

Policy Wording

WTW Corporate Travel SecureFlex

Group Business Travel

ABOUT THIS POLICY

These policy wordings, together with the latest Policy Schedule for the applicable Benefits, the proposal form and any Endorsements, form the basis of the contract between the Policyholder and the Company. The Company agrees to provide the Insured Person the insurance cover for the applicable Benefits as listed on the Policy Schedule and described in this Policy provided that the Policyholder pays the premium when due and the Company accepts it subject to the terms and conditions of this Policy.

These policy wordings should be read carefully together with the Policy Schedule for applicable Benefits and any Endorsements to ensure that the terms and conditions are fully understood, and the coverage meets the requirement of the Policyholder/Insured Person(s). If there are any questions regarding the terms and conditions of these policy wordings, the Policyholder may contact the Company, or the Policyholder's intermediary, whichever is applicable.

All terms and conditions of this Policy must continuously bind and apply to the Policyholder and/or Insured Person(s) for them to be eligible for coverage under this Policy.

SCHEDULE OF BENEFITS

Please refer to the Policy Schedule provided along with this Policy for selected Benefits and corresponding Sum Insured applicable to each Insured Person covered under this Policy.

Individual Benefits under the section "Benefits" should be referred to for the full details of coverage.

ONGOING DUTY OF DISCLOSURE

The Policyholder and Insured Person(s) have a duty to take reasonable care (i) not to make or allow mis-representation or non-disclosure when purchasing this Policy, and (ii) to ensure that answers to all questions are answered fully, honestly, accurately and to the best of their knowledge, and disclose all material facts and matters that they know of or could reasonably be expected to know, which may affect the Company's decision in accepting the risks and determining the rates and terms to be applied.

This duty of disclosure shall remain throughout each Period of Insurance. The Policyholder and Insured Person(s) also have the duty to notify the Company immediately if at any time after this Policy has been entered into, varied or renewed with the Company, any information provided by the Policy is or becomes inaccurate.

Failure to do so may:

1. result in the Company reviewing the cover granted, including withdrawing or amending the cover previously approved;
2. void this Policy from inception (which means treating it as invalid from the beginning of the Period of Insurance) and the Company may not return the premium or may recover any unpaid premium;
3. result in refusal or reduction of claims that has been or will be made under the Policy;
4. change the terms of this Policy;
5. terminate this Policy and return any premium less the Company's cancellation charge or recover any unpaid premium;
6. entitle the Company to recover any shortfall in premium;
7. entitle the Company to recover from the Policyholder and Insured Person(s) the total amount of any claim already paid under the Policy or any claim the Company has to pay under any relevant legislation, plus any recovery costs.

ELIGIBILITY

To be eligible for coverage under this Policy, an Insured Person must meet the criteria specified for an Insured Person as described in the Policy Schedule and in respect of whom coverage has been confirmed in writing by the Company upon payment of the premium. The Insured Person must also continuously satisfy all requirements as specified under the "Age" section of this Policy.

AGE

- (i) The entry age for an Insured Person under this Policy is 16 to 75 years of age (inclusive).
- (ii) The renewable age for each Insured Person is up to the age of 80 years (inclusive).

Once an Insured Person attains the age of 75, the Sum Insured payable under the "Accidental Death and Permanent Disabilities" Benefit will be 50% of the Sum Insured as specified in the Schedule of Events; and (ii) no claim will be payable under Item 2 of the Schedule of Events.

Important Note:

Age means the Insured Person's age as on their last birthday.

GENERAL POLICY DEFINITIONS

Wherever the following words or phrases appear in this Policy and begin in uppercase, the definitions with interpretation as set out below will apply. Where appropriate, words mentioned in the plural shall also have their singular meaning and vice versa. Please note that this Policy has been designed to offer multiple Extensions and Additional Benefits and therefore not all the definitions listed herein will be relevant to the selected listed Extensions and Additional Benefits as shown on the Policy Schedule. Headings and titles of this Policy are solely for reference and description only and have no interpretational value or meaning to this Policy. All references to specific legislation include amendments and re-enactments.

Please read each section of this Policy for additional specific definitions where applicable.

1. **Accident or Accidental**

A sudden, unexpected, violent, visible and specific event which occurs at an identifiable time and place during the Business Trip.

2. **Activities of Daily Living**

They are the following 6 activities which an Insured Person can perform on their own:

- a. **Dressing** means the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical or medical appliances.
- b. **Feeding** means the ability to feed oneself food after its preparation and being made available.
- c. **Mobility** means the ability to move indoors from room to room on level surfaces.
- d. **Toileting** means the ability to use the lavatory or manage bowel and bladder function through the use of protective undergarments or surgical appliances if appropriate.
- e. **Transferring** means the ability to move from a bed to an upright chair or wheelchair, and vice versa.
- f. **Washing** means the ability to wash in the bath, or shower or wash by other means.

3. **Aggregate Limit of Liability**

It means the maximum amount that is payable for all Insured Persons under the "Accidental Death and Permanent Disability" Benefit arising from the:

- a. same Accident or series of Accidents contributed to or caused by the same original cause, event or circumstance; or
- b. same Conveyance Accident or series of Conveyance Accidents contributed to or caused by the same original cause, event or circumstance.

