

Terms and Conditions of the Travelsafe Insurance Official Confirmation of Coverage (TACTIC) effective 01 July 2016

This document must be issued along with your Official Confirmation of Coverage (OCC). Your OCC will not be valid without the TACTIC.

EMERGENCY HOTLINE

If you are hospitalized or in need of Emergency Services, please get in touch with Pacific Cross Philippines.

Pacific Cross Member Hotline:

Tel. No.: +63-2-230-8511

Mobile number: +63-998-964-6649 (for messaging applications such as Viber and WhatsApp)

E-mail: client_services@pacificcross.com.ph

Should you require emergency assistance, please provide the following information when you (or your authorized representative) call:

- Authorized representative's name, telephone number and relationship to the patient
- Name, location and telephone number of hospital or treating doctor, if applicable
- Patient's name, age, gender and employer

If you have concerns regarding your benefits or wish to check the status of your claim, please call the 24/7 Pacific Cross Member Hotline.

Tel. No.: +63-2-230-8511

Notice of claims must be given to Pacific Cross within thirty-one (31) days upon expiration of travel insurance or of completion of events for which the claim is being made. All benefits are subject to the provisions, terms and conditions of the Policy/TACTIC.

TABLE OF CONTENTS

	Page		Page		Page
I. Definition of Terms	1	IX. Loss of Laptop	7	XIX. Exclusions Applying to the Entire Policy	10
II. Period of Insurance, Eligibility & Maximum Benefit	3	X. Theft of Cash	7	XX. Claims Provisions	11
III. Medical Treatment	4	XI. Loss of Travel Documents	7	XXI. Terms & Conditions	12
IV. Hospital Income	5	XII. Emergency Trip Cancellation	7		
V. Personal Accident	5	XIII. Emergency Trip Termination	8	Claims Requirements (Reimbursement Checklist)	13
VI. Personal Liability	5	XIV. Flight Delay	8	Notification of Claim Form	15
VII. Baggage Delay	6	XV. Missed Connecting Flight	8		
VIII. Loss or Damage to Baggage & Personal Effects	6	XVI. Strikes & Hijacks	8		
		XVII. Funeral & Burial Expense	8		
		XVIII. Emergency Assistance Benefits	9		

I. DEFINITION OF TERMS

- 1.1 ACCIDENT:** A visible, external, sudden and violent event occasioned by a physical or natural cause and occurring entirely beyond the Insured Person's control causing damage to the health of the Insured Person.
- 1.2 ACUPUNCTURIST:** A person licensed to practice traditional oriental medicine in an attempt to relieve pain or other symptoms attributed to certain illnesses/diseases.
- 1.3 ANESTHESIOLOGIST:** A specialist duly licensed and registered to administer anesthetic agent and conduct other anesthesia procedures during medical operation.
- 1.4 AREA COVERED:** The geographical area stipulated in the Official Confirmation of Coverage.
- 1.5 ATTENDING PHYSICIAN:** The chief Physician in charge of the medical treatment of an Insured Person.
- 1.6 OFFICIAL CONFIRMATION OF COVERAGE:** Is a form issued to the Policyholder indicating the person or persons to be insured under the Policy.
- 1.7 CHIROPRACTOR:** A licensed professional specializing in the scientific and systematic manipulation of the musculoskeletal structure with the goal of relieving pain and restoring normal function.
- 1.8 CHRONIC CONDITION:** Any condition or diagnosis that has been in existence for a minimum of six (6) months from the first date of diagnosis or when symptom first occurred regardless of nature, severity or location.
- 1.9 CONFINEMENT:** A continuous stay for a period of more than twenty-four (24) hours as a registered bed patient in a Hospital.
- 1.10 CONTACT SPORT:** A sport that necessarily involves physical contact between and among players and engaged in by an Insured Person solely for leisure, recreation, entertainment, fitness or physical education such as rugby, football, karate, boxing, martial arts and wrestling among others.
- 1.11 CORRECTIVE DEVICE:** A device prescribed by a Physician to prevent or correct body malfunctions or to improve body function such as but not limited to stents, filter devices, walkers and canes.
- 1.12 COSMETIC SURGERY AND RE-CONSTRUCTIVE SURGERY:** Surgery uniquely undertaken to improve or enhance an Insured Person's appearance through surgical and medical techniques. This includes any surgery arranged for any kind of psychological reason, adaptation or personal satisfaction.
- 1.13 COUNTRY OF RESIDENCE (HOME COUNTRY):** Shall be the place of residence or permanent or contractual employment of each Insured Person. It is deemed to be the Philippines unless otherwise declared and covered by an Endorsement to the Policy, with coverage governed by additional terms and conditions as specified in the Endorsement attached to the Policy.
- 1.14 CUSTODIAL OR MAINTENANCE CARE:** Care that is primarily for the purpose of assisting the individual in the activities of daily living or in meeting personal rather than medical needs, which is not specific therapy for an illness or injury and is not skilled care.
- 1.15 DEVELOPMENTAL, CONGENITAL CONDITION, BIRTH DEFECT:** A medical abnormality existing from birth as well as neonatal physical/mental

abnormalities developing thereafter because of causal factors or conditions present at the time of birth.

- 1.16 DISABILITY:** An Illness or Injury, and any symptom, sequelae, or complication thereof requiring treatment. All injuries arising from the same event or series of continuous events are considered as one Disability.
- 1.17 DURABLE MEDICAL EQUIPMENT:** As determined by the Company, medically prescribed items of medical equipment for repeated use, owned or rented such as but not limited to crutches or wheelchairs which are placed in the home of an Insured Person to facilitate treatment and/or rehabilitation of Illness or Injury.
- 1.18 ELIGIBLE EXPENSES:** Expenses incurred in the treatment of a covered Disability or Injury which are medically necessary subject to the limitation of medical treatment benefit and not exceeding the limits in the Policy Schedule or in the Official Confirmation of Coverage.
- 1.19 FAMILY:** The Principal Insured Person and/or his legal spouse and any number of dependent children. The Principal Insured and his or her legal spouse are persons eighteen (18) to seventy-five (75) years of age. Dependent children are persons six (6) weeks to seventeen (17) years of age who are riding together with their parent/s on the same conveyance for the same departure and return trip.
- 1.20 HOSPITAL:** An Institution which is legally licensed as a medical or surgical Hospital in the country where it is located and whose main activities are not of those of a spa, hydro-clinic, sanitarium, nursing home, home for the aged, a place for alcoholics or drug rehabilitation. It must be under the constant supervision of a resident Physician.
- 1.21 ILLNESS:** Poor health or poor physical condition marked by a pathological deviation from a normal healthy state caused by disease or sickness.
- 1.22 IMPLANT:** A substance or object that is placed within the body as a replacement of a diseased part to improve function such as but not limited to silicone, lens, pacemaker, cochlear, metals and pins.
- 1.23 INJURY:** Physical damage or trauma arising wholly and exclusively from an Accident or other events of violent or external, and visible nature.
- 1.24 INSURED PERSON(S):** Are those persons specifically listed and named in the Official Confirmation of Coverage or the Policy Schedule.
- 1.25 MEDICALLY NECESSARY:** A treatment or supply which is necessary and appropriate for the diagnosis or treatment of an Illness or Injury based on generally accepted standards of current medical practice subject to the approval of the Company. In the context of a coverable Injury or Illness, such medical treatment is necessary to and appropriate for the Insured Person's symptoms, the diagnosis and treatment of those particular symptoms. It is not provided or obtained merely for the convenience of the Insured Person or his Physician without any evident (manifest) and vital (urgent) need for it nor should such treatment exceed the level of care needed to ensure safe, adequate and suitable diagnosis or treatment.
- 1.26 MEDICINES AND DRUGS:** Those which a licensed medical practitioner has prescribed, that are specifically required for the treatment of a covered Illness or Injury.
- 1.27 MISCELLANEOUS HOSPITAL SERVICES AND SUPPLIES:** Include eligible expenses for required diagnostic laboratory tests, x-rays, professional fees, medicines and drugs, blood and components, anesthesia, physical therapy and the use of surgical appliances.
- 1.28 NORMAL, USUAL AND CUSTOMARY FEES OR CHARGES:** Fees or charges for medical or health services are deemed to be normal, usual and customary if the fees or charges do not exceed the usual level of charges for similar treatment, supplies or medical services provided in the geographical area where the expenses were incurred.
- 1.29 PHYSICIAN, SURGEON, SPECIALIST OR DOCTOR:** A person qualified by degree and duly licensed or registered to practice medicine in the geographical area in which he serves.

1.30 PHYSIOTHERAPIST: A licensed professional who treats physical disorders through manipulation or mobilization techniques and prescribes strengthening exercises and advice when appropriate.

1.31 POINT OF ORIGIN: Is the place of commencement of travel as reflected in the itinerary of the Policy Schedule or Official Confirmation of Coverage. It is deemed to be a location in the Philippines unless otherwise declared and covered by an Endorsement to the Policy, with coverage governed by additional terms and conditions as specified in the Endorsement attached to the Policy.

1.32 POLICYHOLDER: An entity or a person to whom the Policy has been issued in respect to the coverage for persons specifically named under the Insured Persons in the Official Confirmation of Coverage or the Policy Schedule.

1.33 PRIVATE DUTY NURSE: A licensed nurse providing close observation and performing special treatments, which are certified as medically necessary by the Attending Physician.

1.34 PROFESSIONAL FEES: As distinct from Surgeon and Anesthesiologist's fees, fees paid to licensed medical professionals including but not limited to an occupational therapist, Physiotherapist, Acupuncturist, Attending Physician's visits or pathologists.

1.35 PROSTHESIS: An artificial extension designed to replace a missing part of the body for improving body function. This refers to missing arms, hands, artificial valves, legs, joints and fingers and other related items.

1.36 PRE-EXISTING CONDITIONS: A Disability which existed before the Effective Date of coverage of an Insured Person, the natural history of which can be medically determined to have started prior to the Effective Date of coverage or at the time of processing of the Insured Person's Application, whether or not the Insured Person was aware of such Illness or condition.

Pre-Existing Conditions shall include the following disabilities, but not to the exclusion of all others including their complications:

- a) Mass/Tumor/Cyst of Internal Organs
- b) Hemorrhoids/Anal Fistula
- c) Diseased Tonsils, Adenoids and Sinus Conditions requiring surgery
- d) Cataract/Glaucoma
- e) Pathological Abnormalities of Nasal Septum or Turbinates
- f) Goiter and other Thyroid Disorders
- g) Hernia/Benign Prostatic Hypertrophy
- h) Endometriosis
- i) Asthma/Chronic Obstructive Lung Disease
- j) Epilepsy
- k) Spinal Column Abnormalities
- l) Tuberculosis
- m) Chronic Cholecystitis
- n) Gastric or Duodenal Ulcer
- o) Hallux Valgus
- p) Hypertension and other Cardiac/Vascular Diseases
- q) Calculi
- r) Mass/Tumors/Cyst on Skin, Muscular Tissue, Bone or any form of Blood Dyscracias
- s) Diabetes Mellitus
- t) Collagen/Auto-Immune Disease
- u) Cerebrovascular Accident/ Transient Ischemic Attack

Diagnostic procedures done during the effectivity of the Policy to determine whether the Illness is a Pre-Existing Condition or not is a covered expense provided the result of the diagnostic procedure or test is negative.

