HKPTU Happy Travel Protection (Annual Plan)

Travel Insurance Terms and Conditions

In consideration of the payment of premium and subject to the definitions, exclusions, limitations, provisions and terms contained herein, endorsed herein, or attached hereto to this Policy, AIG Insurance Hong Kong Limited (hereinafter called "the Company") and/or its authorized representative(s) named in the Insured Persons' Journey and promises to pay indemnities or for the loss to the extent provided herein.

The Policy Schedule, Travel Insurance Terms and Conditions and endorsements (if any), shall constitute the entire contract of insurance (hereinafter called the "Policy").

This insurance is only valid for conventional leisure travel or business travel (limited to administrative duty) purpose only and shall not apply to persons undertaking treks, or similar journeys.

COVERAGE

SECTION 1 - EMERGENCY MEDICAL EXPENSES AND ASSISTANCE

1a. Medical Expenses

Under this Section, if the Insured Person sustains an Injury or Sickness during the insured Journey and as a result the Insured Person's medical condition necessitates the treatment of the said Injury or Sickness prior to his/her return to Hong Kong, the Company shall reimburse the Insured Person up to the Maximum Benefit stated in the Schedule for that portion of the medical expenses which (i) are incurred by the Insured Person within one hundred and eighty-two (182) days from his/her date of return, for the said Injury or Sickness; and (ii) constitute Usual, Reasonable and Customarily Necessary Expenses.

Follow Up Medical Expenses

In the event that the Insured Person, following his/her return to Hong Kong, requires follow-up medical treatment for the Injury or Sickness referred to above (i.e. in addition to the treatment for the Injury or Sickness received prior to the Insured Person's return), then the Company shall also reimburse the Insured Person up to but not exceeding 10% of the Maximum Benefit as stated in the Schedule for that portion of the follow-up medical expenses which (i) are incurred within 3 months of the Insured Person's return to Hong Kong and (ii) constitute, Usual, Reasonable and Customarily Necessary Expenses charged by a Qualified Medical Practitioner practising western medicine.

In event, however, shall be a total amount payable under this Section 1a (Medical Expenses) exceed 100% of the Maximum Benefit as stated in the Schedule of Benefits.

1b. Emergency Medical Evaluation

When as a result of an Injury sustained or Sickness commencing whilst the Insured Person is traveling during the insured Journey, the Insured Person's medical condition is such that the Company the Insured Person to another location for medical treatment, or to return the Insured Person to Hong Kong, the Company or its authorized representative shall arrange for the evacuation utilizing the means best suited to do so based on the medical severity of the Insured Person's condition. The Company shall pay directly to the medical provider the Covered Expenses for such evacuation.

Covered Expenses for evacuation services provided are authorized by the Company or its authorized representative for the transportation, medical services and medical supplies necessarily incurred as a result of an emergency medical evacuation of the Insured Person as described herein.

The means of evacuation arranged by the Company or its authorized representative may include air ambulance, surface ambulance, regular air transportation, railroad or any other appropriate means. All decisions as to the means of transportation and the final evacuation will be made by the Company or its authorized representative and will be based solely on medical necessity.

The Insured Person or a person on his/her behalf must contact Travel Guard Assistance Hotline at (852) 3516 8699 for the arrangement.

1c. Repatriation of Remains

When as a result of an Injury sustained or Sickness commencing whilst the Insured Person is traveling during the insured Journey, the Insured Person dies during the course of the insured Journey, the Company or its authorized representative shall arrange for the transportation, medical services and medical supplies necessarily incurred as a result of an emergency medical evacuation of the Insured Person as described herein.

The means of evacuation arranged by the Company or its authorized representative may include air ambulance, surface ambulance, regular air transportation, railroad or any other appropriate means. All decisions as to the means of transportation and the final evacuation will be made by the Company or its authorized representative and will be based solely on medical necessity.

The Insured Person or a person on his/her behalf must contact Travel Guard Assistance Hotline at (852) 3516 8699 for the arrangement.

1d. Overseas Hospital Cash

The Company will pay the Insured Person HK$300 per one (1) day of overseas hospital confinement up to the Maximum Benefit as stated in the Schedule of Benefits in the event that the Insured Person is Confined in an overseas Hospital due to an Injury or Sickness sustained during the insured Journey.

1e. Child Guard

The Company will reimburse up to the Maximum Benefit as stated in the Schedule of Benefits, the reasonable additional Accommodation and/or travel fare for one (1) Immediate Family Member or one (1) Traveling Companion to accompany the Insured Person for the period of one (1) week in the event of (i) the death of the Insured Person in an overseas Hospital due to Serious Injury or Serious Sickness, or (ii) where no other Immediate Family Member or Traveling Companion is available to accompany the Insured Person's children.

