of the coverages only.

SECTION 16 - ADDITIONAL EXPENSE DUE TO LOSS OF PASSPORT CLAUSE

It is hereby declared and agreed that the Policy will reimburse the Insured for reasonable travel and accommodation costs necessarily incurred in the country or countries visited in obtaining the replacement of a lost passport up to the maximum amount specified in the Policy Schedule. Provided that the Insured shall exercise reasonable care for the safety and supervision and that any loss of passport must be reported to the police within twenty-four (24) hours of the discovery.

SECTION 17 - HIJACK CLAUSE

It is hereby declared and agreed that the Policy will pay a fixed amount for each day that the Insured was prevented from reaching the scheduled destination as a result of an act of hijacking up to the maximum amount specified in the Policy Schedule.

SECTION 18 - RENTAL VEHICLE EXCESS COVER CLAUSE

It is hereby declared and agreed that the Policy covers excess liability up to the maximum amount specified in the Policy Schedule if the rental agreement carries an excess and the Insured becomes legally liable provided that:

- a. Accidental loss or damage to the vehicle was caused by collision or theft while it is in the Insured's control;
- b. The Insured has complied with all requirements of the rental agreement;
- c. The Insured at the time of the accident is duly licensed to drive the vehicle and was not taking part in practicing for speed or time trial of any kind, or driving under the influence of alcohol, drugs, or any drug abuse.

Provisions For Section 18

- a. The Insured Person must take comprehensive motor vehicle insurance provided by the rental organization against any loss or damage to the rental vehicle during the rental period.
- b. The Insured Person must not violate any terms of the rental agreement or comprehensive motor vehicle insurance policy.
- c. The Insured Person must be liable for the loss or damage of the rental vehicle in the incident.
- d. The Insured Person must hold a valid driving license for the country in which the theft, damage or collision has occurred.
(e) Any illegal or unlawful use of the rental vehicle by the Insured Person is excluded.
- e. Any incident which occurs while the rental vehicle is under the control of the Insured Person who is under the effects of alcohol or drugs are excluded.
- f. This benefit shall be payable once per Trip.

SECTION 19 - ADDITIONAL COSTS OF RENTAL CAR RETURN CLAUSE

It is hereby declared and agreed that the Policy covers cost up to the maximum amount specified in the Policy Schedule for car rental if Insured is unable to return any rental vehicle due to an accident or illness of the Insured.

SECTION 20 – LOSS OF CREDIT CARD

It is hereby declared and agreed that the Policy covers the Insured Person for the sustained loss of credit card as a direct result of theft, robbery, or burglary in the course of a Trip, The Company shall reimburse the Insured Person for any monetary loss due to the unauthorized use of such credit card subject to the maximum Sum Insured stated in the Schedule.

Provisions For Section 20

- (a) The Insured Person must report the theft, robbery or burglary to the police having jurisdiction at the place where the loss occurred within twenty-four (24) hours of the occurrence.
- (b) The Insured Person must report the theft, robbery or burglary to the local branch or agent of the authority that issued the credit card.

SECTION 21 - EXTENSION OF PERIOD OF JOURNEY CLAUSE

It is hereby declared and agreed that coverage is automatically extended FREE of charge if the journey is extended due to public transport delay or bodily injury or sickness of the Insured, subject to the below schedule:

- Seven (7) days delay for the carrier (public transport)
- 30 days delay if due to injury or illness

SECTION 22 - EMERGENCY MEDICAL EVACUATION CLAUSE

It is hereby declared and agreed that the Company or its authorized representative, if adjudged that it is medically appropriate to move the Insured, shall arrange and pay for the provision of air and/or surface transportation, communication and all usual ancillary services required to move the Insured to the nearest hospital where appropriate medical care is available, up to the maximum amount specified in the Policy Schedule.

SECTION 23 - EMERGENCY MEDICAL REPATRIATION CLAUSE

It is hereby declared and agreed that the Company or its authorized representative shall arrange and pay for a medically supervised repatriation up to the maximum amount specified in the Policy Schedule, to the Insured's home country or usual country of residence after establishing that the Insured's medical condition has stabilized.

SECTION 24 - TRANSPORTATION OF MORTAL REMAINS CLAUSE

It is hereby declared and agreed that the Company or its authorized representative shall arrange and pay for the transportation of the Insured's mortal remains to his/her Home Country or Usual Country of Residence, up to the maximum amount specified in the Policy Schedule.