1.37 SERIOUS INJURY/ILLNESS: A change in health that resulted to confinement or admission to a Hospital as a registered bed patient and as ordered by a registered Physician.

1.38 SUPPLEMENTS: Items prescribed by the Attending Physician other than the conventional Medicine and Drugs meant to relieve the signs and symptoms of Illness or Injury for which the Insured Person is suffering during the time of consultation for a covered condition.

- 1.39 SURGEON'S FEE:** All of the fees payable to a Surgeon or Surgeons for providing surgery to treat a covered Illness or Injury. The Surgeon's Fee includes pre-surgical assessment and post-surgical care and in total is limited to the Normal, Usual and Customary charges while the Insured is confined in the treatment area where the surgery is provided.
- 1.40 SURGERY:** The branch of medicine dealing with manual or operative procedures such as correction of deformities and defects, repair of injuries, removal of diseased tissue as well as diagnosis or cure of certain diseases that require operative intervention. This includes surgery performed in an out-patient setting for a covered Illness or Injury.
- 1.41 TERRORISM:** An act or threat thereof, or both, including but not limited to the use of force or violence committed by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.
- 1.42** Words in the singular form include the plural and vice versa. Words importing the masculine and neuter gender shall each include the feminine, masculine and neuter gender.

II. PERIOD OF INSURANCE, ELIGIBILITY AND MAXIMUM BENEFIT

2.1 PERIOD OF INSURANCE: Coverage under the Policy with respect to all benefits stated in the Policy Schedule or in the Official Confirmation of Coverage, except for Trip Cancellation, shall commence five (5) hours prior to the scheduled time of departure indicated in the travel ticket, or the effective date of the insurance coverage as specified in the Official Confirmation of Coverage or in the Policy Schedule, whichever is later; and ceases on whichever of the following occurs first:

- a) the expiry date of the insurance coverage as specified in the Official Confirmation of Coverage or in the Policy Schedule;
- b) the Insured Person's return to his place of residence or employment;
- c) after five (5) hours upon actual arrival at the airport terminal premises of the country of Origin.

For Trip Cancellation in Section XII, coverage takes effect upon approval of application and receipt of premium payment.

2.2 ELIGIBLE PERSON(S): A person who has attained the age of six (6) weeks old and not more than seventy-five (75) years old who will be traveling as a fare-paying passenger. Any person above seventy-five (75) years old can still be accepted subject to the Company's prevailing underwriting requirements and limitations. Dependent children are under the age of eighteen (18) who are unmarried and not gainfully employed or earning an income. Premium is calculated and benefits are paid corresponding to the age of the Insured Person at the time of the issue date of the Policy Schedule or Official Confirmation of Coverage.

For Family Plan, the eligible person(s) is subject to the Company's prevailing underwriting requirements and limitations.

2.3 NON-TRANSFERABILITY: The benefits are for the Insured Person(s) listed in the Policy Schedule or in the Official Confirmation of Coverage and are non-transferable.

2.4 INSURANCE COVERAGE FOR ANNUAL TRAVEL PLAN: Annual Travel Plans cover unlimited number of trips for each Policy year provided always that the maximum number of days for each business or pleasure trip to be covered under this insurance shall be ninety (90) days. Subject to additional premium, the Company may agree to extend coverage for more than ninety (90) days. The Insured Person must return to his Point of Origin prior to the next trip in order to have another ninety (90) days coverage.

The 90-day limit is per trip. This commences five (5) hours prior to the scheduled time of departure indicated in the travel ticket, and ceases on whichever of the following occurs first:

- a) the expiry of the 90-day limit per trip;

- b) the Insured Person's return to his place of residence or employment;
- c) after five (5) hours upon actual arrival at the airport terminal premises of the Point of Origin.

2.4.1 FREE-LOOK PERIOD SPECIFIC FOR ANNUAL TRAVEL PLAN

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

This Free-Look Period has the following conditions:

- i. The request to cancel must be sent directly to and received at the Company's Office within five (5) days from the issue date of the Policy or Official Confirmation of Coverage.
- ii. No refund can be made if the request to cancel is received by the Company after the commencement of any trip.
- iii. The request to cancel must not be due to visa denial, in which case, the amount of refund stipulated under Cancellation in Section XXI shall apply.
- iv. 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 or Official Confirmation of Coverage was issued to the Insured Person or to any of the Insured Person's authorized representative.

2.5 INSURANCE COVERAGE FOR NON-ANNUAL TRAVEL PLAN: The maximum Period of Insurance for a non-annual plan is 180 days. Subject to the Company's assessment, coverage may be provided for a Period of Insurance of 181 days up to a maximum of 365 days upon payment of premium corresponding to the Company's applicable Travel Plan.

The insurance coverage will terminate if the Insured Person cuts short his trip at any time during the Period of Insurance by returning to the Point of Origin that is stated in the itinerary of the Official Confirmation of Coverage. In this case, no premium refund will apply for the unused portion of the coverage.

2.6 MAXIMUM BENEFIT FOR ANNUAL AND NON-ANNUAL TRAVEL PLAN: The benefits indicated in the Policy Schedule or Official Confirmation of Coverage for an annual plan are per 90-day limit per trip or per the approved extended coverage per trip, as specified in Section 2.4 Insurance Coverage for Annual Travel Plan. For a non-annual travel plan, the maximum benefit is per Period of Insurance.

2.7 MAXIMUM BENEFIT FOR FAMILY PLAN: The maximum benefit under the Family Plan is subject to the following:

- a) The legal spouse and children are entitled to the same benefits as the Principal Insured Person (e.g., either of the parents) except for children in the following age brackets:
 - i. Children under six (6) years old - Children within this age bracket are entitled to a Personal Accident Benefit of PhP 100,000, US\$ 5,000 or € 3,000 for all Peso, Dollar and Euro Plans, respectively.
 - ii. Children age six (6) to fifteen (15) years old - Children within this age bracket are entitled to a Personal Accident Benefit of up to PhP 1,000,000, US\$ 20,000 or € 15,000 for all Peso, Dollar and Euro Plans, respectively, and not exceeding the limit stated in the Policy Schedule or Official Confirmation of Coverage.

Benefits are paid corresponding to the age of the Insured Person at the time of the issue date of the Policy Schedule or Official Confirmation of Coverage.

- b) The maximum limit of the Personal Accident Benefit for the entire Family (including the Principal Insured) will not exceed 300% of the Personal Accident Benefit of the Principal Insured. For all other benefits, the maximum benefit limit of the entire Family (including the Principal Insured) will not exceed 400% of the benefits of the Principal Insured. All benefits are subject to the inner limits of the plan.

III. MEDICAL TREATMENT

3.1 The Company will reimburse the eligible expenses of the Insured Person up to the limits stated in the Policy Schedule or Official Confirmation of Coverage for a covered Illness or Injury occurring wholly during the Period of Insurance for Normal, Reasonable and Customary charges with respect to:

- a) Hospital and daily charges;
- b) Miscellaneous Hospital services and supplies;
- c) Intensive Care Unit, Coronary Care Unit, Telemetry, Operating & Recovery Room cost;
- d) Services of a registered Physician, Surgeon, Anesthesiologist, Specialist or Doctor;
- e) Out-patient visits to registered Physicians and prescribed Medicines;
- f) Surgical and Anesthesiologist's fees and use of operating room;
- g) Ambulance and paramedic services;
- h) Emergency room use;
- i) Emergency dental treatment for the immediate relief of pain or to restore or replace sound natural teeth lost or damaged in a covered Accident and for which the first medical treatment must be given within forty-eight (48) hours from occurrence of a covered Accident. Treatment may be provided by the out-patient department of a Hospital or a licensed Dentist in his clinic. Subject to the Medical Treatment Benefit, the inner limit of the Company's liability for emergency dental treatment shall be PhP 100,000, US\$ 2,500 or € 2,000 for Peso, Dollar and Euro Plans, respectively.

3.2 Limitation of Benefit:

- a) The Medical Treatment Benefit is subject to the Pre-Existing Conditions provision.
- b) The Hospital daily room rate should not exceed US\$ 350 or its Peso equivalent as determined by the Company for Dollar and Peso Plans, and € 225 for Euro Plans. It is the maximum daily charge payable if the Hospital services, Hospital supplies and professional fees are each charged in addition to the daily room rate. However, if the Hospital daily charge includes only the Hospital services and supplies excluding the professional fees, the Hospital daily rate is doubled. In case, the daily charge covers Hospital services and supplies as well as professional fees the Hospital daily rate is tripled.

3.3 Automatic Extension of Period of Insurance:

The Medical Treatment Benefit subject to the limits of the plan will be extended for a maximum of ten (10) days in the event of any of the following:

- a) the Insured Person is unavoidably delayed in the course of his scheduled return journey to the Point of Origin, due to the Insured Person being hospitalized for a coverable Illness or Injury before the expiration of the insurance coverage;
- b) following on or before the trip completion the Insured Person continues to incur further medical expenses at the Point of Origin and the Accident or Illness is coverable and is caused, started, incurred, or contracted during the trip. Initial treatment for such Accident or Illness must be received during the trip.

This Section is also applicable to Pre-Existing Conditions if covered as specified in the Policy Schedule or in the Official Confirmation of Coverage.

In no event shall the total amount payable under this Schedule exceed 100% of the limit stated in the Policy Schedule or in the Official Confirmation of Coverage.

3.4 Exclusions Specific to Medical Treatment Benefit:

The following conditions are not covered under the Medical Treatment Benefit:

- a) Traveling for the purpose of obtaining medical treatment and the complications of such treatment;
- b) Traveling contrary to the advice of a Physician;
- c) Pregnancy-related expenses and screening, child birth, surgical delivery, miscarriage, abortion including its complications, pre-natal

- d) or post-natal care as well as nursing care for a newborn child;
- d) Expenses incurred for surgical, mechanical or chemical contraceptive methods of birth control or screening and/or treatment pertaining to infertility such as but not limited to sterilization, hormone treatment, artificial insemination, in vitro fertilization, or embryo transfer and any procedures and conditions arising therefrom;
- e) Expenses incurred for surgery pertaining to perineal repair, sex transformation and enhancement, circumcision and any condition arising therefrom;
- f) Expenses for chronic dermatologic condition and weight problem including their sequelae, management and treatment;
- g) Screening and treatment of congenital, heredo-familial, developmental abnormalities, birth defect and complications arising therefrom;
- h) Medical expenses or surgical procedures that are not accepted as standard expenses/procedures by the medical profession or treatments subsequent to refusal by an Insured Person to follow recommended therapeutic procedures;
- i) Expenses for harvesting and storage of stem cells when it is carried out as a preventive measure against future possible disease or Illness;
- j) All expenses of and related to cryopreservation;
- k) Assault or fighting provoked by the Insured; Injury or Illness arising directly or indirectly out of any law violation, participation in an illegal and unlawful activity or deliberate exposure to exceptional danger except in an effort to save human life;
- l) Degenerative brain disorders, mental, psychotic or nervous/anxiety disorders including any neuroses and their physiological or psychosomatic manifestations;
- m) Screening and treatments for Sexually Transmitted Diseases, Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), Erectile Dysfunction Syndrome (EDS) and all complications arising therefrom;
- n) Any form of artificial implant permanent or otherwise, prosthetic devices, graft, Durable Medical Equipment and Corrective Devices.
- o) Treatments which include hyperalimentation, cost of transplantation whether it is part of an organ or the whole organ itself for donor or recipients including the cost of organ acquisition, follow-up treatment and sequelae;
- p) Experimental medical procedures, chelation and laser treatment regardless of purpose;
- q) Auto-immune conditions and their complications arising thereof and the use of immunoglobulin and other forms of immunotherapy as well as hypersensitivity testing;
- r) Expenses due to vaccination except the first dose of anti-rabies, anti-venom and anti-tetanus;
- s) Expenses for marriage, family and dietary counseling except if the dietary counseling is incidental during confinement;
- t) Executive check-ups or routine medical examinations or check-ups, or confinement purely for diagnostic purposes, hearing test or any service and treatment deemed by the Company as unnecessary to the physical or mental condition involved;
- u) Pre-Existing Conditions including their complications regardless of status unless such have been declared to the Company and have been included for cover by an Endorsement;
- v) Care or treatment for which payment is not required or to the extent that is payable by any other insurance or indemnity covering the Person Insured;
- w) Any form of treatment for dental and periodontal problems and their sequelae, braces, dental appliances and dental implant except as provided in the Medical Treatment Benefit;
- x) Food supplement; care or treatment by herbalist, bonesetter, hypnotherapist, chiropractor, acupuncturists, or any experimental medical procedures or treatment not yet acceptable as standard of practice;
- y) Vitamins and supplements prescribed for an out-patient consultation; over-the-counter medicines unless prescribed by a registered Physician;
- z) Charges with respect to special and/or private nursing except in the event of a medical evacuation being necessary subject to Company approval;
- aa) Professional fees charged by a member of the Insured Person's immediate family or by a person normally resident in the household of the Insured Person.