The Company shall not be liable for any amount in excess of the Aggregate Limit of Liability as specified on the Policy Schedule. If the total loss amount is in excess of this Aggregate Limit of Liability, payment will be made proportionately to the Sum Insured for each Insured Person.

For the purpose of this definition only, Conveyance means any land vehicle, sea vessel or aircraft (excluding any Unscheduled Conveyance defined below).

4. **Aggregate Limit of Liability for Unscheduled Conveyance**

It means the maximum amount that is payable for all Insured Persons under the "Accidental Death and Permanent Disability" Benefit arising from the same Unscheduled Conveyance Accident or series of Unscheduled Conveyance Accidents contributed to or caused by the same original cause, event or circumstance.

The Company shall not be liable for any amount in excess of the Aggregate Limit of Liability for Unscheduled Conveyance as specified on the Policy Schedule. If the total loss amount is in excess of this Aggregate Limit of Liability for Unscheduled Conveyance, payment will be made proportionately to the Sum Insured for each Insured Person.

For the purpose of this definition only, "Unscheduled Conveyance" means any sea vessel or aircraft owned by Policyholder or is a licensed registered operator whose transportation services for individuals who travel as fare paying passengers, are not conducted in accordance with fixed schedules or over specific routes.

5. **AIG Travel**

It means the Company's business partner that provides 24 hours world-wide emergency assistance.
Telephone: + 852 3516 8699 (available 24 hours worldwide for emergency travel related calls)

6. **Basic Monthly Salary (BMS)**

The total gross monthly basic earned income including monthly variable component where applicable, but excluding payments for overtime, commissions, dividends or bonuses, payable by the Policyholder to the Insured Person at the date of Accident.

7. **Benefit**

It refers to the benefits listed on the Policy Schedule and which are subject to the terms and conditions as stated under this Policy respectively.

8. **Big Toe**

The first digit of a Foot.

9. Bodily Injury

An identifiable physical injury which is caused by an Accident solely and independently of any other causes including but not limited to any sickness (except sickness directly resulting from, or medical or surgical treatment rendered necessary by such Bodily Injury), congenital conditions, heredity conditions, gradually operating causes (wear and tear), naturally occurring conditions or degenerative process(es).

10. Business Trip

Any trip approved and undertaken for the purpose of the Policyholder's business, during the Period of Insurance as shown on the Policy Schedule, up to a maximum duration of 183 consecutive days within the Geographical Area specified on the Policy Schedule.

Cover commences from the time the Insured Person leaves their place of residence or regular place of employment in Country of Residence directly travelling to their point of departure, whichever is the later, and stops on the earliest of the following:

- a. the expiry of the current Period of Insurance; or
- b. when the Insured Person returns directly to their usual place of residence or regular place of employment, whichever is the earlier, in Country of Residence.

Personal Deviation and Home Leave are included.

11. Chinese Medicine Physician

A traditional Chinese medicine practitioner (including an acupuncturist or bonesetter) registered and licensed under any applicable laws and acting within the scope of their license and training. The attending Chinese Physician shall not be the Insured Person, the Insured Person's business partner or agent, Insured Person's employer or employee or Insured Person's Relative.

12. C-Level Management

The Policyholder's 'Director', 'Managing Director', 'Chairman', 'President', 'Chief Executive Officer', 'Chief Financial Officer', 'Chief Operating Officer', 'Chief Risk Officer', 'Chief Information Officer', 'Head of Human Resources', 'Company Secretary' and the 'General Manager' or any other similar designation mentioned in the Policyholder's registration with the Companies Registry in Hong Kong or as agreed with the Company in writing during the Period of Insurance but prior to the commencement of their trip.

A written confirmation of designation is required by the Policyholder in the event of a claim for a C-Level Management.

13. Civil Commotion

A substantial violent disturbance by a large number of persons assembled together and acting with common purpose or intent.

14. Claimant

It refers to the Policyholder, Insured Person or their legal representative, as applicable, making a claim against this Policy.

15. Company/ We / Our / Us

It refers to AIG Insurance Hong Kong Limited.

16. Conveyance

It means any land vehicle, sea vessel or aircraft which is a licensed registered operator providing regular scheduled transportation services for individuals who travel as fare paying passengers.

It does not include cruise liners or any conveyance if chartered or arranged as part of a tour even if such services are regularly scheduled.

17. Country of Residence

A country / jurisdiction in which an Insured Person is a permanent resident or who is a holder of an employment permit granted by the relevant government authority. If the Insured Person is a permanent resident of more than one country / jurisdiction, Country of Residence means the country / jurisdiction declared to the Company.

18. Departure

The travel date or place upon which the Insured Person is scheduled to depart on or from as indicated on the ticket or in the itinerary.

19. Dependent Child(ren)

Refers to the biological children, legally adopted children or stepchildren of the Insured Person who are:

- a. from the age of 15 days after birth up to 19 years old, or up to 25 years of age if they are attending as a full-time student in an accredited institution of higher learning, who are unmarried and receive financial maintenance and support from the Insured Person; or
- b. physically or mentally incapable of self-support.