SECTION 25 - EMERGENCY TELEPHONE EXPENSE CLAUSE

It is hereby declared and agreed that the Policy covers telephone expenses accumulated by the Insured for calling the Emergency Hotlines (e.g., 911, BPI/MS Travel Care Hotline, etc.), during an accident or illness requiring assistance up to the maximum amount specified in the Policy Schedule.

SECTION 26 – ACCIDENT BURIAL EXPENSES

It is hereby declared and agreed that this Policy covers burial expenses, in case of death of the Insured due to accident while on the covered trip.

TRAVEL AND MEDICAL ASSISTANCE PROGRAM

This policy is entitled to the Travel and Medical Assistance benefits provided by the Company coursed through its service provider, while traveling outside his/her home country, usual country of residence, throughout the duration of the Travel PA policy.

Travel Assistance:

The Company through its service provider will provide the following:

1. Pre-Trip Information Services - will provide information concerning visas and inoculation requirements for foreign countries worldwide.
2. Embassy Referral – will provide the address, telephone number and hours of opening of the nearest appropriate consulate and embassy worldwide.
3. Lost Luggage Assistance - will assist the Insured who has lost his/her luggage while traveling outside his/her home country or usual country of residence by providing directions of recovery.
4. Lost Passport Assistance – will assist the Insured who has lost a passport while traveling outside his/her home country or usual country of residence by providing directions for recovery.
5. The Weather and Exchange Rate Information Assistance - assists the Insured by providing referral information services including the Weather and exchange rate information.
6. Emergency Message Transmission Assistance - In the event of medical emergency, will assist the Insured to transmit urgent messages to the Insured's family, friends, or business associates upon the Insured's request.
7. Interpreter Referral - will assist the Insured by providing the address, telephone number and hours of operating of interpreters worldwide.
8. Telephone Medical Advice - will arrange for the provision of medical advice to the Insured over the telephone.
9. Medical Service Provider Referral – will provide the name, address, telephone number and, if requested by the Insured and if available, office hours for physicians, hospitals, clinics, dentists, and dental clinics (collectively, "Medical Service Provider"). The Company through its service provider shall not be responsible for determining the appropriate medical specialist for handling the Insured's particular problem nor for providing medical diagnosis or treatment. The Company through its service provider shall not be liable in respect of any consequences arising out of, or howsoever caused by, the services provided by the Medical Service Provider.
10. Arrangements of Appointments with Local Doctors for Treatment - will assist the Insured by arranging for appointments with local doctors for treatment.
11. Arrangement of Hospital Admission. - If the medical condition of the Insured is of such gravity as to require hospitalization, the Company through its service provider will assist the Insured with hospital admission.
12. Guarantee of Medical Expenses Incurred During Hospitalization and Monitoring of Medical Condition during Hospitalization - In the event the Insured calls the Company through its service provider to arrange for hospital admission and requests for guarantee of hospitalization expenses, The Company through its service provider shall guarantee on behalf of the Insured's medical expenses incurred during his/her hospitalization. In the event that the Insured's hospitalization expenses has been guaranteed, the Company through its service provider shall monitor the Insured's medical condition with the hospital's attending physician; subject to any and all obligations in respect of confidentiality and relevant authorization. The Company through its service provider shall ensure that the hospitalization expenses incurred by the Insured are reasonable and customary and consistent both with reasonable standards for the Insured's condition and location.
13. Dispatch of Essential Medicine - When medically necessary and whenever possible, the Company through its service provider will dispatch essential medicine which is not available locally. The delivery of such medical commodities will be subject to the laws and regulations applicable locally for the importation or delivery of such products. The Company through its service provider will not pay for the costs of such drugs or medicine and any delivery costs thereof, which shall be the responsibility of the Insured.