- bb) All Hospital charges and professional fees incurred after the day and time the Hospital discharge has been duly authorized;
- cc) Any expenses incurred for services provided by another party for which the Insured Person is not liable to pay, or any expense already included in the cost of a scheduled trip;
- dd) Expenses incurred in rest cures, convalescent, intermediate, domiciliary and custodial or home care;
- ee) Screening and treatment for error of refraction, laser or eye surgery to correct refractive error;
- ff) Cosmetic surgery or any cosmetic related complications, eye glasses/contact lenses, hearing aids and prescriptions thereof except as may be required for reconstructive surgery necessitated by Injury or Accident wholly occurring during the Period of Insurance;
- gg) Expenses which are in excess of Normal, Usual and Customary charges for the geographical area as determined by the Company in consultation with reputable medical practitioners and institutions located in the geographical area;
- hh) Expenses for private health care provided by all allied health workers except those that may be incidental to intensive care;
- ii) All expenses of and related to Osteoporosis and Benign Prostatic Hypertrophy;
- jj) Additional Room and Board charges arising from the Insured Person occupying Hospital accommodation more expensive than that specified in 3.2 Limitation of Benefit, item b) of the Policy, extra bed, personal comfort items and other non-medical supplies.

IV. HOSPITAL INCOME

4.1 The Company will add the amount of the Hospital Income Benefit per day as stated in the Policy Schedule or Official Confirmation of Coverage to any valid claim under the Medical Treatment Benefit and other benefits of the Policy for up to ten (10) consecutive days of hospitalization of the Insured Person provided that such hospitalization is in excess of twenty-four (24) hours in duration from the time of admission, and provided further that the medical or surgical condition necessitating treatment as a hospital-confined patient is covered by the Policy. Payment shall be made after the period of confinement in the Hospital.

V. PERSONAL ACCIDENT

5.1 The Company will pay the percentage of the amount indicated in the Policy Schedule or Official Confirmation of Coverage for accidental bodily injury that resulted in a loss covered by the Policy within 180 days after the date of Accident occurring during the Period of Insurance.

Loss of Life	100%
Loss of one or more limbs from the wrist or ankle	100%
Total loss of sight in one or both eyes	100%
Total and Permanent Disability	100%

“Loss of sight” shall mean the entire and permanent irrecoverable loss of sight.

“Total and Permanent Disability” shall mean an irrecoverable condition of physical or mental infirmity occurring wholly as a result of an Accident which renders the Insured Person totally incapable of engaging in any gainful employment, provided however, that such disability subsists continuously for more than nine (9) months from the date when the disability occurred.

The aggregate amount payable under Personal Accident shall not exceed the principal sum or 100% of the benefit. The payment of benefits is subject to Section XIX of the Policy.

5.2 Limitation of Benefit Specific to Personal Accident

The maximum amount of Personal Accident Benefit accepted by the Company on the life of a child under six (6) years old or a person above seventy (70) years old shall be PhP 100,000, US\$ 5,000 or € 3,000 for Peso, Dollar and Euro Plans, respectively.

Children age six (6) to fifteen (15) years old are entitled to a Personal Accident Benefit of up to PhP 1,000,000, US\$ 20,000 or € 15,000 for all

Peso, Dollar and Euro Plans, respectively, and not exceeding the limit stated in the Policy Schedule or Official Confirmation of Coverage. The Personal Accident Benefit is paid corresponding to the age of the Insured Person at the time of the issue date of the Policy Schedule or Official Confirmation of Coverage.

The Company will pay the benefit stated for Loss of Life if the Insured Person's body cannot be located within one (1) year after the forced landing, stranding, sinking or wrecking of the conveyance in which the Insured Person was traveling. If at any time after settlement of claims the Insured Person is found to be alive, all amounts so paid will be refunded to the Company.

5.3 Exclusions Specific to Personal Accident

The Company will not pay any indemnity for losses due to:

- a) Human Immunodeficiency Virus (HIV) related illness including Acquired Immuno Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC) and/or any mutation, derivation, or variation thereof;
- b) Any physical or mental defect or infirmity which is not previously declared and accepted by the Company;
- c) Infections caused by parasites or bacterial infections except pyogenic infections (infection by pus-producing organisms) which shall occur through an accidental cut or wound;
- d) Murder or provoked assault;
- e) Poison, gas or fumes voluntarily or involuntarily taken;
- f) Congenital, heredo-familial, developmental abnormalities, birth defect and complications arising therefrom.

VI. PERSONAL LIABILITY

6.1 The Company will reimburse up to the limits stated in the Policy Schedule or Official Confirmation of Coverage due to situations beyond the control of the Insured Person for:

- a) death, accidental bodily Injury to another person, or
- b) accidental loss or damage to another person's property.

The coverage is up to the maximum benefit amount, which shall be the aggregate limit for all losses incurred during the Policy period. Included within this same limit are all costs and expenses incurred with the written consent of the Company in connection with the defense of claims against the Insured Person which may be the subject of any indemnity under this coverage.

6.2 Exclusions Specific to the Personal Liability Benefit

This benefit does not cover:

- a) The Insured Person's participation in any act of civil or foreign war, acts of terrorism or sabotage, riots, public demonstrations, strikes and lock-outs;
- b) Liability arising directly or indirectly by or through or in connection with any motorized vehicle, aircraft or watercraft when the Insured Person is the owner, driver or pilot thereof or if the person having custody or control of such pilot or person is a servant, agent or person for whom he is legally responsible;
- c) Any loss associated with any deliberate and wrongful damage or harm caused by the Insured Person;
- d) Any loss associated with any law violation, willful, malicious, or unlawful act by the Insured Person;
- e) Any loss as a consequence of any damage caused by animals owned or kept by the Insured Person or by persons for whom he is legally responsible;
- f) Employer's liability, contractual liability or liability to a member of an Insured Person's immediate family;
- g) Accidental loss or damage to property belonging to or held in trust by or in the custody or control of the Insured Person or any of his employees or any member of his family or household. This does not include accidental loss or damages caused by the Insured Person to the contents of any rented hotel/home and facilities within its premises;
- h) Bodily Injury to or Illness of any person who is under a contract of employment, service or apprenticeship with the Insured Person when such Injury or Illness arises out of and in the course of their employment by the Insured Person;

- i) Damage caused to structural parts of buildings owned, rented or occupied by the Insured Person;
- j) Any claim arising directly or indirectly from the Insured Person being insane or under the influence of an excessive consumption of alcohol, misuse or irrational use of drugs/medication, solvent/substance or any addicting and habit forming drugs/substance. Under the influence of an excessive consumption of alcohol is characterized by the Insured Person's alcohol level superior to the normal rate of such alcohol test;
- k) Any non-pecuniary loss;
- l) Any loss resulting from the Insured Person's practice of his profession or trade or liability attaching to the Insured Person by reason of an express term of any contract;
- m) Any loss for which indemnity is provided under any other contract of insurance in the name of the Insured Person;
- n) The transmission of communicable disease by an Insured Person.

VII. BAGGAGE DELAY

7.1 The Company will pay the amount stated in the Policy Schedule or Official Confirmation of Coverage if after six (6) hours of Insured Person's arrival at the intended destination, his accompanying checked-in baggage has been delayed, misdirected, or temporarily misplaced in delivery. An additional payment will be made after seventy-two (72) hours for the same occurrence if the baggage was delayed upon the Insured Person's arrival at the intended destination that is not his Point of Origin. No additional payment other than the payment for more than six (6) hours will be made for delays occurring on the way back to the Point of Origin.

The delay must be certified by an official baggage irregularity report duly issued by the carrier.

7.2 Automatic Extension of Period of Insurance: Baggage Delay Benefit will also apply if the Baggage Delay occurs on the way back to the Point of Origin for a delay of at least six (6) hours.

7.3 Exclusions Specific to Baggage Delay

Benefits will not be provided:

- a) For claims not declared to an authorized person of the carrier as soon as the Insured Person knows the baggage is late or lost;
- b) For delays as a result of detention or confiscation by customs or other officials.

7.4 Limitation of Benefit

The Insured Person cannot claim from under both benefits of Baggage Delay and Baggage Loss occurring on the same transit.

The maximum amount payable for Baggage Delay in transit is 100% of the benefit per occurrence for more than six (6) hours delay and additional 100% for more than seventy-two (72) hours delay for the same occurrence subject to the condition as stipulated in Section 7.1 of this Policy.

VIII. LOSS OR DAMAGE TO BAGGAGE AND PERSONAL EFFECTS

8.1 The Company will pay for loss or damage to the Insured Person's baggage, clothing, prescribed medicines, bags, footwear and other personal effects which are not excluded in Section 8.4 during the Period of Insurance, up to the limits stated in the Policy Schedule or Official Confirmation of Coverage. Benefits payment is subject to the following conditions:

- a) The loss or damage to the Insured Person's baggage and/or personal effects occurred wholly during the Period of Insurance;
- b) For personal effects, the limit of the Company's liability per item, pair or set shall be PHP 5,000, US\$ 150 or € 95 for Peso, Dollar and Euro Plans, respectively;
- c) The Company will cover up to the actual cost of the repair of the damaged baggage or cost of the damaged or lost baggage but not to exceed the maximum benefit;
- d) The total benefits coverable for b) and c) should not exceed the maximum benefit;
- e) The Company may make payment or, at their option, replace or repair subject to allowance for wear and tear and depreciation with respect to baggage more than one (1) year old;

- f) The Company will not make payment for baggage that are more than five (5) years old;
- g) The loss must occur (i) while the baggage or personal effects is/are in the possession of hotel staff or a common carrier and proof of such loss must be obtained in writing from the hotel management or the common carrier management and that such proof must be provided to the Company, or (ii) as the result of theft of the baggage or the personal effects of the Insured Person provided that such loss is reported to the police having jurisdiction at the place of the loss no more than forty-eight (48) hours from the incident. Any claim must be accompanied by written documentation from such police.