Exclusions Applicable to Section 1 - Emergency Medical Expenses and Assistance

No benefits will be provided:

1. For any treatment by a Chinese Medicine Practitioner.
2. For surgery or medical treatment when in the opinion of the Qualified Medical Practitioner treating the Insured Person, the treatment can be reasonably delayed until the Insured Person returns to Hong Kong.
3. If the purpose of the insured Journey is to obtain medical treatment or the Insured Journey undertaken against the Qualified Medical Practitioner's recommendation.
4. For any expenses incurred for services provided by another party for which the Insured Person is not liable to pay, or expenses already included in the cost of a scheduled insured Journey.
5. For failure to obtain a written medical report from the Qualified Medical Practitioner.
6. If the Insured Person refuses to follow the recommendation of a Qualified Medical Practitioner to return to Hong Kong or to continue the insured Journey whilst the Insured Person's physical condition at the time of recommendation is fit for travel.
7. For any expenses for a service not approved and arranged by the Company or its authorized representative, except that the Company may at its discretion arrange for those expenses for those emergency medical services which the Company or its authorized representative would have otherwise provided under the same circumstances (For Section 1i: Emergency Medical Evaluation only).
8. Covered Expenses for the evacuation of the Insured Person's remains not approved and arranged by the Company or its authorized representative (For Section 1c: Repatriation of Remains only).
9. For expenses for services provided by a Service Provider located in Hong Kong.
10. For any additional cost of single or private room Accommodation at a Hospital or charges in respect of special or private nursing, non-medical personal services such as radio, telephone and the like procurement or use of special transport or travel arrangements.
11. For any cosmetic surgery, reconstructive efforts of eyes, hearing-aids prescriptions or dental treatment thereof except necessitated by accidental injury occurring during the insured Journey.

SECTION 2 - PERSONAL ACCIDENT

2. Accidental Death and Disablement

The benefit under this Section is payable only with respect to Injury sustained by an Insured Person as a result of an Accident during the insured Journey which, directly and independently of all other causes shall result in any Event as provided in the Benefit Table. This benefit is payable only to the extent and if such Injury results in the Event happening within ninety (90) days after the date of the Accident.

BENEFIT TABLE

<table>
<thead>
<tr>
<th>EVENTS</th>
<th>Percentage of Principal Sum</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Death</td>
<td>100%</td>
</tr>
<tr>
<td>2. Permanent Total Disablement</td>
<td>100%</td>
</tr>
<tr>
<td>3. Permanent and Irrecoverable Paralyzation of All limbs</td>
<td>100%</td>
</tr>
<tr>
<td>4. Permanent Total Loss of sight of one eye or both eyes</td>
<td>100%</td>
</tr>
<tr>
<td>5. Loss of the Insured Person's use of one limb</td>
<td>100%</td>
</tr>
<tr>
<td>6. Loss of or Permanent Total Loss of use of two limbs</td>
<td>100%</td>
</tr>
<tr>
<td>7. Loss of Speech and Hearing</td>
<td>100%</td>
</tr>
</tbody>
</table>
| 8. Permanent Loss of Hearing in
   (a) both Ears                                | 75%                        |
| (b) one Ear                                  | 15%                        |

Compensation:

1. If more than (1) of the above Events is applicable, only the Events with the higher compensation will be payable. If applicable, only the Events and in an order of priority:
2. The insurance for any Insured Person under this Policy shall terminate upon the occurrence of any loss for which indemnity is payable under any one of the (1) above Events as stated in the Benefit Table, but such termination shall be without prejudice to any claim originating out of the Accident causing such loss.
3. When a limb or organ which had been partially disabled prior to an Injury covered under this Policy and which becomes totally disabled as a result of such Injury, the Percentage of Principal Sum payable shall be determined by the Company having regard to the extent of disablement caused by the Injury. No payment however shall be made in respect of the loss of a limb or organ which was disabled prior to the Injury.
4. If the Insured Person under seventeen (17) years of age at the Effective Date of this Policy, the Maximum Benefit payable will be HK$20,000.00 subject to the Percentage of Principal Sum as stated in the above Benefit Table under Section 2 (Personal Accident).

This Section is extended to cover the Injury sustained by the Insured Person:
1. While he/she is traveling directly from his/her place of residence or place of regular employment in Hong Kong to the immigration counter within three (3) hours before his/her scheduled departure time of the Common Carrier in which the Insured Person has booked for the purpose of commencement of his/her insured Journey.
2. While he/she is traveling directly from the immigration counter in Hong Kong to his/her place of residence or place of regular employment within three (3) hours upon his/her arrival in Hong Kong after completion of his/her insured Journey.

Exposure:

If by the reason of any covered Accident occurring during the insured Journey, the Insured Person is unavoidably exposed to the elements (including but not limited to prolonged and rigorous weather or environmental conditions) and as a direct and immediate result of such exposure suffers death, loss or disablement within twelve (12) months from the date of the Accident, the Company will pay in accordance with the Events as stated in the Benefit Table.

Disappearance:

If the Insured Person disappears as a result of the disappearance, sinking or wrecking of the Common Carrier caused by death of the Insured Person while he/she was traveling at the time of the Accident during the course of the insured Journey and remains missing after twelve (12) months from the date of the Accident, and the Company has reason to believe that the Insured Person has died in the Accident, the Company will pay the Personal Accident benefit, subject to receiving notice of the disappearance and undertaking the disposal of the Insured Person's estate that any such notice shall be refunded to the Company if it is later discovered that the Insured Person did not die as a result of the Accident.