14. Arrangement of Medical Evacuation - will arrange for the air and/or surface transportation and communication for moving to the nearest hospital where appropriate medical care is available.
15. Arrangement of Emergency Medical Repatriation - will arrange for the return of the Insured to his/her home country or usual country of residence following an emergency medical evacuation for subsequent in-hospital treatment in place outside his/her home country or usual country of residence.
16. Arrangement of Repatriation of Mortal Remains - will arrange for transporting the Insured's mortal remains from the place of death to his/her home country or usual country of residence or arrange for local burial at the place of death as requested by the Insured's family.
17. Arrangement of Compassionate Visit - will arrange for a return airfare for a relative or friend of the Insured wishing to visit the Insured who is hospitalized outside his/her home country or usual country of residence.
18. Arrangement of Return of Minor Children - will arrange for one-way airfares for the return of minor children to their home country or usual country of residence if they are left unattended as a result of the accompanying Insured's illness, accident or Emergency Medical Evacuation. The Company through its service provider will also arrange for an escort, whenever necessary.
19. Arrangement of Hotel Accommodation - will arrange for hotel accommodation for the Insured's companion who is visiting the Insured while he/she is hospitalized outside his/her home country or usual country of residence.

*The above services are purely rendered on arrangement basis only.

LIST OF SCHENGEN COUNTRIES

Austria	Hungary	Norway	Croatia
Belgium	Iceland	Poland	Romania
Czech Republic	Italy	Portugal	
Denmark	Latvia	Slovakia	
Estonia	Liechtenstein	Slovenia	
Finland	Lithuania	Spain	
France	Luxembourg	Sweden	
Germany	Malta	Switzerland	
Greece	Netherlands	Bulgaria	

ANNUAL TRAVEL PERSONAL ACCIDENT PROVISION – 90 DAYS

It is hereby declared and agreed that the term of insurance of this Policy is extended for one year from the date of the inception indicated in the schedule subject to the following conditions:

- a) There is no limit as to the number of trips per year, however, the maximum number of days allowed per trip is limited to either 60 days or 90 days, as declared in the policy schedule.
- b) In case of a claim, Insured shall submit to the Company a copy of their passport showing all entries and departure pertaining to the term of insurance indicated in the schedule.

Except as varied by this Endorsement, all other terms and conditions remain unaltered.

GENERAL EXCLUSIONS

This Policy shall not extend to cover:

- (a) Death or disablement or medical expenses occasioned by or happening through:
 - (i) War, Invasion, Act of Foreign Enemy, Hostilities (whether war be declared or not), Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military or Usurped Power, Violence occurring in any assembly or Demonstration, Civil Commotion, Riots, Strikes, Military or Popular Rising.
 - (ii) Suicide or Attempted Suicide (sane or Insane), Hernia, Alcoholism, Venereal Disease, or Insanity, or Acquired Immune Deficiency Syndrome.
 - (iii) Earthquake, Volcanic Eruption, or Tidal Wave.
 - (iv) Any weapon or instrument employing atomic fission or radioactive force, whether in time of peace or war.
- (b) Death or disablement or medical expense caused by murder or assault or any attempt thereat.
- (c) Death or disablement or medical expense occurring whilst the Insured is traveling in an aircraft other than one licensed for public passenger service and operated by a regular airline on a published scheduled flight over a regular air route between two definitely established airports and in which the insured is traveling as a ticket-holding passenger.
- (d) Death or disablement or medical expense consequent upon the Insured engaging, whether for sport or otherwise, in-hunting, racing of all kinds, motorcycling (including pillion riding and/or driving a motor cycle, motor scooter, motor bicycle or any other two-wheeled motor vehicle having one or more riding saddles), winter sports, ice hockey, football, yachting, using wood working machinery driven by mechanical power, dressage, skydiving, parasailing, hang gliding, flying (other than as a fare paying passenger on a duly licensed commercial aircraft), caving, rock or mountain climbing (with or without the use of ropes or other equipment), bungee jumping, polo, steeple chasing, hitchhiking non-recreational diving or sport diving, recreational scuba diving to a sea depth greater than thirty (30) meters, recreational scuba diving by a non-NAUI or non-PADI certified divers who is diving without the supervision of a NAUI or PADI approved dive master or instructor to a sea depth up to thirty (30) meters, or any hazardous activity, unless declared to and accepted by the Company.
- (e) Death or disablement or medical expense occasioned by or happening through pregnancy or childbirth.
- (f) Death or disablement or medical expense caused while the Insured is performing or attempting the performance of an unlawful act.
- (g) Any medical treatment received in the course of a Trip which was made for the purpose of receiving medical treatment (need not be the sole purpose); or the Trip was undertaken while the Insured Person was unfit to travel or against the advice of a Qualified Medical Practitioner;
- (h) Any Pre-existing Condition, cosmetic, plastic or any elective surgery; surgical or non-surgical treatment of obesity (including morbid obesity) or weight control programs, congenital or heredity disease or defect, congenital anomalies or any complications or conditions arising therefrom;
- (i) Health check-ups or any investigation(s) not directly related to admission diagnosis, sickness or injury, or any treatment or investigation which is not medically necessary;
- (j) Insured Person's expenses incurred relating to the cost of prosthesis, contact lens, spectacles, hearing aids, dentures, and other medical equipment; or any expenses incurred relating to dental or optical treatment unless such costs are necessarily incurred due to an Accident;