8.2 Limitation of Benefit

The Insured Person cannot claim from under both benefits of Baggage Delay and Baggage Loss occurring on the same transit.

The maximum amount payable for Loss or Damage is 100% of the benefit per Period of Insurance. No property may be abandoned to the Company.

8.3 Insured's Obligation to Care for Property

The Company will not pay for loss or damage to the Insured Person's baggage and/or personal effects that are left behind or unattended in a public transportation or public place. The Insured Person(s) shall observe ordinary and proper care for the safety of the property insured, including examination of baggage when received, and in the event of any destruction, loss or damage coming to the notice of the Insured Person, he shall give immediate notice to:

- a) The police in case of theft, loss or willful damage by a third party, and obtain a copy of the official police report;
- b) The carrier when loss or damage has occurred in transit, and obtain a copy of the official baggage irregularity report;
- c) The hotel management when loss or damage has occurred in their possession;
- d) The common carrier management when loss or damage has occurred in their possession.

8.4 Exclusions Specific to Loss or Damage to Baggage and Personal Effects

Benefits will not be provided for any loss, theft or damage to:

- a) Animals;
- b) Documents, identity papers, credit and debit cards, transport tickets, and other similar travel documents;
- c) Cash, traveler's checks, banknotes, stocks, negotiable instruments, securities or bonds;
- d) Timepiece, jewelry, set and unset precious or semi-precious gemstones;
- e) Keys, of any type or make;
- f) Any sporting equipment except while checked-in as baggage with a registered common carrier;
- g) Vehicle parts and accessories;
- h) Equipment for professional use;
- i) Fragile or brittle articles such as but not limited to musical instruments, objects of art, antiques, collector's items, china glassware, porcelains, furniture;
- j) Eyeglasses, contact lenses, hearing aids, prosthetic limbs, artificial teeth or dental bridges;
- k) Perishables and consumables unless receipt(s) can be provided;
- l) Toiletries such as but not limited to lotion, make-up etc.;
- m) Baggage sent in advance or souvenirs and articles mailed or shipped separately;
- n) Hired or leased equipment;
- o) Business goods or samples;
- p) Magnetic tapes, magnetic cards, compact discs or any recordable media as well as any data contained therein;
- q) Any form of audio recording and/or playback devices and its accessories;
- r) Mobile phones or cellphones and its accessories;
- s) Cameras, digital or otherwise, and its accessories;
- t) Any form of electronic and/or technical equipment, including but not limited to personal computers, personal digital assistants (PDAs),

software and accessories and laptops unless stated as a covered benefit in the Policy Schedule or Official Confirmation of Coverage;

- u) Books.

This benefit does not cover loss or damage in consequence of:

- a) Delay, confiscation, detention or examination by customs authorities or other officials;
- b) Seizure of destruction under quarantine or custom regulation;
- c) Transporting contraband or illegal trade;
- d) Unaccompanied baggage, or losses arising from personal negligence or unexplainable disappearance;
- e) Wear and tear or gradual deterioration;
- f) Insects, moth or vermin;
- g) Cleaning, repairing or restoring process;
- h) Atmospheric or climatic changes;
- i) Depreciation of value;
- j) Any loss for which indemnity is provided under any other contract of insurance in the name of the Insured Person.

IX. LOSS OF LAPTOP

9.1 The Company will reimburse for the loss of the Insured Person's laptop during the Period of Insurance, up to the limits stated in the Policy Schedule or Official Confirmation of Coverage. Benefits payment is subject to the following conditions:

- a) The loss of the Insured Person's laptop occurred wholly during the Period of Insurance;
- b) The Company will cover up to the value of the lost laptop but not to exceed the maximum benefit;
- c) The loss of the Insured Person's laptop that is more than three (3) years old from the date of purchase is subject to fifty percent (50%) depreciation but not to exceed the maximum limit;
- d) The Company will not make payment for laptop that is more than six (6) years old from the date of purchase;
- e) The loss must occur (i) while laptop is in the possession of hotel staff or a common carrier and proof of such loss must be obtained in writing from the hotel management or the common carrier management and that such proof must be provided to the Company, or (ii) as the result of theft, robbery or burglary of the laptop, such loss is reported to the police having jurisdiction at the place of the loss no more than forty-eight (48) hours from the incident. Any claim must be accompanied by written documentation from such police.

9.2 Limitation of Benefits

This benefit is available to certain plans as specified in the Policy Schedule or in the Official Confirmation of Coverage. This benefit is not applicable for all Philippine Travel Only Plans.

This benefit excludes netbook, portable telecom equipment, handheld computer such as but not limited to tablet or palmtop, other electronic and technical equipment and accessories.

9.3 Insured's Obligation to Care for Property

The Company will not pay for loss of the Insured Person's laptop that is left behind or unattended in a public transportation or public place. The Insured Person(s) shall observe ordinary and proper care for the safety of the property insured, including examination of baggage containing the laptop when received, and in the event of any loss coming to the notice of the Insured Person, he shall give immediate notice to:

- a) The police in case of theft or loss and obtain a copy of the official police report;
- b) The carrier when loss has occurred in transit and obtain a copy of the official baggage irregularity report;
- c) The hotel management when loss has occurred in their possession;
- d) The common carrier management when loss has occurred in their possession.

9.4 Exclusions Specific to Loss of Laptop

This benefit does not include indemnity for damaged laptop and does not cover loss in consequence of:

- a) Delay, confiscation, detention or examination by customs authorities or other officials;
- b) Seizure of destruction under quarantine or custom regulation;
- c) Wear and tear or gradual deterioration;
- d) Cleaning, repairing or restoring process;
- e) Atmospheric or climatic changes;
- f) Depreciation of value;
- g) Laptop sent in advance, or souvenirs and articles mailed or shipped separately from the Insured Person.

X. THEFT OF CASH

10.1 The Company will pay the equivalent amount of stolen cash while being physically carried on by the Insured Person during the Period of Insurance, up to the limits stated in the Policy Schedule or Official Confirmation of Coverage. Benefits payment is subject to the following conditions:

- a) The Company will cover up to the cost of the stolen cash but not to exceed the maximum benefit;
- b) The theft must occur while cash is being physically carried on by the Insured Person and must be reported to the police having jurisdiction at the place within forty-eight (48) hours from its occurrence. Any claim must be accompanied by written documentation from such police.

10.2 Limitation of Benefit

This benefit is available to certain plans as specified in the Policy Schedule or in the Official Confirmation of Coverage. This benefit is not applicable for all Philippine Travel Only Plans.

Children under sixteen (16) years old are not entitled to any Theft of Cash Benefit. Benefits are paid corresponding to the age of the Insured Person at the time of the issue date of the Policy Schedule or Official Confirmation of Coverage.

10.3 Exclusions Specific to Theft of Cash

Other than by reason of theft, this benefit does not cover cash that was lost in other manners such as, but not limited to (i) burglary; (ii) forgotten place of storage; or (iii) unexplained disappearance of cash.

XI. LOSS OF TRAVEL DOCUMENTS

11.1 The Company will reimburse the Insured Person up to the limits stated in the Policy Schedule or Official Confirmation of Coverage for the (i) cost of the replacement of the passport including unused visa and re-issuance of the travel tickets of the same class; (ii) travel expenses necessary in obtaining such replacements; and (iii) unplanned accommodation expenses resulting from failure to board the original flight departure due to lost travel documents provided always that an Insured Person shall exercise reasonable care for the safety and supervision of the property. The travel expenses and unplanned accommodation expenses are subject to a combined daily limit of up to Php 5,000, US\$ 110 and € 90 for Peso, Dollar and Euro Plans, respectively and will be covered up to two (2) days from the original date of the supposed departure that was necessarily rebooked or abandoned due to lacking travel documents. The loss of travel documents must be reported to the police within forty-eight (48) hours of the discovery and copy of the police report must be obtained.

11.2 Exclusions Specific to Loss of Travel Documents

Benefit will not be provided for the following:

- a) Loss of traveler's checks;
- b) Replacement cost of travel documents, travel and/or accommodation expenses without proof of payment.

XII. EMERGENCY TRIP CANCELLATION

12.1 Trip Cancellation means the abandonment of the planned trip by outright cancellation of reservations for the travel and accommodations resulting in the refund of a portion of the payments made in advance. The Company will reimburse up to the limits stated in the Policy Schedule or Official Confirmation of Coverage the non-refundable portion of the travel and accommodation expenses, penalties and other irrecoverable pre-paid

charges related to the trip according to the contract with the Provider (e.g. hotel, airline), Travel Agency and/or Tour Operator, if the trip has to be cancelled within thirty (30) days before the scheduled departure date or on the scheduled departure date from the Point of Origin as stated in the Policy Schedule or Official Confirmation of Coverage due to:

- a) death, life-threatening condition or Serious Illness/Injury, or sickness resulting to compulsory quarantine or denied boarding of the Insured Person, his legal spouse, child, brother, sister, parent, grandparent or parent-in-law;
- b) unexpected outbreak of strike, riot, or civil commotion at the Point of Origin or at the planned destination arising out of circumstances beyond the control of the Insured Person;
- c) natural catastrophe (earthquake, flood, hurricane, tornado, tsunami and other similar events) at the Point of Origin or at the planned destinations;
- d) loss of travel documents of the Insured Person provided that such loss is reported to the police having jurisdiction at the place of the loss no more than forty-eight (48) hours from the incident. Any claim must be accompanied by written documentation from such police.

12.2 Limitation of Benefit

The Company will not pay for any loss that is covered by any other existing insurance scheme, government program or loss which will be paid or refunded by a hotel, airline or travel agent in relation to the cancelled trip.

12.3 Exclusion Specific to Trip Cancellation

This benefit does not cover cancellation due to pregnancy, childbirth or miscarriage of the Insured Person or his legal spouse, child, sister, mother, mother-in-law or grandmother. Any medical expense is not reimbursable under this benefit.

XIII. EMERGENCY TRIP TERMINATION

13.1 If during travelling, after the coverage has begun and it was necessary for the Insured Person (1) to extend the period of stay away from his Point of Origin, or (2) to curtail his planned onward journey without returning to the Point of Origin, or (3) to cut short his trip by returning to the Point of Origin stated in the Policy Schedule or Official Confirmation of Coverage, the Company will reimburse up to the limits stated in the Policy Schedule or Official Confirmation of Coverage the non-refundable portion of the travel fare and accommodation expenses, penalties and other irrecoverable pre-paid charges related to the trip according to the contract with the Provider (e.g. hotel, airline), Travel Agency and/or Tour Operator. This benefit is applicable if trip termination is due to any of the following:

- a) death, life-threatening condition or Serious Illness/Injury, or sickness resulting to compulsory quarantine or denied boarding of the Insured Person, his legal spouse, child, brother, sister, parent, grandparent or parent-in-law; if it was necessary for the Insured Person to extend his period of stay away from his Point of Origin for medical assistance or after Hospital discharge, the Company will reimburse the cost of the Insured Person's unplanned accommodation;
- b) unexpected outbreak of strike, riot, or civil commotion at the place of departure or at the planned destination arising out of circumstances beyond the control of the Insured Person;
- c) natural catastrophe (earthquake, flood, hurricane, tornado, tsunami and other similar events) at the place of departure or at the planned destinations;
- d) loss of travel documents of the Insured Person provided that such loss is reported to the police having jurisdiction at the place of the loss no more than forty-eight (48) hours from the incident. Any claim must be accompanied by written documentation from such police.