Exclusion Applicable to Section 2 - Personal Accident

For the purpose of Section 2, no event shall the Company be liable to pay for any loss caused by an Injury or otherwise which is a consequence of any kind of disease or sickness.

SECTION 3 - JOURNEY CANCELLATION AND INTERRUPTION

3a. Journey Cancellation

The Company shall reimburse the Insured Person up to the Maximum Benefit as stated in the Schedule of Benefits for loss of basic tour fee and/or Accommodation paid in advance by the Insured Person and for which the Insured Person is legally liable and which are not recoverable from any other source consequent upon the cancellation of the insured Journey necessitated by the following reasons (the processing of death or Cancellation of the Insured Person in an overseas Hospital due to Serious Injury or Serious Sickness, or where no other Immediate Family Member or Traveling Companion is available to accompany the Insured Person's children).

This coverage under Section 3a (Journey Cancellation) cannot be utilized once the Insured Person has commenced the insured Journey.

3b. Journey Interruption

The benefit under this Section is payable only with respect to Injury sustained by an Insured Person as a result of an Accident during the insured Journey which, directly and independently of all other causes shall result in any Event as provided in the Benefit Table. This benefit is payable only to the extent and if such Injury results in the Event happening within ninety (90) days after the date of the Accident.
a direct result of sudden occurrence of strike by the employees of a Common Carrier, unanticipated outbreak of riot or civil commotion, inclement weather, natural disasters, or epidemics at the planned destination. Such reimbursement is only payable if the aforementioned expenses are incurred solely for the purpose of the continuation of the travelling to the original planned destination comprised in the insured Journey.

Compulsory Quarantine

The Company shall reimburse the Insured Person up to the Maximum Benefit as stated in the Schedule of Benefits for the cost of quarantine incurred if and only if the Insured Person is quarantined following the completion of the insured Journey where the Insured Person is Compulsory Quarantine due to suspected exposure to Pandemic Influenza infection.

The maximum amount payable under Section 3b(1) is not in addition to the amount of basic tour fee and/or Accommodation cost paid to the provider of transportation or accommodation immediately if it is necessary to cancel the travel arrangement for the reasons set out in sub-paragraph (i) to (iv) of Section 3a (Journey Cancellation) or sub-paragraphs i to l of Section 3a (Journey Interruption) as stated in the Schedule of Benefits. This coverage Section 3b(1) is effective only if the Insured Person becomes aware of any circumstances which can lead to the disruption or interruption of the Insured Journey.

Exclusions Applicable to Section 3 - Journey Cancellation and interruption

No benefits will be provided for any loss:

1. That is covered by any other existing insurance scheme, government program, or which will be paid or refunded by any Common Carrier, travel agent or any other provider of transportation and/or accommodation.
2. That is caused directly or indirectly by government regulations or control, bankruptcy, liquidation or default of travel agents, tour operator and/or Common Carrier.
3. Where the Insured Person becomes aware of any circumstances leading to the cancellation and/or interruption of the travel insurance or change in the continuation of each insured Journey thereafter.
4. That is directly or indirectly arising from the Insured Person's failure to notify the travel agent / tour operator or provider of transportation or accommodation immediately if it is necessary to cancel the travel arrangement for the reasons set out in sub-paragraphs (i) to (iv) of Section 3a (Journey Cancellation) or sub-paragraphs i to l of Section 3a (Journey Interruption) as stated in the Schedule of Benefits.
5. In respect of losses claimed under Section 5a (Travel Delay), Section 3b(1) (Compulsory Quarantine) and Section 3b(3) (Compulsory Quarantine) shall not in aggregate exceed 100% of the Maximum Benefit for Section 3b (Journey Interruption) as stated in the Schedule of Benefits. This coverage Section 3b(1) is effective only if the Insured Person becomes aware of any circumstances which can lead to the disruption or interruption of the Insured Journey.

SECTION 4 - PERSONAL EFFECTS

4a. Baggage and Personal Effects

The Company will pay the Insured Person up to the Maximum Benefit as stated in the Schedule of Benefits for loss of or damage to baggage, clothing and personal effects, worn, carried by the Insured Person by hand, in trunks, suitcases and like receptacles owned by the Insured Person occurring during the insured Journey. However, the Insured Person must notify the Company of any loss or damage to baggage, clothing and personal effects, worn, carried by the Insured Person by hand, in trunks, suitcases and like receptacles owned by the Insured Person occurring during the insured Journey. If any damaged article is proven to have been lost, it is deemed to be stolen.

Any loss or damage caused by wear and tear, gradual deterioration, moths, vermin, inherent vice or damage sustained due to any process initiated by the Insured Person to repair, clean, or alter any property.

Any loss or damage caused by the action, act or omission of the Insured Person.

The Company is not liable to cover any loss or damage caused by the action, act or omission of the Insured Person which is or is in all/any way not covered by the travel insurance policy.