PUNITIVE DAMAGES EXCLUSION CLAUSE

It is agreed that this insurance shall not apply to fines, penalties, punitive damages, exemplary damages, treble damages, or any other damages resulting from the multiplication of compensatory damages.

SANCTION LIMITATION AND EXCLUSION CLAUSE

No insurer shall be deemed to provide cover and no insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that insurer

to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America and/or any other applicable national economic or trade sanction law or regulations.

WAR & TERRORISM EXCLUSION CLAUSE

The insurance by this policy excludes:

death, disability, loss, damage, destruction, any legal liabilities, cost, or expense including consequential loss of whatsoever nature, directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss;

1. war, invasion, acts of foreign enemies, hostilities, or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; or
2. any act of terrorism including but not limited to
 - a. the use or threat of force, violence and/or
 - b. harm or damage to life or to property (or the threat of such harm or damage) including, but not limited to, nuclear radiation and/or contamination by chemical and/or biological agents, by any person(s) or group(s) of persons, committed for political, religious, ideological, or similar purposes, express or otherwise, and/or to put the public or any section of the public in fear; or
3. any action taken in controlling, preventing, suppressing or in any way relating to 1 or 2 above.

If the Company alleges that by reason of this exclusion, any loss, damage, cost, or expense is not covered by this insurance the burden of proving the contrary shall be upon the Insured.

DATE RECOGNITION CLAUSE

There is no insurance under this Policy in respect of any claim of whatsoever nature which arises directly or indirectly from or consists of the failure or inability of any:

- a) electronic circuit, microchip, integrated circuit, microprocessor, embedded system, hardware, software, firmware, program, computer, data processing equipment, telecommunication equipment or systems, or any similar device;
- b) media or systems used in connection with any of the foregoing.

Whether the property of the Insured or not, at any time to achieve any or all of the purposes and consequential effects intended by the use of any number, symbol or word to denote a date including without limitation, the failure or inability to recognize capture save retain or restore and/or correctly to manipulate, interpret, transmit, return, calculate or process any date, data, information, command, logic or instruction as a result of:

- (i) recognising using or adopting any date, day of the the Companyek or period of time, otherwise than as, or other than, the true or correct date, day of the the Companyek or period of the time;
- (ii) the operation of any command or logic which has been programmed or incorporated into anything referred to in (a) and (b) above.

INSTITUTE RADIOACTIVE CONTAMINATION, CHEMICAL, BIOLOGICAL, BIOCHEMICAL AND ELECTROMAGNETIC THE COMPANYYAPONS EXCLUSION CLAUSE

This clause shall be paramount and shall override anything contained in this insurance inconsistent therewith;

1. In no case shall this insurance cover loss damage liability or expense directly or indirectly caused by or contributed by or arising from:
 - 1.1. ionising radiations from or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel;
 - 1.2. the radioactive, toxic, explosive, or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof;

- 1.3. any weapon or device employing atomic or nuclear fission and/or fusion or other like reaction or radioactive force or matter;
- 1.4. the radioactive, toxic, explosive, or other hazardous or contaminating properties of any radioactive matter. The exclusion in this sub-clause does not extend to radioactive isotopes, other than nuclear fuel, when such isotopes are being prepared, carried, stored, or used for commercial, agricultural, medical, scientific, or other similar peaceful purposes;
- 1.5. any chemical, biological, bio-chemical, or electromagnetic weapon.