13.2 Limitation of Benefit

The Company will not pay for any loss that is covered by any other existing insurance scheme, government program or loss which will be paid or refunded by a hotel, airline or travel agent in relation to the terminated trip.

13.3 Exclusion Specific to Trip Termination

This benefit does not cover termination due to pregnancy, childbirth or

miscarriage of the Insured Person or his legal spouse, child, sister, mother, mother-in-law or grandmother. Any medical expense is not reimbursable under this benefit.

XIV. FLIGHT DELAY

14.1 The Company will pay the amount stated in the Policy Schedule or in the Official Confirmation of Coverage for more than six (6) hours delay as a result of flight delay due to severe weather conditions, natural catastrophes, technical failure of aircraft on which Insured Person is scheduled to board or technical failure or mechanical fault of the airport facility. An additional payment will be made after seventy-two (72) hours for the same occurrence if the flight delay occurs from a place of departure that is not his Point of Origin. No additional payment other than the payment for more than six (6) hours will be made for flight delay occurring from the Point of Origin.

14.2 The Company will also provide the cash benefit under Flight Delay for a six (6) hour minimum difference between the original flight itinerary and the rebooked or new flight because of passenger's late arrival at the airport due to severe weather conditions, natural catastrophe and technical failure of the preceding sea-based/land-based public transportation. The delay should be supported by an official irregularity report from the bus line, shipping line or rail authority. Rented, semi-private (e.g. taxi) and private vehicles as the preceding transportation are not covered. An additional payment will be made after seventy-two (72) hours for the same occurrence if the delay occurs from a place of departure that is not his Point of Origin. No additional payment other than the payment for more than six (6) hours will be made for delays occurring from the Point of Origin.

14.3 Exclusion Specific for Flight Delay

This benefit does not cover any delay of a chartered flight.

14.4 Limitation of Benefit

The maximum amount payable for Flight Delay is 100% of the benefit per occurrence for more than six (6) hours delay and additional 100% for more than seventy-two (72) hours delay for the same occurrence subject to the condition as stipulated in Section 14.1 of this Policy.

XV. MISSED CONNECTING FLIGHT

15.1 In the event the Insured Person misses his scheduled onward connecting flight while overseas at the transfer point due to the late arrival of the Insured Person's incoming flight and no alternative onward transportation is made available to the Insured Person within six (6) consecutive hours after the arrival time of his incoming flight, the Company will pay the Insured Person for each consecutive 6-hour delay, maximum of consecutive ninety-six (96) hours. The Company will pay the amount stated in the Policy Schedule or Official Confirmation of Coverage. The late arrival of the incoming flight must be due to severe weather conditions, natural catastrophes, technical failure of aircraft on which Insured Person is scheduled to board, technical failure or mechanical fault of the airport facility or organized industrial action/strike or hijack.

15.2 Exclusion Specific for Missed Connecting Flight

The Insured Person's incoming and onward connecting scheduled flight is a chartered flight.

XVI. STRIKES AND HIJACKS

16.1 The Company will pay the benefit as stated in the Policy Schedule or Official Confirmation of Coverage for a maximum of ten (10) days for each full day the Insured Person's travel is delayed for more than twelve (12) hours from reaching his scheduled destination as shown on the itinerary wholly due to organized industrial action, strike or hijack.

16.2 A full day is defined with reference to the time of expected departure. A fraction of the day consisting of more than twelve (12) hours is considered as one full day.

XVII. FUNERAL AND BURIAL EXPENSES

17.1 The Company will pay the cost of funeral and burial expenses to be incurred at the Point of Origin, if the Insured Person dies during the Period of

Insurance. Benefit is payable up to the limits stated in the Policy Schedule or Official Confirmation of Coverage if the death is due to a disability or medical condition covered by the Policy.

XVIII. EMERGENCY ASSISTANCE BENEFITS

18.1 Availment of services through the Company's designated assistance provider

The Company, through the designated assistance provider, will provide the following assistance benefits on top of the Medical Treatment Limit stated in the Policy Schedule or Official Confirmation of Coverage, provided that such assistance is a result of treatment of Illness or Injury or death which is covered by the Company's designated assistance provider, occurring during the period covered by the Policy and provided always that all arrangements are made through the Company's designated assistance provider. All services must be arranged by the Company.

The following benefits are available to the Insured Person:

18.1.1 Medical Consultation, Evaluation and Referral

The Company's designated assistance provider provides telephone access to Operations Center staffed twenty-four (24) hours a day, every day of the year, with multilingual personnel for medical consultation, evaluation and referrals to trained Physicians.

18.1.2 Emergency Medical Evacuation

The Company will arrange and pay for an evacuation under appropriate medical supervision, by the mode of transport necessary, to the nearest medical facility capable of providing required care when an adequate medical facility is not available proximate to the Insured Person, as determined by the Company and the consulting Physician.

18.1.3 Medical Repatriation

When medically necessary, as determined by the Company and the consulting Physician, repatriation under medical supervision to the Insured Person's legal residence or to a medical or rehabilitation facility near the Insured Person's residence, at such time as the Insured Person is medically cleared for travel via commercial carrier, provided the repatriation can be accomplished without compromising the Insured Person's condition. If the time period to receive medical clearance to travel by common carrier exceeds fourteen (14) days from the date of discharge from the Hospital, an appropriate mode of transportation may be arranged, such as an air ambulance. Medical or non-medical escorts may be provided as necessary.

18.1.4 Hospital Admission Assistance Following a Medical Evacuation

The Company, through its designated assistance provider, issues a prompt financial guarantee to facilitate admittance to a foreign medical facility and/or validate Insured Person's medical insurance; provided that the Insured Person must repay all funds advanced for Hospital admittance within forty-five (45) days of the date advanced. Insured Person, through his health plan or other means, is responsible for costs incurred for medical services rendered by the treating medical facility.

18.1.5 Medical Monitoring

Medical personnel will monitor Insured Person's condition and will (i) stay in regular communication with the Attending Physician and/or Hospital and (ii) relay necessary and legally permissible information to family members.

18.1.6 Prescription Assistance

If an Insured Person needs replacement prescription medicine while traveling, the Company helps with replacing the prescription, when possible and legally permissible and upon consulting with the Attending Physician; the Insured Person is responsible for the cost of the prescription.

18.1.7 Emergency Message Transmission

Legally permitted emergency messages will be received and transmitted to and from family members.

18.1.8 Compassionate Visit

When an Insured Person is traveling alone and will be hospitalized for more than seven (7) consecutive days, the Company will provide economy, round-trip, common carrier transportation to the major airport closest to the place of hospitalization to a designated family member or personal friend. It is the responsibility of the family member or the friend to meet all visa and document requirements, if applicable.

18.1.9 Care of Minor Child(ren)

One-way economy common carrier transportation, with attendants if required, will be provided to the place of residence of minor child(ren) when they are left unattended as a result of medical emergency or death of the Insured Person.

18.1.10 Return of Mortal Remains

In the case of the Insured Person's death, the return of mortal remains will be arranged and paid for. The Company will render any assistance necessary in the transport including locating a local, licensed funeral home, mortuary or direct disposition facility to prepare the body for transport, completing all documentation, acquire all legal clearances, procuring consular services (for death overseas), obtaining death certificates, purchasing the minimally necessary casket or air transport container, as well as transporting the remains, including retrieval from site of death and delivery to receiving funeral home.

18.1.11 Interpreter and Legal Referrals

Upon request, referrals to interpreters, counselors or legal personnel will be provided.

18.1.12 Lost Luggage or Document Assistance

The Company helps the Insured Person locate lost luggage, documents personal belongings or assist with the replacement of lost travel tickets.

18.1.13 Emergency Cash Coordination

The Company assists in coordinating the transfer of emergency cash to the Insured Person, provided the Insured Person has a verifiable travel emergency and is circumstantially without other financial means. The source of the funds is the responsibility of the Insured Person.

18.1.14 Pre-trip Information

The Company offers the Insured Person country profiles that include visa requirements, immunization and inoculation recommendations, embassy and consulate information, country specific details and security advisories as well as other pertinent information for travel destinations.

The Insured Person hereby acknowledges that the Company's obligation to provide or contract for the above services is subject to the following conditions/exclusions:

Conditions:

The Company will not provide services in the following instances:

- a) Travel undertaken specifically for securing medical treatment;
- b) Injuries resulting from participation in acts of war or insurrection;
- c) Commission of an unlawful act(s);
- d) Attempt at suicide;
- e) Incidents involving the use of drugs unless prescribed by a Physician
- f) Transfer of the Insured Person from one medical facility to another medical facility of similar capabilities which provides a similar level of care.

The Company will not evacuate or repatriate the Insured Person:

- a) Without medical authorization;
- b) With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local doctors and do not prevent the Insured Person from continuing his/her trip or returning home
- c) With a pregnancy with a term of over six (6) months;
- d) With mental or nervous disorders unless hospitalized.

The Company cannot guarantee the provision of outside services to an otherwise Insured Person who does not possess valid worldwide health insurance coverage. Notwithstanding this provision that the Company cannot guarantee the provision of services when the Insured Person lacks valid worldwide health insurance coverage, the Company shall make its best reasonable efforts to provide service in such a circumstance.

Exclusion:

Trip exceeding days specified in the Policy Schedule or Official Confirmation of Coverage from legal residence without prior notification to the Company.

Legal actions arising hereunder shall be barred unless written notice thereof is received by the Company within one (1) year from the date of event giving rise to such legal action.

While assistance services are available worldwide, transportation response time is directly related to the location/jurisdiction where an event occurs. The Company is not responsible for failing to provide services or for delays in the delivery of services caused by strikes or conditions beyond its control, including by way of example and not by limitation, weather conditions, availability of airports, flight conditions, availability of hyperbaric chambers, communication systems, or where rendering of service is limited or prohibited by local law or edict.

All consulting Physicians, attorneys and services provider are independent contractors/third parties and not under the control of the Company. The Company is not responsible or liable for any malpractice committed by professionals rendering services to an Insured Person.

The Insured Person must reimburse the Company for any service rendered upon Insured Person's request that is beyond the scope of the Policy.

The designated assistance provider is not affiliated with the underwriter of the Company and such underwriter shall not be held liable or responsible for any acts or omissions by the designated assistance provider in connection with or arising under the rendering of services described herein.

The Company retains the absolute right to decide whether the Insured Person's medical condition is sufficiently serious to warrant Emergency Medical Evacuation. If and when the Insured Person's condition does not merit an evacuation as per the Company's designated assistance provider's assessment, and the Insured Person requests for such evacuation anyway, the Company shall carry out the request, however expenses shall be the Insured Person's responsibility.

If the Insured Person is covered for domestic travel, only the benefits under 18.1.1, 18.1.2 and 18.1.5 are applicable.

18.2 Availment of services not through the Company's designated assistance Provider

If the benefits listed in Section 18.1 are not availed of or coursed through the Company's designated assistance provider, the benefits stated in Section 18.1 may be filed for reimbursement with the Company and will be up to the limits inscribed in the Policy Schedule or Official Confirmation of Coverage and will form part of the Medical Treatment Limit of the plan, provided that such assistance is a result of treatment of Illness or Injury, or due to death which is covered by the Policy, occurring during the Period of Insurance. Furthermore, benefits under this section are subject to all the provisions and exclusions of the Policy.