Exclusions Applicable to Section 4a - Baggage and Personal Effects

No benefits will be provided for:

1. That is covered by any other existing insurance scheme, government program, or which will be paid or refunded by any Common Carrier, travel agent or any other provider of transportation and/or accommodation.
2. That is caused directly or indirectly by government regulations or control, bankruptcy, liquidation or default of travel agents, tour operator and/or Common Carrier.
3. Where the Insured Person becomes aware of any circumstances leading to the cancellation and/or interruption of the travel insurance or change in the continuation of each insured Journey thereafter.
4. That is directly or indirectly arising from the Insured Person's failure to notify the travel agent / tour operator or provider of transportation or accommodation immediately if it is necessary to cancel the travel arrangement for the reasons set out in sub-paragraph (i) to (iv) of Section 3a (Journey Cancellation) or sub-paragraphs i to l of Section 3a (Journey Interruption) as stated in the Schedule of Benefits.
5. In respect of losses claimed under Section 5a (Travel Delay), Section 3b(1) (Compulsory Quarantine) and Section 3b(3) (Compulsory Quarantine) shall not in aggregate exceed 100% of the Maximum Benefit for Section 3b (Journey Interruption) as stated in the Schedule of Benefits. This coverage Section 3b(1) is effective only if the Insured Person becomes aware of any circumstances which can lead to the disruption or interruption of the Insured Journey.

6. If the Insured Person fails to produce to the Company with a written confirmation containing the information, issued by the government or other relevant authorities regarding the Compulsory Quarantine, including but not limited to the quarantined period and the reason for such quarantine.
4. The Company shall not be deemed to provide cover and the Company shall not be liable to pay any claim or provide any benefit hereunder where the provision of such benefit would expose the Company, its parent company or its ultimate controlling entity to any sanction, prohibition, or regulation by the United Nations, or any other source, the Company will only be liable for the excess of the amount recoverable from such other sources.

5. Any illegal or unlawful act by the Insured Person or confiscation, detention, by customs or other authorities.

6. Any prohibition or regulations by any government (except where a government is subjecting an Insured Person to Compulsory Quarantine as covered under Section 3A and 26(c)); any breach of government regulation or any failure by the Insured Person to secure a claim under this insurance by his/her negligence or by the Company, on any notice intended by the employees of a Common Carrier, not or civil commonion, inclement weather.

7. Any Terrorist Act except for Section 1 (Emergency Medical Services and Assistance) and Section 2 (Personal Accident).

8. The Insured Person is not taking all reasonable efforts to safeguard his/her property/money, or to avoid Injury to minimize any claim under this insurance;

9. Riding or driving in any kind of motor racing, competition, engaging in a professional capacity in any sport where an insurance guarantee is provided to cover the loss of earnings of an Insured Person (whereby the Insured Person is employed as a sportsman, sportswoman, or sports team).

10. Any loss which has connection with the effects of alcohol or drugs other than those prescribed by a Qualified Medical Practitioner;

11. Pregnancy or childbirth, and any Injury or Sickness associated with pregnancy or childbirth;

12. Suicide or attempt to suicide; loss of sight or hearing; or self-exposure to needless peril;

13. Any Pre-Existing, congenital and hereditary condition;

14. AIDS or any Injury or Sickness commencing in the presence of a semi positive test for HIV and related disease, excluding any pre-existing condition.

15. Psychosis, sleep disorders disturbance, moral or nervous disorder;

16. The Insured Person engaging in sexual, military or air force or service operations; armed force service; being as a crew member or operator of any air carrier; testing of any kind of conveyances; engaging in any kind of labor; engaging in aeronautics such as commercial diving, oil rigging or aerial photography; running of vehicles; playing of any sport as sole source of income;

17. Any medical treatment received during an insured Journey which was made for the purpose of receiving medical treatment or if the insured Journey was undertaken while the Insured Person was unfit to travel or; the Insured Person was referred to a hospital after the Accident.

18. Any loss and expenses that can be reimbursed or recovered from any other source except for Section 1d (Overseas Hospital Cash), Section 2 (Personal Accident) and Section 5 (Delay Coverage);

19. Any Insured Person who is a People's Republic of China passport holder and travels to/within People's Republic of China (Overseas Hospital Cash), Section 2 (Personal Accident) and Section 5 (Delay Coverage); the Insured Person or Compulsorily Quarantined person has not submitted all necessary official documents to the overseas government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial, religious or other interests.

20. AIDS or any Injury or Sickness covering the in the presence of a semi positive test for HIV and related disease, excluding any pre-existing condition.

DEFINITIONS
1. Accident means an unforeseen and involuntary event which causes an Injury during an insured Journey.

2. Accommodation means regular and customary hotel or similar accommodations when necessary for洞修 physical or medical treatment or necessary during the journey.

3. AIDS shall mean the bodily injury sustained in an Accident directly and independently of all other causes.

4. Any non-disclosure or fraudulent misrepresentation in any particular material shall lead to the whole Policy being void from inception.

5. “Primary Residence” shall be defined as the place where the Insured Person has been residing for the majority of his/her original insured Journey.

6. The Insured Person's age has been misstated and if, according to Your correct age, the coverage provided by the Policy would not have become effective, or would have ceased prior to the acceptance of the contract of insurance. No statement made by the applicant for insurance not included herein shall avoid the Policy or be void from any legal or declarative proceedings, nor effect the validity thereof as stated in the Policy for: a) any medical treatment; b) any diagnosis; c) any consultation; or d) any prescribed drugs leading to a claim under this Policy; or any Symptom which existed within ninety (90) days prior to the Effective Date stated in the Policy for; or any Symptom which existed within ninety (90) days prior to the Effective Date stated in the Policy for.