20. Domestic Business Trip

It means a Business Trip within the territorial limits of Insured Person's Country of Residence and the destination must be beyond 100 kilometres (not within the same province or state) starting from the time Insured Person leaves their usual place of residence or usual place of employment in Country of Residence, whichever occurs last, until their return to their usual place of residence or usual place of employment in Country of Residence, whichever occurs first. Insured Person's Domestic Business Trip must commence either by land, sea or air to and from the planned domestic destination. This excludes commuting or travelling between Insured Person's usual place of residence and usual place of employment in Country of Residence.

21. **Endorsement**
It is a written notice to the Policyholder stating an amendment, deletion or addition made to this Policy.
22. **Extension**
It refers to the additional cover(s) to the Benefits listed on the Policy Schedule and which are subject to the terms and conditions as stated under this Policy, respectively.
23. **Facial Scar**
A scar on the face, which is the area bordered by the natural hairline surrounding the forehead, the front of the ears and the lower jaw and which was sustained due to an Accident.
24. **Finger**
The digit of a hand.
25. **Foot**
The entire foot below the ankle.
26. **Geographical Area**
Refers to either:

'Regional countries/jurisdictions' which are Australia, Bangladesh, Brunei, Cambodia, China, Fiji, Singapore, India, Indonesia, Japan, Korea, Laos, Macau, Malaysia, Mongolia, Myanmar, Nepal, New Zealand, Pakistan, Papua New Guinea, Philippines, Sri Lanka, Taiwan, Thailand and Vietnam; or

'Worldwide' which is any country/jurisdiction in the world.

The applicable Geographical Area for this Policy will be specified on the Policy Schedule.
27. **Hand**
The entire hand below the wrist.
28. **Home Country**
It means the country / jurisdiction of which the Insured Person holds a passport. If the Insured Person holds more than 1 passport, the home country / jurisdiction means the country / jurisdiction declared to the Company.
29. **Home Leave**
The contractual entitlement exercised by the Insured Person and approved by the Policyholder prior to the commencement of the trip. This refers to travel to Insured Person's Home Country from their Country of Residence.
This does not include any personal vacation or annual leave.
30. **Hospital**
Any institution lawfully operated for the care and treatment of sick or injured persons:
a. with organised facilities for diagnosis and surgery (including operating theatres) in the same premises;
b. with 24 hours daily nursing service by registered nurses;
c. operated under the supervision of Medical Practitioner(s); and
d. which is not a clinic, a nursing home, rest home, convalescence, palliative care, hospice or rehabilitation centres, a place used for custodial care, a place for the purposes of medical quarantine, a place for the treatment of alcoholics or drug addicts, institution to treat mental or behavioural disorders, sanatorium, any transitional care centre or home for the aged or similar establishment; even if located at the same place.
31. **Hospitalisation/Hospitalised**
It is the admission of the Insured Person to a Hospital as an In-patient during the Period of Insurance. For the avoidance of doubt, Hospitalisation shall be evidenced by daily room and board charges imposed by a Hospital.
32. **Inpatient**
It means the Insured Person is confined in a Hospital as a registered patient for Medically Necessary treatments of a covered Bodily Injury suffered by the Insured Person and such confinement is certified as necessary by the attending Medical Practitioner.
33. **Insured Person**
Insured Person(s) shall mean any person that meets the criteria described on the Policy Schedule as being an Insured Person who is nominated by the Policyholder from time to time to be insured under this Policy during a valid Period of Insurance. Cover applies until the end of the Period of Insurance or the date upon which the Insured Person ceases their employment, affiliation, or association with the Policyholder, whichever occurs first.
34. **Insurrection**
A violent uprising of citizens of a nation or state in resistance to their government.

35. Leisure Travel

It shall mean travel solely for the purpose of leisure, which is private, not taken in conjunction to any Business Trip and is unrelated to business for the entire duration of the trip, as declared by the Policyholder, to be undertaken by C-level Management and their accompanying Partner and Dependent Children, provided that such travel involves a flight or pre-booked overnight stay.

36. Limb

The entire limb between the shoulder and the wrist or between the hip and the ankle.

37. Medical Expenses

The actual, reasonable and Medically Necessary expenses incurred to treat an Insured Person or as prescribed by a Medical Practitioner for any of the following:

- a. medical treatment or supplies;
- b. room and board charges for Hospitalisation;
- c. medical or surgical services and nursing treatment;
- d. ambulance charges; and/or
- e. any dental treatment where such treatment is necessarily incurred to restore sound and natural teeth following an Accident.

38. Medically Necessary

It shall mean a medical service provided on Medical Practitioner's recommendation/advice which:

- a. is consistent with the diagnosis and customary medical treatment for a covered Bodily Injury;
- b. is in accordance with standards of good medical practice, consistent with current standards of professional medical care and of proven medical benefits;
- c. is not of an experimental, investigational, research, preventive or screening nature;
- d. is for charges which are fair and do not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individuals of the same sex and of comparable age for a similar Injury in accordance with accepted medical standards and practice that could not have been reasonably omitted without adversely affecting the Insured Person's Bodily Injury; and
- e. does not include additional charges which would not have been made if the Insured Person did not have insurance cover.

39. Medical Practitioner

It shall mean a legally registered and qualified medical practitioner with a medical degree in western medicine and authorized by the medical licensing authority of that country/jurisdiction to provide medical or surgical service within the scope of their license, specialized accreditation and training.