TRAVEL PERSONAL ACCIDENT EXCLUSION CLAUSE

It is hereby declared and agreed that this policy shall not be answerable for any medical, surgical, hospital or other contingent expenses, including death benefits relating to the following:

- a. Any pre-existing condition, sickness, disease, or ailment manifesting in the Insured two (2) years prior to covered period of travel as stated in this policy schedule, including but not limited to, hypertension, cancer of any form, heart disease, pulmonary disease, renal disease, epilepsy, mental or nervous disorders, diabetes, asthma, scoliosis, arthritis, visual and/or hearing impairment.
- b. Any outbreak of any epidemic or pandemic sickness, virus, or disease such as, but not limited to, Severe Acute Respiratory Syndrome, Avian Flu, A(H1N1) and the like.
- c. Any accident or injury to the Insured occurring while engaged in an organized sports competition of any kind, undertaken on a professional or sponsored basis.
- d. Any addiction or abuse of any form of narcotic, drug, or medication.
- e. Any injury or death resulting from the Insured Person's practice or utilization, either as a pilot or passenger, or a sailplane, hang glider, parasail, parachute, or engaging in any aerial flight other than as a passenger.
- f. Any injury or death as a result of scuba diving, wake boarding, water skiing, jet skiing, and all other types of skiing, water polo, wind surfing and other water sports or sports activities carried out in the water, bungee jumping, rock climbing.

The afore mentioned are in addition to those set forth under the standard exclusions of this policy.

GENERAL PROVISIONS

1. Compensation shall be payable only when the entire amount of the claim shall have been ascertained and proved to the satisfaction of the Company.
2. In the event of the death of the Insured all sums of money payable under this Policy shall be paid to the personal representatives of the Insured except that compensation for death under Benefit A of Table of Benefits I (Personal Accident Table) shall be paid to the Beneficiary(ies) designated in the Schedule hereto whose receipt for such compensation for death shall be final and full discharge of the liability of the Company therefor.

CONDITIONS

1. Written notice shall be given to the Company without unnecessary delay but in any event within three (3) weeks of the occurrence of the injury in respect of which a claim is to be made. In the event of accidental death, immediate notice thereof must be given to the Company or as soon as reasonably possible to submit the same.
2. All certificates, information and evidence required by the Company shall be furnished at the expense of the Insured or his personal representatives and shall be in such form and of such nature as the Company may prescribe. The insured as often as required shall submit to medical examination on behalf of the Company at its own expense in respect of any alleged bodily injury. The Company shall in case of the death of the Insured be entitled to have a postmortem examination at its own expense. The insured shall as soon as possible after the occurrence of any injury, obtained and follow the advice of a duly qualified medical practitioner and the Company shall not be liable for any consequences arising by reason of the Insured's failure to obtain or follow such advice and use such appliances or remedies as maybe prescribed.
3. The Insured shall give immediate notice in writing to the Company of any change in his address or in his profession or occupation or of the effecting of other Insurances except upon against accident, disease or sickness and on tendering any premium for the renewal of this Policy shall give notice in writing to the Company of any disease,

sickness, physical defect or infirmity with which he has become affected or of which has become aware since the payment of the preceding premium.

4. This policy may be renewed from term to term, subject to consent of the Company, by the issuance of renewal certificate by the Company and by payment of the premium in advance at the Company's premium rate in force at time of renewal. The Policy shall not be renewable after the end of the period of Insurance during which the Insured attains the age of 70 years. Upon written notice, the Company may terminate this Policy immediately without prejudice to the rights of the Insured in respect of prior injury provided that the company return to the Insured the then last premium paid by him less a pro rata part thereof for the period of the year for which the Policy has been in force. Notice to be given by the Company may be given personally to the Insured in writing or sent by registered post addressed to him at his last address known to the Company. By like notice to the Company the Insured may at any time terminate and cancel this Policy in which case the Company will retain the customary short period rate for the time the Policy has been in force.
5. No assignment of the benefits of this policy shall be binding upon the Company unless and until the originals or a duplicate thereof is filed with the Company. The Company does not assume any responsibility for the validity of any assignment. No change of beneficiary under this policy shall bind the Company unless consent thereto is formally endorsed hereon by the Company.

MEDIATION PROVISION

In the event of any controversy or claim arising out of or relating to this contract, or breach thereof, the parties hereto agree first to try and settle the dispute by mediation, administered by the Insurance Commission or any recognized mediation institution under its Mediation Rules, before resorting to arbitration, litigation, or some other dispute resolution procedure.