The Company retains the absolute right to decide whether the Insured Person's condition is sufficiently serious to warrant the availment of the benefits listed in Section 18.1.

18.3 Guarantee of Medical Expenses during Hospitalization for a covered Illness or Accident is subject to the Company's policy and approval. This facility is not applicable to domestic travel.

XIX. EXCLUSIONS APPLYING TO THE ENTIRE POLICY

The Policy does not cover any form of loss sustained by the Insured Person arising from causes in consequence of:

- 19.1 War (declared or undeclared), Terrorism, acts of piracy, any form of kidnapping, invasion, act of a foreign enemy or hostilities (whether war is declared or not), civil war, rebellion, revolution, insurrection, mutiny, civil commotion, military or usurpation of power, riots, strikes, military or popular rising unless specified as covered event under the benefit provision;
- 19.2 Intentional self inflicted injury, suicide or attempted suicide (whether felonious or not) while sane or insane, alcoholism, drug-abuse related problem or any psychiatric condition;
- 19.3 Active duty in the military, naval or air forces of any Country or International Authority;
- 19.4 Charges for professional fees of medico – legal officer;
- 19.5 Death or disablement occasioned by or happening through pregnancy, childbirth, miscarriage or abortion;
- 19.6 Natural catastrophes; epidemics including military or paramilitary epidemics and which are declared by any local, regional or international agency or organization authorized to address health issues in the local and national geographical area or country unless specified as covered event under the benefit provision;
- 19.7 Committing or attempting to commit an illegal, unlawful activity, law violation, provoked assault, felony or criminal act;
- 19.8 Any claim arising directly or indirectly out of excessive consumption of alcohol, misuse or irrational use of drugs, solvent or any addicting and habit forming drugs/substance. Excessive consumption of alcohol is characterized by the Insured Person's alcohol level superior to the normal rate of such alcohol test;
- 19.9 Ionizing radiations or contamination by radioactivity from any sources like nuclear plant leaks, nuclear waste from process of nuclear fission, or from any nuclear weapons material;
- 19.10 Participating in (but not limited to) the following activities including the practice and actual competition: Auto racing, professional sports, contact sports, winter sports, racing other than foot racing, motorcycling (except daily use for transportation on a paved road), 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, steeplechasing, 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-certified diver who is diving without the supervision of a recognized scuba diving certification agency 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 and except for deliberate exposure to exceptional danger not including in an effort to save human life;
- 19.11 Entering, operating, servicing, riding in, ascending or descending from any kind of conveyance if the Insured Person is an operator, officer or member of the crew of the conveyance, or is giving or receiving any kind of training or instruction or has any duties aboard the conveyance, or requiring descent therefrom;
- 19.12 Traveling as a fare-paying passenger in or on any conveyance that does not belong to a duly registered commercial airline and is not intended for the transport of fare-paying passengers on regular and published scheduled routes;
- 19.13 Reimbursements for any service to the Insured Person which are in excess of the maximum benefit or in excess of those which are reasonable and customary after due consideration of the geographic and economic factors applying to the place where the service was provided;
- 19.14 Engaging in any occupation or trade that is unacceptable to the Company;
- 19.15 Charges incurred for provision of all certificates, documentations, pieces of information and evidence required by the Company including the

translation cost of such evidences in support of an application or claim for benefits;

- 19.16** Communication and transportation expenses other than medically necessary telecommunications and local ambulance/transportation services;
- 19.17** Any benefit claim stated in the Policy Schedule or in the Official Confirmation of Coverage for which indemnity will be covered or reimbursed under any other insurance policy, existing insurance scheme, government program; or will be paid or refunded by any carrier, airline, hotel, travel agent or any other party;
- 19.18** Any expense or service not approved and arranged by the Company or its designated assistance provider, except that this exclusion shall be waived in the event the Insured Person or his traveling companions cannot for reason beyond their control notify the Company or its designated assistance provider during an emergency situation. In any event, the Company reserves the right to reimburse the Insured Person only for expenses incurred for service which the Company or its designated assistance provider would have provided under the same circumstances up to the actual cost used but not to exceed the maximum limit in the Policy Schedule or Official Confirmation of Coverage;
- 19.19** Pre-Existing Conditions and its consequences or sequelae and its complications, unless stated covered in the Policy Schedule or Official Confirmation of Coverage;
- 19.20** Injury, or disease arising out of duties of employment or profession with physical hazard;
- 19.21** Failure to take precautions to avoid a claim after there was a warning reported or published in the mass media not to travel.

The Company and its designated service provider cannot be held responsible for failure to provide services or for delays caused by strikes or conditions beyond its control, including but not limited to, flight conditions or where local laws or regulatory agencies prohibit the Company and its designated service provider rendering such services.

XX. CLAIMS PROVISION

20.1 CLAIM SUBMISSIONS:

- 20.1.1 CERTIFICATION, INFORMATION AND EVIDENCE:** All certificates, accounts, receipts, information and evidence required by the Company shall be furnished in such form as the Company may require.
- 20.1.2 SUFFICIENCY OF NOTICE:** Written notice of any claim given by or on behalf of the Insured Person or Beneficiary to the Company or to any authorized representative of the Company, with information sufficient to identify the Insured Person, shall be deemed notice to the Company.
- 20.1.3 NOTICE OF CLAIM:** For non-annual travel plan, notice of any claim must be given to the Company within thirty-one (31) days of the expiration of the Policy or of completion of events for which the claim is being made or as soon as thereafter as is reasonably possible.

For Annual Travel Plan, notice of any claim must be given to the Company within thirty-one (31) days after the date of loss or of completion of events for which the claim is being made or as soon as thereafter as is reasonably possible.

In the event of accidental death, immediate notice thereof must be given to the Company.

- 20.1.4 PROOF OF CLAIM:** All claims shall be filed together with reasonable proof obtained, at the Insured Person's expense, of the death, illness, Disability, Injury, or loss for which the claim is made as well as any and all supporting information. All proof of claim

must be submitted in the English language and the translation shall be at the expense of the Insured Person.

The list of reasonable proof of claim is as stated in the Company's Reimbursement Checklist.

Completed claim forms and written proof of loss must be furnished to the Head Office of the Company within ninety (90) days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce the claim if it was not reasonably possible to give proof within such time.

Claims are not deemed to be complete and benefits are not payable unless all bills under such claims have been submitted and agreed upon by the Company and only costs actually incurred shall be considered for reimbursement.

20.1.5 PHYSICAL EXAMINATION AND AUTOPSY: The Company shall have the right and opportunity to examine the Insured Person when and as often as it may reasonably require during the pendency of claim hereunder, and the right and opportunity to make an autopsy in case of death, where it is not forbidden by law.

20.1.6 PAYMENT OF CLAIMS: Indemnity under this Policy is payable to the Insured Person himself or to the person other than the Insured Person himself, who has legal right to insure the subject of the Policy of Insurance, as the case may be. However, in case of death of the Insured Person during the Period of Insurance, indemnity for loss of life of the Insured Person is payable to the Beneficiary specified in the Application for insurance, if surviving the Insured Person. If no Beneficiary is designated, the benefit due, if still unpaid, shall be paid to the heirs or estate of the Insured Person under the law on succession.

The amount of any damage or loss for which the Company may be liable under the Policy shall be paid within thirty (30) days after proof of loss is received by the Company and ascertainment of loss or damage is made either by agreement between the Insured Person and the Company or by arbitration; but if the ascertainment of the loss is not had or made within sixty (60) days after such receipt by the Company of proof of loss, then the loss or damage shall be paid within ninety (90) days after such receipt. Refusal or failure to pay the loss within the time prescribed herein will entitle the Insured Person to collect interest or the proceeds of the Policy for the duration of the delay at the rate of twice the ceiling prescribed by the Monetary Board, unless such refusal or failure to pay is based on the ground that the claim is fraudulent.

20.1.7 CONDITIONS PRECEDENT TO ANY LIABILITY: Any liability of the Company to the Insured Person shall be wholly dependent upon:

- The Company being furnished with all required statements and declarations to be provided by the Insured Person or an Application or enrollment form provided by the Company and the complete truth of all such statements and declaration.
- The complete truth of all statement and declarations made in respect to any claim made against the Company by the Insured Person under the provisions of the Policy.
- The due observance and fulfillment of the terms, conditions, and provisions of the Policy and Endorsements to it insofar as they relate to anything to be done or complied with the Insured Person.

20.1.8 FRAUDULENT CLAIMS: If any claim under the Policy is in any respect fraudulent, all benefits payable and/or paid in relation to that claim shall be forfeited and if deemed appropriate, recoverable respectively.

20.2 BENEFIT PAYMENT:

20.2.1 Coordination of Benefits: Benefits will not exceed the total expenses when combined with other insurance in force or organizations or which are provided free of charge in government or private facilities.

XXI. TERMS AND CONDITIONS

21.1 REINSURANCE: The Company has entered into a reinsurance agreement with General Reinsurance AG Hong Kong Branch (formerly Cologne Reinsurance Company, plc Hong Kong Branch) with office address: 6801-03, 68/F, Central Plaza, 18 Harbour Road, Wanchai (Hong Kong).

21.2 ENTIRE CONTRACT OR CHANGES IN THE POLICY: The Policy, the submitted Application form and all Schedules, Endorsements, rider clauses or warranties attached thereto are the whole contract. Any change to the Policy on or after the Effective Date is not acceptable. Any change to the Policy prior to the Effective Date must be approved by an authorized officer of the Company and such approval must be endorsed or attached to the Policy. If a special meaning is attached to any word or expression in the Policy, or its Schedules, Applications or Endorsements, it will continue to bear such meaning throughout the Policy.

No alterations to the terms of or Endorsement to the Policy shall be valid unless countersigned by the duly authorized officer of the Company. No such alteration or Endorsement shall affect any Official Confirmation of Coverage or Policy issued prior to the alteration or Endorsement without the written consent of the Insured Person.

21.3 OBSERVANCE OF TERMS AND CONDITIONS: The due observance and fulfillment by the Insured Person(s) of the terms and conditions, as printed on the Policy and any Endorsement, rider clause or warranty attached to the Policy insofar as they relate to anything to be done or complied with by then, and the truth of the statements and particulars in every proposal for insurance or submission of a claim shall be conditions precedent to any liability of the Company.

21.4 CHANGE OF COUNTRY OF RESIDENCE, OCCUPATION, HABITS, OR PURSUANT: The Insured Person shall give or cause to give immediate notice to the Company of any change in address, Country of Residence, occupation, habits or pursuits of any person covered under the Policy. For change in Country of Residence, the Company shall not be liable for losses arising from such a change until and unless such notice is duly given within ninety (90) days from such occurrence of change and approved by the Company. The change must be endorsed to the Policy and any additional premium if any is paid.

21.5 SUIT AGAINST THE COMPANY: If a claim be made and rejected and an action or suit be not commenced either in the Insurance Commission or any court of competent jurisdiction within twelve (12) months from receipt of notice of such rejection or in case of arbitration taking place as provided herein, within twelve (12) months after due notice of the award made by the arbitrator or arbitrators or umpire, then the claim shall be for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

21.6 ALTERNATIVE MODES OF DISPUTE RESOLUTION: In the event of any controversy or claim arising out of or relating to this contract, or a 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.

21.7 ABSOLUTE OWNERSHIP: The Company shall, unless otherwise expressly provided by Endorsement on the Policy, be entitled to treat the Insured Person as the absolute owner of the Policy and shall not be bound to recognize any equitable or other claim to or interest in the Policy. The receipt of the Insured Person or of the Insured Person's personal representative alone shall be an effectual discharge.