For dental treatment only, a Medical Practitioner is defined as a dental practitioner who holds a specialist dental accreditation or who specialises in a specific branch of dentistry.

Medical Practitioner cannot be the Insured Person, the Insured Person's business partner or agent, Insured Person's employer or employee or Insured Person's Relative.

40. Natural Catastrophe

Refers to cyclone, flood, hurricane, earthquake, landslide, tornado, tsunami, typhoon, volcanic eruption, windstorm, hailstorm and/or wildfire.

41. Overseas

It refers to outside the territorial limits of the Country of Residence.

42. Paraplegia

The Permanent and entire paralysis of both legs and part or whole of the lower half of the body.

43. Parent

An Insured Person's parent (whether natural, step or adoptive) and they must be primarily dependent on the Insured Person by receiving financial maintenance and support.

44. Partner

It is someone the Insured Person is legally married to or in a civil partnership with, or someone they have been living with for a minimum of two (2) consecutive years at the same registered address as if they were married or in a civil partnership.

45. Period of Insurance

It is the period of time as shown on the Policy Schedule during which cover applies for the Insured Person and for which premium has been received by the Company.

46. Permanent

It means lasting for at least 12 consecutive months and at the end of that time is certified by a Medical Practitioner as being beyond hope of improvement and will in all probability continue for the remainder of the Insured Person's natural life.

47. Permanent Disability(ies)

It refers to Bodily Injury that results in Items 2 to 20 as listed under the Schedule of Events.

48. Permanent Neurological Deficit

It means symptoms of dysfunction in the nervous system that are diagnosed to be present on clinical examination by a registered neurologist and expected to last throughout the life of the person.

Symptoms that are covered include:

- a. numbness;
- b. hyperesthesia (increased sensitivity);
- c. paralysis;
- d. localised weakness;
- e. dysarthria (difficulty with speech);
- f. aphasia (inability to speak);
- g. dysphagia (difficulty in swallowing);
- h. visual impairment;
- i. difficulty in walking;
- j. lack of co-ordination;
- k. tremor;
- l. seizures;
- m. dementia;
- n. delirium; and
- o. coma.

The following are not covered:

- a. an abnormality seen on brain or other scans without definite related clinical symptoms;
- b. neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms; and
- c. symptoms of psychological or psychiatric origin.

49. Personal Deviation

It refers to personal vacation taken by an Insured Person immediately before, during or immediately after a Business Trip and within the applicable Geographical Area that the Insured Person is covered for on the Policy Schedule, provided the maximum duration for such covered travel for

- a. Insured Persons who are not C-Level Management, does not exceed 60% of the Business Trip and the total trip in entirety does not exceed the maximum duration allowed for a Business Trip; or
- b. C-Level Management's total trip in entirety does not exceed the maximum duration allowed for a Business Trip.

Personal Deviation does not include personal vacation taken immediately before, during or immediately after Home Leave.

50. Policy

It refers to this insurance contract which consists of the Policy wordings, the latest applicable Policy Schedule and any other documents the Company may issue to the Policyholder or Insured Person at the request or with agreement of the Policyholder or the Insured Person as the case may be, that will form part of this Policy (e.g. Endorsements, Extensions).

51. Policyholder

The legal entity or organisation named as the Policyholder on the Policy Schedule. The Policyholder is responsible for premium payments and has the right to exercise all privileges under this Policy.

52. Policy Effective Date

In respect of this Policy and for the Insured Person covered under this Policy, it refers to the later of:

- a. the initial effective date as specified on the Policy Schedule,
- b. the first date the Insured Person was covered under this Policy, or
- c. the effective date any additional cover or increased Sum Insured is granted to the Insured Person while they are covered under this Policy, only in respect to the additional cover or increased Sum Insured.

53. Policy Schedule

The document showing details of the Period of Insurance and the particulars of the Policyholder and eligible Insured Persons, including the Policy sections, the Benefits and the respective Sums Insured, which should be read with this Policy.

54. Public Conveyance

It refers to any commercial land, water or air conveyance operating under a valid license for the transportation of fare-paying passengers which operate to fixed, established and regular schedules and routes. It shall also include licensed taxis, and registered e-hailing service vehicles booked through relevant e-hailing platforms that are four-wheel motor vehicles with a minimum capacity of 4 passenger seats and maximum capacity of 9 passenger seats.

It does not include cruise liners or any conveyance if chartered or arranged as part of a tour even if such services are regularly scheduled.

55. Quadriplegia

The Permanent and entire paralysis of both legs and both arms.