7. “Primary Residence” means the house or building permanently occupied by the Insured Person for the sole purpose of private dwelling in Hong Kong.

8. This Policy is not void if the Insured Person is claimed to be at least one year old by the time he/she enters or applies for travel insurance policies medically necessary for care of Insured Person’s under the care, supervision, or order of a Qualified Medical Practitioner; (2) does not require any coverage for death, disability or other event.

9. “Loss Of Use” shall mean the loss and expenses that can be reimbursed or recovered from any other source except for Section 1d (Overseas Hospital Cash), Section 2 (Personal Accident) and Section 5 (Delay Coverage); the Insured Person or Compulsorily Quarantined person has not submitted all necessary official documents to the overseas government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial, religious or other interests.

10. “Definitions” means the section to the this Policy referred to in the Travel Insurance Terms and Conditions entitled “Schedule of Benefits” and may be amended by the Company from time to time.

11. “Serious Injury Or Serious Sickness” means an injury or sickness for which the Insured Person or Traveling Companion is required to travel or return to his/her original journey country to achieve economic, geographic, nationalistic, political, religious, racial or other ends.

12. “Principal Sum” means the maximum Benefit.

13. “Qualified Medical Practitioner” shall mean any person legally authorized by the government with jurisdiction in the case of an act of terrorism. Terrorist act also includes any act, which is verified or recognised by the (relevant) Government as an act of terrorism. Terrorism means an unforeseen and involuntary event which causes an Injury during an insured Journey, and may be amended by the Company from time to time.

14. “Terrorist Act” shall mean any actual or threatened use of force or violence directed at or causing injury, harm or damage, or commission for covering the loss of earnings of an Insured Person (whereby the Insured Person is employed as a sportsman, sportswoman, or sports team).

15. “Traveling Companion” shall mean the person who is to accompany the Insured Person for the whole insured Journey.

16. “Termination And Customary” shall mean an expense which: (1) is charged for treatment, supplies or medical services medically necessary for care of Insured Person’s under the care, supervision, or order of a Qualified Medical Practitioner; (2) does not require any coverage for death, disability or other event.

17. Any non-disclosure or fraudulent misrepresentation in any particular material shall lead to the whole Policy being void from inception.

18. A person under seventeen (17) years of age on the Effective date. The Maximum Benefit payable will be HK$250,000 subject to the Percentage of Principal Sum payable stated in the Benefit Table under Section 2 (Overseas Hospital Cash) whilst the Insured Person is a child under the age of fifteen (15) years old.

19. The insurance is valid only for travel or travel related business travel (limited to administrative duty purposes) only and shall not apply to persons undertaking expeditions, treks or similar journeys.

20. Any non-disclosure or fraudulent misrepresentation in any particular material shall lead to the whole Policy being void from inception.

21. The insurance is valid only for travel or travel related business travel (limited to administrative duty purposes) only and shall not apply to persons undertaking expeditions, treks or similar journeys.

22. Any non-disclosure or fraudulent misrepresentation in any particular material shall lead to the whole Policy being void from inception.

23. No change in this insurance shall be valid unless approved by the Company and such approval is endorsed hereon.

24. The insurance under this Policy shall only cover for a) adult – between age seventeen (17) and seventy (70) years old b) For child – under seventeen (17) years old.

25. Any non-disclosure or fraudulent misrepresentation in any particular material shall lead to the whole Policy being void from inception.

26. The insurance under this Policy is not void if the Insured Person is claimed to be at least one year old by the time he/she enters or applies for travel insurance policies medically necessary for care of Insured Person’s under the care, supervision, or order of a Qualified Medical Practitioner; (2) does not require any coverage for death, disability or other event.

27. The insurance under this Policy is not void if the Insured Person is claimed to be at least one year old by the time he/she enters or applies for travel insurance policies medically necessary for care of Insured Person’s under the care, supervision, or order of a Qualified Medical Practitioner; (2) does not require any coverage for death, disability or other event.

28. No change in this insurance shall be valid unless approved by the Company and such approval is endorsed hereon.

29. “Loss Of Use” shall mean the loss and expenses that can be reimbursed or recovered from any other source except for Section 1d (Overseas Hospital Cash), Section 2 (Personal Accident) and Section 5 (Delay Coverage); the Insured Person or Compulsorily Quarantined person has not submitted all necessary official documents to the overseas government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial, religious or other ends.

30. “Loss Of Use” shall mean the loss and expenses that can be reimbursed or recovered from any other source except for Section 1d (Overseas Hospital Cash), Section 2 (Personal Accident) and Section 5 (Delay Coverage); the Insured Person or Compulsorily Quarantined person has not submitted all necessary official documents to the overseas government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial, religious or other ends.

31. “Loss Of Use” shall mean the loss and expenses that can be reimbursed or recovered from any other source except for Section 1d (Overseas Hospital Cash), Section 2 (Personal Accident) and Section 5 (Delay Coverage); the Insured Person or Compulsorily Quarantined person has not submitted all necessary official documents to the overseas government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial, religious or other ends.