ARBITRATION PROVISION

All differences as to the amount of any loss or damage covered by this policy shall be referred to the decision of an arbitrator to be appointed by the parties. In difference or if they cannot agree upon a single arbitrator, to the decision of two arbitrators one to appointed in writing by each of the parties within thirty (30) days after having been required in writing to do so by either of the parties or in case of disagreement between the arbitrators to the decision of an umpire to be appointed in writing by the arbitrators before entering on the reference and an award by the arbitrator or arbitrators or umpire shall be condition precedent to any right against the Company.

If a claim be made and rejected and an action or suit be not commenced within twelve (12) months after such rejection or (in case of an arbitration taking place as provided herein) within twelve (12) months after the arbitrator or arbitrators shall have made their award, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

DATA PRIVACY CLAUSE

The Insured allows the representatives, officers, assignees, subsidiaries, or affiliates of the Insurer to process its personal information which may be confidential or sensitive in nature to proceed with the conduct of business and make necessary disclosures thereto. All documents and records furnished by the insured shall be afforded with protection as dictated by the industry standards and as permitted by the Data Privacy Act of 2012 and its implementing rules and regulations.

FREE-LOOK PERIOD

If the Insured is not completely satisfied with this Policy, he may return it, together with a letter, signed by the Insured, requesting for cancellation. This Policy will then be cancelled, and the Company shall refund the paid premium to the Insured.

- a. Insured can have a Free Look Period of:
 - i. Not less than five (5) days from the issue date of the Policy for short period travel or effectivity of six (6) months or less but longer than thirty (30) days.
 - ii. Not less than fifteen (15) days for Annual Travel.
- b. No refund can be made when a claim has been incurred and submitted to the Company.

The Free-Look Period will commence on the date that the Policy was issued to the Insured.

COVID-19 Cover Benefits Endorsement

The **COVID-19** Cover Benefit Summary below sets out the maximum amounts we will pay each **Insured person** for each **trip** under the applicable plan. Sub-limits and restrictions may apply. The limits specified in this endorsement are sub-limits of the limits specified in your policy for the same sections. All sums are in Philippine Peso.

	Annual International Travel	Short-Term International
NON-SCHENGEN		
Medical & Additional Expense		
Cancellation & Curtailment		
Hospital Benefit		
Emergency Repatriation		
Emergency Evacuation		
SCHENGEN		
Medical & Additional Expense		
Cancellation & Curtailment		
Hospital Benefit		
Emergency Repatriation		
Emergency Evacuation		

Conditions

- When submitting claims relating to **COVID-19** Cover, it must be accompanied with all applicable document(s) for the approved travel arrangement issued by the Philippine and/or foreign government, including the vaccination records, negative test result for the mandatory pre-departure **COVID-19** diagnostic test done to meet regulatory requirement for travel, if required.
- We reserve the right to terminate the **COVID-19** Cover by giving you fourteen (14) days' notice in writing.
- For during **trip** benefits, we will only pay claims incurred within the **period of insurance**.
- The benefits under **COVID-19** Cover shall operate in accordance with the terms and conditions under this endorsement and the policy. If there are terms and conditions that are inconsistent, the terms and conditions under the **COVID-19** Cover shall prevail.
- This **COVID-19** Endorsement is specific to **COVID-19** only and will not extend to cover any other outbreak of any epidemic or pandemic sickness, virus or 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.

Exclusions

COVID-19 Cover will not pay for claims directly or indirectly related to:

- claims due to circumstances which you, the **insured person** or the travel companion knew before the purchase of this policy or **trip** that may lead to a claim under this policy.
- changes to travel advisory or restrictions, travel arrangement, **COVID-19** prevention measures issued by any government or authority relating to epidemic or pandemic at your planned destination or the Philippines.
- any medical test, vaccination, quarantine, or isolation required by the Philippine or overseas government, transport or accommodation provider that applies broadly to general travelers based on departing or arriving country, taken for the purpose of obtaining approval to travel for the **journey**.
- medical expenses incurred in the Philippines, or after sixty (60) days from the date the **insured person** first tested positive for **COVID-19** by a **doctor** or government approved personnel during the **trip** outside the Philippines. To avoid any doubt, we will assess the claim based on the date which the **COVID-19** test was done and not the date which the test results are released.
- vaccination, including the side effects and complications resulting from vaccination.
- pre-existing medical condition** and its complications, regardless of whether it is resulting from or complicated by **COVID-19** infection.