56. **Rebellion**
A deliberate, organised and open resistance, by force and arms, to the laws or operations of a government, committed by its citizens.
57. **Relative**
The Insured Person's brother, child, grandchild, grandparent, parent, Partner or sister.
58. **Rental Vehicle**
A four-wheeled motor vehicle designed to run primarily on roads for passenger transportation, which must be rented or hired from a licensed motor vehicle rental company for the sole purpose of carrying the Insured Person and their travelling companions.
59. **Revolution**
It means the overthrow of a regime or political system by the citizens of a nation or state.
60. **Second Degree Burns**
It refers to partial thickness burns which affect both the epidermis (the outer layers of the skin) and dermis (the layers of the skin that contain hair follicles, nerve endings, sweat and sebaceous glands) as diagnosed by a Medical Practitioner. An assessment of the percentage of body affected by these burns will be determined by a Medical Practitioner using the Rules of Nines System or its equivalent medical assessment tool that is recognized by the applicable local medical authority.
61. **Sickness**
It refers to an illness, disease or other physical conditions characterized by a pathological deviation from the normal healthy state. For the avoidance of doubt, Sickness includes but is not limited to infectious diseases, heatstroke, decompression sickness, hypothermia and mountain sickness.
62. **Strike**
A lockout or total or partial work stoppage to enforce demands made on an employer or to protest against an act or condition.
63. **Sum Insured**
It refers to the amount payable for a Benefit as shown on the Policy Schedule or as otherwise specified in this Policy.
64. **Terrorism**
It means any actual or threatened use of force or violence, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s), directed at or causing damage, injury, harm or disruption, or committing of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. The act must be verified or recognised by the relevant government as an act of terrorism.
65. **Third Degree Burns**
It refers to full thickness burns which result in the destruction of both the epidermis (the outer layers of the skin) and dermis (the layers of the skin that contain hair follicles, nerve endings, sweat and sebaceous glands), that can also affect deeper tissues, as diagnosed by a Medical Practitioner. These burns usually require surgery or skin grafting. An assessment of the percentage of body affected by these burns will be determined by a Medical Practitioner using the Rules of Nines System or its equivalent medical assessment tool that is recognized by the applicable local medical authority.
66. **Thumb**
The first digit of a Hand.
67. **Toe**
The digit of the Foot.
68. **Total Disablement**
In relation to an Insured Person who is employed by the Policyholder, the inability to continue in any and every occupation for the rest of the Insured Person's life.

In relation to an Insured Person who is not employed by the Policyholder, the inability to carry out 3 or more Activities of Daily Living.
69. **Total Loss**
It refers to the Permanent total and irrecoverable loss of use or Permanent loss by physical severance (separation).
- a. In the case of a loss of a leg or lower Limb
 - i) Loss by Permanent physical severance at or above the ankle; or
 - ii) Permanent, total and irrecoverable loss of use of a complete leg or Foot.
 - b. In the case of a loss of an arm or upper Limb
 - i) Loss by Permanent physical severance of the four Fingers at or above the metacarpophalangeal joints (where the Fingers join the palm of the Hand); or
 - ii) Permanent, total and irrecoverable loss of use of a complete arm or Hand.
 - c. In the case of a loss of Thumb, Finger, Big Toe or Toe

- i) Loss by Permanent physical severance of the entire Thumb, Finger, Big Toe or Toe; or
 - ii) Permanent, total and irrecoverable loss of use of a complete Thumb, Finger, Big Toe or Toe.
- d. In the case of loss of sight
- i) Permanent, total and irrecoverable physical loss of one or both eyes or Total Blindness in one or both eyes. The Company will consider Total Blindness in one or both eyes, if confirmed by a certified ophthalmologist. For the purpose of this definition, Total Blindness means when a person cannot see anything, including light.
- e. In the case of loss of speech
- i) The Permanent, total and irrecoverable loss of speech resulting in the inability to articulate any three of the four sounds which contribute to the speech such as the labial sounds, the alveololabial sounds, the palatal sounds and the velar sounds or total loss of vocal cord or damage of speech centre in the brain resulting in aphasia;
- f. In the case of loss of hearing
- i) Permanent, total and irrecoverable loss of hearing resulting in inability of the Insured Person to hear sounds quieter than 90 decibels across frequencies between 500 Hz and 3,000 Hz when tested by a qualified audiologist.

70. Valid Claim

Any claim under this Policy which, according to the terms of the Policy, the Policyholder or Insured Person is entitled to receive a payment from the Company.

71. War

It means declared or undeclared hostile action between two or more nations or states.

1.0 CORE BENEFITS – Accident & Health

Please note that the Policyholder and the Insured Person must refer to the Policy Schedule for applicable Benefits under the Policy as not all the Benefits listed below will apply to the Policy.

Applicable Benefits for Domestic Business Trips cover for Bodily Injuries only and do not cover Sicknesses sustained during Domestic Business Trips.

1.1 Accidental Death and Permanent Disabilities Benefit

If, while on a Business Trip, an Insured Person sustains Bodily Injury that directly results in one of the events listed in the Schedule of Events below, within 12 months from the date of Accident, the Company will pay the Sum Insured as specified on the Policy Schedule subject to the applicable percentage as set out in the Schedule of Events.

Schedule of Events		
Item	Bodily Injury resulting in:	Percentage of Sum Insured payable per Insured Person as specified on the Policy Schedule
1	Accidental Death	100%
2	Permanent Total Disablement	150%
3	Paraplegia	160%
4	Quadriplegia	175%
5	Permanent Total Loss of two or more Limbs	150%
6	Permanent Total Loss of Sight of both eyes	150%
7	Permanent Total Loss of one Limb	125%
8	Permanent Total Loss of Sight of one eye	100%
9	Permanent Total Loss of hearing in:	
	a) Both ears	100%
	b) One ear	30%
10	Permanent Total Loss of the natural lens of one eye	75%
11	Permanent Total Loss of speech	75%
12	Permanent Total Loss of lower jaw by surgical treatment	40%
13	Permanent Total Loss of one Thumb of either hand:	
	a) Both joints	40%
	b) One joint	25%
14	Permanent Total Loss of each Finger of either Hand	
	a) Three joints	20%
	b) Two joints	15%
	c) One joint	10%
15	Permanent Total Loss of each Toe of either Foot	
	a) All Toes - one Foot	25%
	b) Big Toe- one or both joints	10%