32. “Loss Of Use” shall mean the loss and expenses that can be reimbursed or recovered from any other source except for Section 1d (Overseas Hospital Cash), Section 2 (Personal Accident) and Section 5 (Delay Coverage); the Insured Person or Compulsorily Quarantined person has not submitted all necessary official documents to the overseas government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial, religious or other ends.

33. “Loss Of Use” shall mean the loss and expenses that can be reimbursed or recovered from any other source except for Section 1d (Overseas Hospital Cash), Section 2 (Personal Accident) and Section 5 (Delay Coverage); the Insured Person or Compulsorily Quarantined person has not submitted all necessary official documents to the overseas government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial, religious or other ends.

34. “Loss Of Use” shall mean the loss and expenses that can be reimbursed or recovered from any other source except for Section 1d (Overseas Hospital Cash), Section 2 (Personal Accident) and Section 5 (Delay Coverage); the Insured Person or Compulsorily Quarantined person has not submitted all necessary official documents to the overseas government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial, religious or other ends.

35. “Loss Of Use” shall mean the loss and expenses that can be reimbursed or recovered from any other source except for Section 1d (Overseas Hospital Cash), Section 2 (Personal Accident) and Section 5 (Delay Coverage); the Insured Person or Compulsorily Quarantined person has not submitted all necessary official documents to the overseas government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial, religious or other ends.
9. CANCELLATION
The Company may cancel this Policy at any time by written notice delivered to the Insured Person or mailed to
his/her last address as shown by the records of the Company stating when thereafter such cancellation shall be
effective. In the event of such cancellation, the Company will return promptly the pro rata unearned portion of any
premium actually paid by the Insured Person. Such cancellation shall be without prejudice to any claim originating
therefrom.

10. TIME OF NOTICE OF CLAIM
Written notice of loss on which a claim may be based must be given to the Company within thirty (30) days after
the date of the incident causing such loss and in the event of accidental death, immediate notice thereof must be
given to the Company.

11. FORMS FOR PROOF OF LOSS
The Company, upon receipt of such notice, will furnish to the claimant such forms as are usually furnished by it for
filing proofs of loss. If such forms are not so furnished within fifteen (15) days after the receipt of such notice, the
claimant shall be deemed to have complied with the requirements of this Policy as to proof of loss upon submitting
within the time fixed in this Policy for filing proofs of loss, written proof covering the occurrence, character and
extent of the loss for which a claim is made. All certificates, information and evidence required by the Company
shall be furnished at the expense of the Insured Person/claimant or his legal personal representatives and shall be
in such form and of such nature as the Company may prescribe.

12. TIME FOR FILING PROOF OF LOSS
Affirmative proof of loss must be furnished to the Company at its said office in case of a claim for such loss within
sixty (60) days after the termination of the period for which the Company is liable. If it shall be shown not to have
been reasonable possible to give such notice within such time by the Insured Person, such proof is furnished as
soon as reasonable possible and within one (1) year after the date of such loss.

13. SUFFICIENCY OF NOTICE
Such notice by or on behalf of the Insured Person given to the Company, with particulars sufficient to identify the
Insured Person shall be deemed to be notice to the Company. Failure to give notice within the time provided in this
Policy shall not invalidate any claim if it shall be shown not to have been reasonably possible to give such notice
and that notice was given as soon as was reasonably possible.

14. IMMEDIATE PAYMENT OF INDEMNITIES
All indemnities provided in this Policy for loss other than that of time on account of disability will be paid immediately
after receipt of due proof.

15. TO WHOM INDEMNITIES PAYABLE
Any indemnity paid for loss of life shall be payable to the Insured Person’s estate. All other indemnities shall be payable
to the Insured Person except for Emergency Medical Evacuation and Repatriation of Remains where relevant
amounts will be paid directly to the service provider in accordance with the terms of this Policy.

16. FRAUDULENT CLAIMS
If the claim be in any respect fraudulent or if any fraudulent means or devices be used by the Insured Person or
anyone acting on their behalf to obtain any benefit under this Policy, all benefit in respect of such claims shall be
forfeited.

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

18. RIGHTS OF THIRD PARTIES
Nothing in this Policy is intended to confer a direct enforceable benefit on any party other than the Insured Person(s)
and the Company, whether pursuant to the Contracts (Rights of Third Parties) Ordinance or otherwise. It is hereby
noted and agreed, however, that the Company and the Policyholder named in the Schedule alone have the right to
amend this Policy by agreement or (if any such rights exist in the Policy) to cancel or terminate the Policy, without
prior notice, or requiring the consent of any other person.

19. MEDICAL EXAMINATION AND TREATMENT
The Company at its own expense shall have the right and opportunity to conduct medical examination on the
Insured Person when and as often as it may reasonably require during a pending claim under this Policy and to
make an autopsy in the case of death where it is not forbidden by law. The Insured Person shall as soon as
possible after the occurrence of any injury or Sickness, obtain and follow the advice of a duly Qualified Medical
Practitioner and the Company shall not be liable for any consequences arising by reason of the Insured Person’s
failure to obtain or follow such advice and use such appliances or remedies as may be prescribed.