21.8 APPLICATION FOR EXTENSION OF PERIOD OF INSURANCE: Any application for an extension of the Period of Insurance must be submitted to the Head Office and approved prior to any effectivity of such extension. Such approved extension will be duly endorsed to the Policy. During the extension period the following benefit availments are not covered:

a) Any medical availment (emergency and non-emergency case) that is due to a condition and its complications that occurred or was treated during the Period of Insurance coverage preceding this extension;

b) Any medical condition and its complications in which the natural history can be medically determined to have started during the Period of Insurance of the preceding Policy, whether or not the Insured Person was aware of such Illness or Condition.

21.9 CHANGE OF PLAN: Any application for an upgrading of plan will only be allowed if the Insured Person has not departed for his trip. An application for upgrade on or after the effective date is not acceptable. No application for the downgrading of plan will be allowed.

21.10 AREA LIMITATION: No Benefit shall be payable for Illness, Injury, Accident or loss occurring outside of the Area Covered as stipulated in the Official Confirmation of Coverage.

21.11 CANCELLATION: The Policy may not be cancelled by the Company except in accordance with and pursuant to the provisions of Sections 64 and 65 of the Insurance Code. In the event of such Cancellation, the Company shall refund the unearned portion of the paid premium to the Insured Person. The Company will allow the cancellation of the Policy upon the request of the Insured Person but solely for the reason of non-issuance or denial of their visa application. The amount of refund will be the premium paid less the applicable cancellation fee at the time of cancellation. Notice of claim must be given to the Company within thirty-one (31) days from non-issuance or denial of visa application. Failure to submit such notice within the time required shall forfeit the refund of premium.

21.12 VENUE IN CASE OF LITIGATION: In the event of any legal action, which may arise out of the provisions of the Policy, the case shall be filed exclusively within the various courts of Makati or in the court having jurisdiction in the address of the Policyholder or Insured as appearing in Policy Schedule or in the Official Confirmation of Coverage or Change of Address Endorsement provided it is within the Philippines and to the exclusion of any other courts outside the Philippines.

21.13 CURRENCY: All the benefits shall be payable in the currency of the plan that was applied for, unless otherwise requested by the Insured Person and approved by the Company.

21.14 CIVIL CODE ARTICLE 1250 WAIVER: The provision of Article 1250 of the Civil Code of the Philippines (Republic Act No. 386) which reads "*In case an extraordinary inflation or deflation of the currency stipulated should supervene, the value of the currency at the time of the establishment of the obligation shall be the basis of payment.*" shall not apply in determining the extent of liability under the provisions of the Policy.

21.15 SUBROGATION (OR CLAIM AGAINST THOSE LIABLE FOR THE CLAIM): If at any time the Company has paid a claim to the Insured Person (or his Beneficiary) which may be recoverable from a third party, the Company may require the Insured Person (or his Beneficiary) to provide them with an instrument of Subrogation whereby the Company would have the right at any time and at their own expense to institute proceedings in the name of the Insured Person (or his Beneficiary) to recover compensation from such third party; provided that, any amount so recovered, but not to exceed the aggregate of the indemnities paid by the Company to the Insured Person (or his Beneficiary) together with the costs of recovery, shall belong to the Company and any excess shall be paid to the Insured Person (or his Beneficiary). The Insured Person (or his Beneficiary) will undertake to assist the Company in the successful recovery of the losses.

21.16 CIRCULAR LETTER NO. 9-97: The Policy is subject to Circular Letter No. 9-97, "Guidelines for Foreign Currency Denominated Investments and Insurance Policy."

21.17 MISSTATEMENT OF AGE: If the age of the Insured Person has been misstated, all amounts payable under the Policy shall be the benefits corresponding to the age of the Insured Person at the time of the issue date of the Policy Schedule or Official Confirmation of Coverage. Any additional premium required for the Insured Person's age shall be deducted from his claims. If according to the correct age of the Insured, the coverage provided by the Policy would not have become effective, or would have ceased prior to the acceptance of such premium(s), then the liability of the Company during the period the Insured Person is not eligible for coverage shall be

limited to the refund, of all premiums paid for the period not covered by the Policy.

21.18 RIGHT OF RECOVERY: In the event that authorization of payment and/or payment is made by the Company for a claim which is not covered under the Policy or when the limit of liability of this insurance is exceeded, the Company reserves the right to recover the said sum or excess from the Policyholder/Insured Person.

CLAIMS REQUIREMENTS (Reimbursement Checklist)

- A duly accomplished Notification of Claim (NOC) Form must be submitted along with appropriate requirements to begin processing of your claim.
- For all claims, the original Travel Official Confirmation of Coverage (OCC) along with photocopies of the passport pages showing the dates of departure and arrival corresponding with the itinerary on the OCC must be submitted.
- For photocopies of birth, marriage or death certificates, as well as photocopies of passport, please bring originals for presentation purposes.
- The Company reserves the right to request for additional documents as deemed necessary.

MEDICAL AND EMERGENCY BENEFIT

For Out-Patient Treatment

- Completely filled out Attending Physician's Statement for Out-Patient Treatment
- Original official receipts with payment details
- If with surgical operation, photocopy of the operative report
- Photocopy of doctor's prescription of medication required for treatment
- Photocopy of doctor's request for laboratory procedure
- Photocopy of laboratory results
- If accident related, original police report or accident report

For In-Patient Treatment

- Original and full medical report (pertaining to the confinement) from the Hospital or Attending Physician/s (e.g. clinical abstract or admitting history, discharge summary, etc.)
- Original itemized statement of account from the Hospital
- Original official receipts with payment details
- If with surgical operation, photocopy of the operative report
- Photocopy of the laboratory results
- Photocopy of doctor's prescription for home medication
- If accident related, original police report or accident report
- Completely filled out Attending Physician's Statement for In-Patient Treatment

PERSONAL ACCIDENT BENEFIT

- Doctor's official and original written diagnosis
- Full medical report establishing the loss of limb or loss of sight or total and permanent disability.
- In case of death, a photocopy of the death certificate and the relevant coroner's report
- If the accident was reported to the police authorities, original police report

LOSS OR DAMAGE TO BAGGAGE AND PERSONAL EFFECTS BENEFIT

- Original baggage irregularity report issued by the airline or carrier in case the loss or damage occurred while such baggage was under their custody
- Certification from carrier, hotel or any other party, or any proof satisfactory to the Company that the loss or damage to the baggage was not indemnified, or if settlement was made, certification specifying amount settled
- For other circumstances, an original police report for such loss or damage
- Original official receipts for the purchase of the lost or damaged baggage. If original official receipts are not available, submit an

affidavit of lost official receipt. Details of the official receipt such as amount, date of purchase, brand, model and type of lost or damaged bag should be specified on the affidavit.

- If already repaired, original official receipt for the cost of repair with corresponding details
- Original official receipts for the purchase of the lost or damaged personal effects (e.g. clothing, prescribed medicines, bags, footwear, etc.) If original official receipts are not available, submit an affidavit of lost official receipt. Details of the official receipt such as amount, brand and type of lost or damaged articles should be specified on the affidavit.
- List of items lost or damaged (Indicate brand, model, type and corresponding amount.)
- Photocopy (unless original is requested by the Company) of the doctor's prescription for the lost medicine

Note: For a damaged or lost baggage, the Company will cover up to the actual cost of the repair or cost of the lost baggage but not to exceed the maximum benefit limit.

LOSS OF LAPTOP

- Original baggage irregularity report issued by the airline/carrier in case the loss occurred while in transit
- Certification from carrier, hotel or any other party, or any proof satisfactory to the Company that the lost laptop was not indemnified, or if settlement was made, certification specifying amount settled
- For other circumstances, an original police report for such loss
- Original official receipt for the purchase of the lost laptop. If original official receipts are not available, submit an affidavit of lost official receipt. Details of the official receipt such as amount, date of purchase, brand, model and type of lost laptop should be specified on the affidavit.

THEFT OF CASH

- In all instances, an original police report is required.

BAGGAGE DELAY BENEFIT

- Original baggage irregularity report issued by the airline or carrier in case the delay occurred while such baggage was under their custody
- Original acknowledgement receipt or form stating the exact date and time when the baggage was retrieved

STRIKES AND HIJACK BENEFIT

- Copy of the itinerary corresponding to the delay in reaching the destination.
- Original incident report or certification from the airline or carrier that a strike or hijack occurred
- Public documents (e.g. newspaper, magazines, etc.), online news and/or official advisory that report the said incident

HOSPITAL INCOME BENEFIT

- Original and properly certified statement or bill showing the exact duration of hospital confinement
- Doctor's official and original written diagnosis

FUNERAL AND BURIAL EXPENSE BENEFIT

- Photocopy of the death certificate and relevant coroner's report
- Original official receipts for the funeral and burial expenses incurred

PERSONAL LIABILITY BENEFIT

- If there are accidental bodily injuries to another person:
 - official and original hospital bills and/or statement of account
 - original official receipts
 - full doctor's report stating details of the injury treated, medicines prescribed and the services rendered
- If death to another person shall have resulted:
 - photocopy of the death certificate
 - photocopy of the relevant coroner's report
 - original official receipts incurred for such liability
- If there is accidental loss or damage to another person's property, all original and official receipts of payments made necessary to repair or replace the damaged or lost property

- In case official and original bills or receipts are not in the name of the Insured, document/s establishing that payments have been made by the Insured to the injured or deceased party
- Certification from carrier, hotel or any other office or entity, or any proof satisfactory to the Company for the accidental loss or damage to the property
- For other circumstances, an original Police Report is required
- Other documents deemed necessary by the Company to establish legality of the claim

LOSS OF TRAVEL DOCUMENTS BENEFIT

- Original itinerary (e.g. itinerary issued by the Travel Agency prior to commencement of the trip), if claiming for lost travel tickets
- Photocopy of the replacement passport, visa and/or travel tickets
- Original baggage irregularity report issued by the airline or carrier, in case the documents were lost while in their custody
- Original official receipts for the replacement fee of the passport, visa and/or travel tickets.
- Original official receipts for the incurred travel and/or accommodation expenses
- In all instances, an original police report is required

FLIGHT DELAY BENEFIT

- Original irregularity report issued by the airline or carrier, airport or the preceding bus line, shipping line or rail authority, stating the reason of the delay
- Original itinerary (e.g. itinerary issued by the travel agency prior to commencement of trip)
- Any documentation showing actual flight taken (e.g. boarding pass, updated itinerary, flight irregularity report detailing the actual schedule)

MISSED CONNECTING FLIGHT BENEFIT

- Original itinerary (e.g. itinerary issued by the Travel Agency prior to commencement of the trip)
- Original boarding pass or other documents that will show actual date and time of flight taken
- Original irregularity report issued by the airline or carrier, airport or the preceding bus line, shipping line or rail authority, stating the reason of the delay of the incoming flight