	c) Other than Big Toe, each Toe	2%
16	Permanent Total Loss of kidney	25%
17	Permanent Total Loss of spleen	20%
18	Fractured leg or patella with established non-union	20%
19	Shortening of leg by at least 5 cm	10%
20	Permanent disablement which is not provided for under Items 2- 19 above	Such percentage of the Sum Insured payable, which the Company has absolute discretion in determining and in its opinion is consistent with the Sum Insured provided under abovementioned 'Items'. The maximum amount payable under this Item 20 is 75% of the applicable Sum Insured as specified on the Policy Schedule.

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

1. Once an Insured Person attains the age of 75, the Sum Insured payable under the "Accidental Death and Permanent Disability" Benefit will be 50% of the Sum Insured as specified in the Schedule of Events; and (ii) no claim will be payable under Item 2 of the Schedule of Events.
2. If an Insured Person has an existing physical impairment or existing medical condition prior to the date of the Accident, the calculation of the Sum Insured payable for Items 2- 20 of the Schedule of Events will be based on the difference between the Insured Person's physical impairment or medical condition before and after the covered Accident. The Company has the absolute discretion in determining the Sum Insured payable in the event the Insured Person has an existing physical impairment.
3. Limitation on multiple benefits: If an Insured Person sustains one or more Bodily Injuries from the same Accident for which amounts are payable under more than one of the Items as listed in the above Schedule of Events, the maximum amount payable under all of the Items combined will not exceed 150% of the Sum Insured as shown on the Policy Schedule, unless a Valid Claim is payable under either Item 3 or 4 of the Schedule of Events. In the event of a Valid Claim under Item 3 or 4 of the Schedule of Events, the maximum amount payable under all of the Items combined will not exceed 160% and 175% of the Sum Insured as shown on the Policy Schedule respectively.
4. The Company will reduce any Sum Insured due for Accidental death under Item 1 by any payment which the Company has already made to the Insured Person for:
 - a) Any Permanent Disability under the Schedule of Events above for the same Accident; and/or
 - b) Any Event under the Table of Events for Benefit 1.11 of this Policy.
5. If an Insured Person sustains Bodily Injury resulting in any one (1) Item of the above Schedule of Events where the paid percentage of the Sum Insured is 100% or more, the Company will not be liable under the Policy for any subsequent Bodily Injury to that Insured Person. The Policy will continue as if this Benefit had been cancelled for that Insured Person.
6. Any medical assessment required for the purpose of adjudicating a claim under this Benefit will be made, at the Company's sole discretion, by either the Insured Person's Medical Practitioner or an independent Medical Practitioner as nominated and selected by the Company. The Company may decide to use more than one independent Medical Practitioner and shall use the medical reports they provide to determine the percentage to be applied to the Sum Insured shown on the Policy Schedule.

The degree of disability under Item 20 of the Schedule of Events shall be certified by a Medical Practitioner. The Company may appoint, at its discretion, an independent Medical Practitioner to conduct an assessment to determine any payment under Item 20.

7. If a claim or series of claims from one Accident exceeds the Aggregate Limit of Liability or the Aggregate Limit of Liability for Unscheduled Conveyance shown on the Policy Schedule or Endorsements during any one Period of Insurance, the Company will pay the limit shown on the Policy Schedule or Endorsements or reduce each payable claim proportionately such that the combined total does not exceed the applicable limit shown on the Policy Schedule or Endorsements.

The Aggregate Limit for Unscheduled Conveyance shall not exceed the Aggregate Limit of Liability shown on the Policy Schedule or Endorsements.

Disappearance

This Policy is extended to cover the Insured Person after an Accident if the Insured Person's body has not been found within 12 months after the date of disappearance provided that such disappearance was reported to the relevant authorities. The Company will presume that the Insured Person died from this Accident. This is subject to a signed undertaking by the Insured Person's legal representative that if this presumption is subsequently found to be rebutted, any payment made under this Policy will be refunded to the Company upon demand.

Exposure

This Policy is extended to cover the Insured Person for Accidental death and/or Permanent Disability resulting from Bodily Injury that directly results from unexpected exposure to natural elements following the relevant Accident.

1.2 Emergency Medical Evacuation Expenses

If, while on a Business Trip, an Insured Person sustains Bodily Injury or suffers Sickness and it is in the opinion of the Company or AIG Travel that it is medically appropriate to move an Insured Person to another location for medical treatment or return the Insured Person to the Country of Residence, AIG Travel will arrange for the evacuation utilizing the means best suited based on the medical severity of the Insured Person's condition. The Company will pay directly to AIG Travel such expenses reasonably and necessarily incurred for such evacuation up to the maximum Sum Insured specified on the Policy Schedule.

All decisions as to the means of transportation and the final destination will be made by AIG Travel or the authorized representative of AIG Travel, and will be based solely upon medical necessity.