20. SUBROGATION
In the event of any payment under this Policy, the Company shall be subrogated to all the Insured Person’s rights of
recovery therefore against any person or organization and the Insured Person shall execute and deliver instruments
and papers and do whatever else is necessary to secure such rights. The Insured Person shall take no action after
the loss to prejudice such rights.

21. LEGAL ACTIONS
No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after
written proof of loss has been furnished in accordance with the requirements of this Policy. No such action shall be
brought after the expiration of three (3) years after the time written proof of loss is required to be furnished.

22. LIMITATIONS CONTROLLED BY STATUTE
If any time limitation of this insurance, with respect to giving notice of claim or furnishing proof of loss, is less than that
permitted by the laws of Hong Kong, such limitation is hereby extended to agree with the minimum period permitted
by such law.

23. COMPLIANCE WITH POLICY PROVISIONS
Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.

24. POLICY INTERPRETATION
This Policy is subject to the laws of the Hong Kong and the parties hereto agree to submit to the jurisdiction of the
courts of the Hong Kong.

25. ASSIGNMENT
No notice of assignment of interest under this Policy shall be binding upon the Company unless and until the
original or a duplicate thereof is filed at the Home Office of AIG Insurance Hong Kong Limited, 7/F, One Island East,
18 Westlands Road, Island East, Hong Kong and the Company’s consent to such assignment is endorsed. The
Company does not assume any responsibility for the validity of an assignment. No provision of the charter,
constitution or by-laws of the Company shall be used in defense of any claim arising under this Policy, unless such
provision is incorporated in full in this Policy.

26. DATA PRIVACY
The Insured Person / Policyholder / Applicant agree(s) that
(a) the personal data collected during the application process or administration of this policy may be used by AIG HK
for the purposes stated in its Data Privacy Policy, which include underwriting and administering the insurance
policy being applied for (including obtaining reinsurance, underwriting renewals, data matching, claim processing,
investigation, payment and subrogation).
(b) AIG HK may use the Insured Person’s / Policyholder’s / Applicant’s contact details (name, address, phone number and
email address) to contact him/her about other insurance products provided by the AIG group (assuming AIG HK has obtained the agreement of the Insured Person / Policyholder / Applicant to use such contact details for this
purpose).
(c) AIG HK may transfer the personal data to the following classes of persons (whether based in Hong Kong or
overseas) for the purpose identified:
(i) third parties providing services related to the administration of this policy, including reinsurers (per (a)
above);
(ii) financial institutions for the purpose of processing this policy and obtaining policy payments (per (a)
above);
(iii) in the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal
services providers, retailers, medical providers and travel carriers (per (a) above);
(iv) for the purpose of conducting direct marketing activities (per (b) above), marketing companies
authorized by the AIG group;
(v) another member of the AIG group (for all of the purposes stated in (a) and (b) in any country; or
(vi) other parties referred to in AIG HK’s Data Privacy Policy for the purposes stated therein.
(d) The Insured Person / Policyholder / Applicant may gain access to, or request correction of his/her personal data (in
both cases, subject to a reasonable fee), or change the option he/she previously elected in relation to the use of
his/her contact details for direct marketing at any time, by writing to the Privacy Compliance Officer of AIG
Insurance Hong Kong Limited at GPO Box 406 or cs.hk@aig.com. The same addresses may be used to contact
AIG HK with any comments in relation to the services it provides. The full version of AIG HK’s Data Privacy Policy
can be found at www.aig.com.hk.

27. CLERICAL ERROR
Clerical errors by the Company shall not invalidate insurance otherwise valid or continue insurance otherwise not
valid.

Copyright in this Travel Insurance Terms and Conditions is reserved. No part of this Travel Insurance Terms and Conditions
may be reproduced in whole or part without the express consent of AIG Insurance Hong Kong Limited.
1. **Medical Expenses in Overseas Hospital**, 100% of allowable medical expenses up to the limit specified in the Schedule of Benefits.

2. **Travel Guard**, 100% of allowable medical expenses up to the limit specified in the Schedule of Benefits.

3. **Accommodation Expenses**, 100% of allowable expenses up to the limit specified in the Schedule of Benefits.

4. **Emergency Medical Services and Assistance**, 100% of allowable expenses up to the limit specified in the Schedule of Benefits.

5. **Roadside Assistance**, 100% of allowable expenses up to the limit specified in the Schedule of Benefits.

6. **Food and Drink**, 100% of allowable expenses up to the limit specified in the Schedule of Benefits.

7. **Medical Expenses in Overseas Hospital**
   - Medical expenses incurred outside Hong Kong.
   - Medical expenses incurred in Hong Kong for treatment not covered by the Schedule of Benefits.
   - Medical expenses incurred in Hong Kong for treatment covered by the Schedule of Benefits.

8. **Accommodation Expenses**
   - Accommodation expenses incurred outside Hong Kong.
   - Accommodation expenses incurred in Hong Kong for treatment not covered by the Schedule of Benefits.
   - Accommodation expenses incurred in Hong Kong for treatment covered by the Schedule of Benefits.