EMERGENCY TRIP TERMINATION BENEFIT

- Proof of advance payment made for travel fare and accommodation expenses, penalties and other irrecoverable pre-paid charges related to the trip
- A full and original doctor's report on the emergency medical treatment made on the Insured or his relative within the degree of relationship specified in the Policy, or in case of death, a photocopy of the death certificate
- In case of medical treatment or death of the Insured's relative, please submit the following documents:
 - If due to medical treatment or death of a legal spouse, a marriage contract with the Insured
 - If due to medical treatment or death of a sibling, photocopies of birth certificates of the Insured and the sick or deceased sibling
 - If due to medical treatment or death of a child, a photocopy of the child's birth certificate
 - If due to medical treatment or death of a parent, a photocopy of the Insured's birth certificate
 - If due to medical treatment or death of a parent-in-law, a photocopy of the Insured's marriage certificate with the legal spouse and the legal spouse's birth certificate
 - If due to medical treatment or death of a grandparent, a photocopy of the Insured's and his parent's birth certificate
- Any satisfactory legal document proving trip termination with the non-refundable portion specified (e.g. Travel Agency's certification, letter from the airline to the Travel Agency or client stating that the carrier can't refund the airfare, statement from the hotel or documentation regarding non-refundable policies when reservation was made and paid)
- In case of lost travel documents, an original police report is required
- In case of Insured's hospital discharge preventing the return to the

Point of Origin as scheduled, a full and original doctor's report and original official receipts for the incurred accommodation expenses

EMERGENCY TRIP CANCELLATION BENEFIT

- Proof of advance payment made for travel fare and accommodation expenses, penalties and other irrecoverable pre-paid charges related to the trip
- A full and original doctor's report on the Emergency Medical Treatment made on the Insured or his relative within the degree of relationship specified in the Policy, or in case of death, a photocopy of the death certificate
- In case of medical treatment or death of the Insured's relative, please submit the following documents:
 - If due to medical treatment or death of a legal spouse, a marriage contract with the Insured
 - If due to medical treatment or death of a sibling, photocopies of birth certificates of the Insured and the sick or deceased sibling
 - If due to medical treatment or death of a child, a photocopy of the child's birth certificate
 - If due to medical treatment or death of a parent, a photocopy of the Insured's birth certificate
 - If due to medical treatment or death of a parent-in-law, a photocopy of the Insured's marriage certificate with the legal spouse and the legal spouse's birth certificate
 - If due to medical treatment or death of a grandparent, a photocopy of the Insured's and his parent's birth certificate
- Any satisfactory legal document proving trip cancellation with the non-refundable portion specified (e.g. Travel Agency's certification, letter from the airline to the Travel Agency or client stating that the carrier can't refund the airfare, statement from the hotel or documentation regarding non-refundable policies when reservation was made and paid)
- In case of lost travel documents, an original police report is required

IMPORTANT! PLEASE READ!

If you are hospitalized or in need of Emergency Services, please get in touch with Pacific Cross Philippines.

Pacific Cross Member Hotline:

Tel. No.: +63-2-230-8511

Mobile number: +63-998-964-6649 (for messaging applications such as Viber and WhatsApp)

E-mail: client_services@pacificcross.com.ph

Should you require emergency assistance, please provide the following information when you (or your authorized representative) call:

- Authorized representative's name, telephone number and relationship to the patient
- Name, location and telephone number of hospital or treating doctor, if applicable
- Patient's name, age, gender and employer

If you have concerns regarding your benefits or wish to check the status of your claim, please call the 24/7 Pacific Cross Member Hotline.

Tel. No.: +63-2-230-8511

For claims related to Medical (in-patient & out-patient) and Emergency Assistance Benefits (e.g. medical repatriation), the Attending Physician Statement found at the back of this page must be filled out, signed by the Attending Physician and submitted to Pacific Cross for claims processing.

- A duly accomplished Notification of Claim Form must be submitted along with appropriate requirements to begin processing of your claim. Please detach this NOC from your TACTIC when you submit your claims requirements.
- Notice of claims must be given to Pacific Cross within thirty-one (31) days upon expiration of travel insurance or of completion of events for which the claim is being made.
- For all claims, the original Official Confirmation of Coverage (OCC) along with photocopies of the passport pages showing the dates of departure and arrival corresponding with the itinerary on the OCC must be submitted. For photocopies of birth, marriage or death certificates, as well as photocopies of passport, please bring originals for presentation purposes.
- Please submit all required documents as indicated on the Claims Requirements (Reimbursement Checklist) to expedite evaluation of claim. The Company reserves the right to request for additional documents as deemed necessary.
- Kindly note that the submission of the required claims documents does not guarantee approval of your claim. Your claim will be reviewed and evaluated based on available documents submitted and subject to the limits, terms and conditions of your existing Policy.
- If the documents presented are written in a language other than Filipino or English, the appropriate translation fee will be deducted from the approved claim amount.
- All sections of the NOC must be completed. Please write legibly. If space is insufficient, please attach additional details on a separate sheet.
- Additional copies of this form are available upon request from Pacific Cross. You may also photocopy this form as needed.

A. PARTICULARS OF CLAIMANT

Claimant's Name: _____
Last Name First Name M. I.

Official Confirmation of Coverage Number (OCC): _____ Travel Agent / Insurance Agent (if applicable): _____

Insurance Company (if covered by other Medical or Accident Insurance): _____
(Please attach a copy of the Insurance Policy.)

CONTACT DETAILS: Home Address: _____ Tel. No.: _____
Office Address: _____ Tel. No.: _____
Mobile Phone No.: _____ Fax No.: _____ Email Address: _____

B. AUTHORITY, RELEASE and DECLARATION STATEMENTS

Authority: I hereby authorize Pacific Cross Insurance, Inc. and all persons duly authorized and acting on their behalf to request and receive any information or document and record from any office or entity including but not limited to airlines/carrier, travel agencies, hotels, Hospital, clinic, laboratory, Attending Physician and other health service provider, which information or document relates to any travel and accommodation papers and other related documents, medical history, examination, laboratory test results and/or treatment in connection with this claim, and such other matters related thereto. A photocopy of this is considered an original for all intents and purposes.

Release & Subrogation: Any payment made by Pacific Cross or any payment received by me shall constitute as full, final and complete settlement of this claim. I further agree that the Company is subrogated to my rights of recovery on all claims and rights of action to the extent of the payments made and/or on account of the losses incurred or which may be incurred by the Company against any person, corporation or entity in connection with this claim and I further agree to authorize the Company to commence all legal actions and proceedings necessary to enforce my claim or recovery thereof with any undertaking to extend my cooperation or assistance whenever necessary.

Declaration: I declare that all particulars stated on all pages of this form are complete and true, whether written by me or by anyone else on my behalf, shall be binding on me, and that the amounts being claimed herein are lawfully due to me under the terms and conditions of the Policy.

Signature over Printed Name of Claimant or of Principal Insured, if Patient is a Minor
or the Beneficiary if the Patient/Principal Insured is incapacitated by Illness

Date

Note: For accidental death claims, or for medical claims resulting in death, the signatory of this form must be the Claimant's Beneficiary.

C. Please check the appropriate box and submit the required documents as indicated in the Claims Requirements (Reimbursement Checklist) (pages 13-14 of TACTIC).

- | | | |
|---|---|--|
| <input type="checkbox"/> Medical and Emergency Benefit | <input type="checkbox"/> Theft of Cash | <input type="checkbox"/> Loss of Travel Documents Benefit |
| • For Out-Patient & In-Patient Treatment (Please fill out Attending Physician's Statement Form found at the back.) | <input type="checkbox"/> Baggage Delay Benefit | <input type="checkbox"/> Flight Delay Benefit |
| <input type="checkbox"/> Personal Accident Benefit | <input type="checkbox"/> Strikes and Hijack Benefit | <input type="checkbox"/> Missed Connecting Flight Benefit |
| <input type="checkbox"/> Loss or Damage to Baggage and Personal Effects Benefit | <input type="checkbox"/> Hospital Income Benefit | <input type="checkbox"/> Emergency Trip Termination Benefit |
| <input type="checkbox"/> Loss of Laptop | <input type="checkbox"/> Funeral and Burial Expense Benefit | <input type="checkbox"/> Emergency Trip Cancellation Benefit |
| | <input type="checkbox"/> Personal Liability Benefit | |

D. Please give a short description of the circumstances giving rise to your claim (If space is insufficient, please attach additional details.).

Benefit: _____
Details: _____

Benefit: _____
Details: _____

E. OFFICIAL RECEIPTS SUBMITTED (If space is insufficient, please attach additional details.)

Official Receipt Number	Details of Payment (professional fees, medicines, baggage, funeral & burial expenses, etc.)	Amount:		
		PhP	\$	Others, pls. specify currency
TOTAL		PhP	\$	

F. CLAIMS PAYMENT DETAILS (For payment processing, please indicate your preferred mode of payment* for approved claims.)

DIRECT CREDIT TO MY NOMINATED BANK ACCOUNT
 Metrobank Banco de Oro HSBC (HSBC Savings Bank is a different entity and is NOT included as one of our facilities.)

For Dollar and Euro Policies, please indicate preferred currency of transfer:
 Peso Dollar (for those with USD Bank Accounts only)

Bank Account Name: _____ Bank Account No.: _____

Notes: 1. Whenever applicable, cost of interbranch crediting will be deducted from the approved claim amount.
 2. A processing fee of Php 100.00 will be deducted from your claim resulting from the incorrect information provided by claimant.

CHECK
 Name of Payee as it should appear on check: _____

For Dollar and Euro Policies, please indicate preferred currency of claim check: Peso Dollar

Notes: 1. U.S. Dollar preferred currency will be paid thru US\$ HSBC uncrossed check and are subject to HSBC Bank policies and guidelines, which are available upon request from our Customer Service Officers. Please contact your depository bank to inquire about bank policies on clearing days, bank charges, minimum amount of acceptable Dollar deposit, etc.
 2. Requests for check replacement are subject to Php 100.00 processing fee.

* In all payments, Payee should be of legal age (18 years old and above). Check becomes the default if preferred mode of payment is left blank.

ATTENDING PHYSICIAN'S STATEMENT

OUT-PATIENT Date of Consultation: _____ **IN-Patient** Date Admitted: _____ Time: _____
 Date Discharged: _____ Time: _____

(A) Diagnosis/es	(B) Date when symptoms first appeared	(C) Date when patient was diagnosed with the condition	(D) Previous treatment done for the symptom/diagnosis	
			Treatment Date	Name of Doctor & Hospital
1.				
2.				
3.				
4.				

(E) Reason for admission: _____

(F) If condition is a complication, date when symptoms of its cause started (month/day/year): _____

(G) Name of Surgical Intervention (if any): _____
 Any required post operative consultations? Yes No If Yes, specify consultation dates: _____

(H) Any other disease or infirmity affecting present condition? Yes No
 If yes, please describe: _____

(I) Is condition due to Dental problem, Pregnancy, Childbirth, Miscarriage or Sickness originating there from? Yes No
 If yes, please note the cause: _____

(J) Is the diagnosis in any way related to the ff: congenital/heredo-familial conditions/developmental abnormalities/birth defects/obesity? Yes No

(K) Do you consider this consultation as a continuous treatment for a chronic disease? Yes No

(L) Is this a Routine General Medical Examination or Vaccination? Yes No

(M) Is this condition accident-related? Yes No If yes, when did the accident happen? _____ Around what time: _____
 What was the nature of the accident? _____

(N) Is Physiotherapy recommended? Yes No

(O) **For Out-Patient:** Is the condition related to a previous confinement? Yes No If yes, specify confinement date: _____

Signature over Printed Name of the Main Attending Physician / Surgeon _____ Hospital: _____
 Tel.No.: _____ Fax No.: _____
 Address: _____