1.3 Repatriation Expenses of Mortal Remains

If, while on a Business Trip, an Insured Person suffers Bodily Injury or Sickness that directly results in their death, the Company shall reimburse the actual reasonable and necessary expenses to repatriate the Insured Person's mortal remains to their Home Country or Country of Residence, including but not limited to services and supplies provided by a mortician or undertaker, cost of a basic casket, embalment and cremation if so elected up to the maximum Sum Insured as specified on the Policy Schedule.

Such expenses must be arranged or pre-approved by the Company or AIG Travel.

SPECIFIC CONDITIONS FOR 1.2 AND 1.3 – IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

- a. Upon the occurrence of an Accident that triggers this Benefit, AIG Travel must be immediately notified by calling the Emergency Hotline: + 852 3516 8699 (24 hours).
- b. AIG Travel will make the necessary arrangements for the evacuation or the return of the Insured Person's mortal remains to their Country of Residence where applicable, unless the Policyholder, the Insured Person and/or anyone undertaking arrangements on the Policyholder's or the Insured Person's behalf cannot for reasons beyond their control, notify AIG Travel during an emergency situation. In such event, the Company reserves the right to reimburse the Insured Person only for those expenses incurred and services paid for which the Company or AIG Travel would have provided under the same circumstances up to the maximum Sum Insured specified on the Policy Schedule.
- c. In the event that an Insured Person is evacuated, or their mortal remains are repatriated to their Country of Residence, the Company will be entitled to apply the Insured Person's return air ticket towards the Company's costs of evacuation or repatriation.

SPECIFIC EXCLUSIONS FOR 1.2 AND 1.3 – IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company shall not pay under this Benefit any claim arising from, resulting in or in connection with:

- a. Any expenses incurred for services provided by the Policyholder or another third party to transport the Insured Person from offshore (including but not limited to rig, platform or vessel) onto land.
- b. Services not approved and arranged by AIG Travel. The Company reserves the right to reimburse the Insured Person only for those expenses incurred for services which AIG Travel would have provided under the same circumstances, up to the Sum Insured specified on the Policy Schedule.
- c. Any Sickness while on a Domestic Business Trip.
- d. Mental, psychiatric or nervous disorder (including any neuroses and their physiological or psychosomatic manifestations), sleep disturbance disorder, alcoholism or drug addiction, anxiety, stress or depression.
- e. Pregnancy, miscarriage (except Accidental miscarriage if available in this Policy and not attributed to any natural causes and/or Sickness), abortion, childbirth, sterilisation, contraception as well as treatment for infertility or birth control treatments or any complications.
- f. Any expenses incurred for body retrieval or recovery or paid for religious rites or ceremonies.

1.4 Accident & Sickness Medical Expenses

If, while on a Business Trip, an Insured Person sustains Bodily Injury or suffers Sickness, the Company will reimburse up to the Sum Insured specified on the Policy Schedule, for any Medical Expenses incurred in the particular region in which the Insured Person is travelling and within 6 months from the date of Accident or Sickness diagnosed during the Business Trip.

The Company will only reimburse the cost for treatments by a Chinese Medical Physician, licensed chiropractor, licensed podiatrist or licensed physiotherapist (if the physiotherapy, chiropractic or podiatric treatment is deemed Medically Necessary by the attending Medical Practitioner and given a written medical referral by them in respect of the Bodily Injury), up to the sublimit of the Sum Insured for Benefit 1.4 stated on the Policy Schedule.

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

In relation to dental treatment, this Benefit is only payable where such treatment is necessarily incurred to restore sound and natural teeth.

SPECIFIC EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company shall not pay under this Benefit any claim arising from, resulting in or in connection with:

- a. Any Sickness while on a Domestic Business Trip.
- b. Any treatment where Insured Person first sought treatment for Bodily Injury or Sickness more than 60 days after (i) Bodily Injury was sustained or (ii) Sickness was first diagnosed.
- c. Any expenses incurred for prostheses, contact or corneal lenses, spectacles, hearing aids or other medical equipment unless prescribed by the Medical Practitioner for the treatment of Bodily Injury or Sickness.
- d. Mental, psychiatric or nervous disorder (including any neuroses and their physiological or psychosomatic manifestations), sleep disturbance disorder, alcoholism or drug addiction, anxiety, stress or depression.
- e. Pregnancy, miscarriage (except Accidental miscarriage if available in this Policy and not attributed to any natural causes and/or Sickness), abortion, childbirth, sterilisation, contraception as well as treatment for infertility or birth control treatments or any complications.
- f. Expenses incurred for continuing treatment including any medication commenced prior to the Business Trip that the Insured Person has been advised to continue during your Business Trip by a Medical Practitioner.
- g. Any expenses incurred for non-medical incidental products or services including but not limited to newspapers, magazines, telephone, television and the like.
- h. Health advisory or travel related vaccinations and any resultant complications.
- i. Experimental, elective or investigative procedures.
- j. Any cosmetic surgery, unless reconstructive surgery is required following a covered Bodily Injury that you suffer whilst on a Business Trip, and AIG Travel agrees it is Medically Necessary.
- k. Any expenses incurred from using a Hospital for addiction treatment or as a nursing, convalescent or rehabilitation place.
- l. Any health supplements including but not limited to vitamins, prebiotics, probiotics and skin care products whether or not prescribed by a Medical Practitioner or purchased over the counter.
- m. Any injuries to teeth occurring during eating activities (e.g. biting and chewing).
- n. Any other alternative medicine practice that is not mentioned above.