9. **Emergency Medical Services and Assistance**
   - Emergency medical services provided outside Hong Kong.
   - Emergency medical services provided in Hong Kong for treatment not covered by the Schedule of Benefits.
   - Emergency medical services provided in Hong Kong for treatment covered by the Schedule of Benefits.

10. **Roadside Assistance**
    - Roadside assistance provided outside Hong Kong.
    - Roadside assistance provided in Hong Kong for treatment not covered by the Schedule of Benefits.
    - Roadside assistance provided in Hong Kong for treatment covered by the Schedule of Benefits.

11. **Food and Drink**
    - Food and drink expenses provided outside Hong Kong.
    - Food and drink expenses provided in Hong Kong for treatment not covered by the Schedule of Benefits.
    - Food and drink expenses provided in Hong Kong for treatment covered by the Schedule of Benefits.

12. **Medical Expenses in Overseas Hospital**
    - Medical expenses incurred outside Hong Kong.
    - Medical expenses incurred in Hong Kong for treatment not covered by the Schedule of Benefits.
    - Medical expenses incurred in Hong Kong for treatment covered by the Schedule of Benefits.

13. **Accommodation Expenses**
    - Accommodation expenses incurred outside Hong Kong.
    - Accommodation expenses incurred in Hong Kong for treatment not covered by the Schedule of Benefits.
    - Accommodation expenses incurred in Hong Kong for treatment covered by the Schedule of Benefits.

14. **Emergency Medical Services and Assistance**
    - Emergency medical services provided outside Hong Kong.
    - Emergency medical services provided in Hong Kong for treatment not covered by the Schedule of Benefits.
    - Emergency medical services provided in Hong Kong for treatment covered by the Schedule of Benefits.

15. **Roadside Assistance**
    - Roadside assistance provided outside Hong Kong.
    - Roadside assistance provided in Hong Kong for treatment not covered by the Schedule of Benefits.
    - Roadside assistance provided in Hong Kong for treatment covered by the Schedule of Benefits.

16. **Food and Drink**
    - Food and drink expenses provided outside Hong Kong.
    - Food and drink expenses provided in Hong Kong for treatment not covered by the Schedule of Benefits.
    - Food and drink expenses provided in Hong Kong for treatment covered by the Schedule of Benefits.

17. **Medical Expenses in Overseas Hospital**
    - Medical expenses incurred outside Hong Kong.
    - Medical expenses incurred in Hong Kong for treatment not covered by the Schedule of Benefits.
    - Medical expenses incurred in Hong Kong for treatment covered by the Schedule of Benefits.

18. **Accommodation Expenses**
    - Accommodation expenses incurred outside Hong Kong.
    - Accommodation expenses incurred in Hong Kong for treatment not covered by the Schedule of Benefits.
    - Accommodation expenses incurred in Hong Kong for treatment covered by the Schedule of Benefits.

19. **Emergency Medical Services and Assistance**
    - Emergency medical services provided outside Hong Kong.
    - Emergency medical services provided in Hong Kong for treatment not covered by the Schedule of Benefits.
    - Emergency medical services provided in Hong Kong for treatment covered by the Schedule of Benefits.

20. **Roadside Assistance**
    - Roadside assistance provided outside Hong Kong.
    - Roadside assistance provided in Hong Kong for treatment not covered by the Schedule of Benefits.
    - Roadside assistance provided in Hong Kong for treatment covered by the Schedule of Benefits.

21. **Food and Drink**
    - Food and drink expenses provided outside Hong Kong.
    - Food and drink expenses provided in Hong Kong for treatment not covered by the Schedule of Benefits.
    - Food and drink expenses provided in Hong Kong for treatment covered by the Schedule of Benefits.
第1項 禮品

受保人在自付額之外，於受保旅程中所獲得的寄樣之禮品，於受保旅程完結後，獲現金退還，但只限於寄樣之禮品。寄樣之禮品之價值不應超過HK$250。但除受保旅程之外，有關寄樣之禮品細節，須於受保旅程完結後，證明現金退還之價值。
HKPTU Happy Travel Protection (Annual Plan)

出更改。

算是恐怖主義的行為。

目的。

「三級程度燒傷」

「旅遊夥伴」是指在整個受保旅程中與受保人同行人士。

「恐怖行為」是指所有確實發生或恐嚇使用武力或暴力手段造成損毁、傷害或混亂的行為,或此等

疾病」是指於受保旅程期間在直接及別無其他原因之下所開始罹患或感染之病症。

「紧急醫療運送」及第 2

「保障權益表」是指在此旅遊保險條文及條款中所名為的「保障權益表」,本公司有權隨時對其作

「緊急醫療運送」及第

18.

「保障權益」保單中的「保障權益」是指賠償及第 3

「第三者權利」除受保人及本公司以外,此保單未有賦予其它人士享有按《合約(第三者權利)條例》或以其

11.

「緊急醫療運送」及第 2

「壽險及意外傷亡」保單中的「壽險及意外傷亡」是指賠償及第 1

「壽險及意外傷亡」保單中的「壽險及意外傷亡」是指賠償及第 1

「三級程度燒傷」及第 3

「緊急醫療運送」及第

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