1.5 Post-Journey Medical Expenses

The Company will reimburse for Medical Expenses incurred for treatment or follow-up treatments in Country of Residence after the Business Trip for Bodily Injury or Sickness suffered while on the Business Trip, up to the Sum Insured shown on the Policy Schedule or the maximum Benefit period, whichever occurs first. The time limits from date of return from the Business Trip for seeking such medical treatment is as follows:

- a. Twelve (12) consecutive months from date of return from the Business Trip if prior treatment had already been sought during the Business Trip; or
- b. Three (3) consecutive months from date of return from the Business Trip if prior treatment has not been sought during the Business Trip, provided the first treatment is sought within 10 days immediately following the date of return from the Business Trip.

The Company will only reimburse the cost for treatments by a Chinese Medical Physician, licensed chiropractor, licensed podiatrist or licensed physiotherapist (if the physiotherapy, chiropractic or podiatric treatment is deemed Medically Necessary by the attending Medical Practitioner and given a written medical referral by them in respect of the Bodily Injury), up to the sublimit of the Sum Insured for Benefit 1.5 as stated on the Policy Schedule.

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

In relation to dental treatment, this Benefit is only payable where such treatment is necessarily incurred to restore sound and natural teeth.

SPECIFIC EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company shall not pay under this Benefit any claim arising from, resulting in or in connection with:

- a. Any expenses incurred after twelve (12) consecutive months from the Business Trip if prior treatment was sought during the Business Trip, or after three (3) consecutive months from the Business Trip if prior treatment was not sought during the Business Trip.
- b. Any Sickness while on a Domestic Business Trip.
- c. This Benefit after the maximum duration of Business Trip is exceeded.
- d. Any expenses incurred for prostheses, contact or corneal lenses, spectacles, hearing aids or other medical equipment unless prescribed by the Medical Practitioner for the treatment of Bodily Injury or Sickness.
- e. Mental, psychiatric or nervous disorder (including any neuroses and their physiological or psychosomatic manifestations), sleep disturbance disorder, alcoholism or drug addiction, anxiety, stress or depression.
- f. Pregnancy, miscarriage (except Accidental miscarriage if available in this Policy and not attributed to any natural causes and/or Sickness), abortion, childbirth, sterilisation, contraception as well as treatment for infertility or birth control treatments or any complications.
- g. Any expenses incurred for non-medical incidental products or services including but not limited to newspapers, magazines, telephone, television and the like.
- h. Expenses incurred for continuing treatment including any medication commenced prior to your Business Trip departure date that you have been advised to continue during your Business Trip by a Medical Practitioner.
- i. Health advisory or travel related vaccinations and any resultant complications.
- j. Experimental, elective or investigative procedures.
- k. Any cosmetic surgery, unless reconstructive surgery is required following a covered Bodily Injury that you suffer whilst on a Business Trip, and AIG Travel agrees it is Medically Necessary.
- l. Any expenses incurred from using a Hospital for addiction treatment or as a nursing, convalescent or rehabilitation place.
- m. Any health supplements including but not limited to vitamins, prebiotics, probiotics and skin care products whether or not prescribed by a Medical Practitioner or purchased over the counter.
- n. Any injuries to teeth occurring during eating activities (e.g. biting and chewing).
- o. Any other alternative medicine practice that is not mentioned above.

1.6 Hospital Confinement Benefit

If, while on a Business Trip, an Insured Person sustains Bodily Injury or suffers a Sickness resulting in Hospitalisation within 6 months from the date of Accident or Sickness diagnosis, the Company will pay a Sum Insured as specified on the Policy Schedule for each day they are Hospitalised as an Inpatient, up to the maximum Sum Insured as specified on the Policy Schedule.

A claim is only payable either under this Benefit or under "Hospital Confinement in Intensive-Care Unit (ICU)" if applicable, but not both.

SPECIFIC EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company shall not pay under this Benefit any claim arising from, resulting in or in connection with:

- a. Any Sickness while on a Domestic Business Trip.
- b. Mental, psychiatric or nervous disorder (including any neuroses and their physiological or psychosomatic manifestations), sleep disturbance disorder, alcoholism or drug addiction, anxiety, stress or depression.
- c. Pregnancy, miscarriage (except Accidental miscarriage if available in this Policy and not attributed to any natural causes and/or Sickness), abortion, childbirth, sterilisation, contraception as well as treatment for infertility or birth control treatments or any complications.

1.7 Hospital Confinement in Intensive-Care Unit (ICU)

If, whilst on a Business Trip, an Insured Person sustains Bodily Injury or suffers a Sickness resulting in Hospitalisation in an Intensive Care Unit (ICU) within 6 months from the date of Accident or Sickness diagnosis, the Company will pay a Sum Insured as specified on the Policy Schedule for each day they are Hospitalised as an Inpatient in the ICU, up to the maximum Sum Insured as specified on the Policy Schedule.

A claim is only payable either under this Benefit or under "Hospital Confinement Benefit" if applicable, but not both.

SPECIFIC DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO THIS POLICY

Intensive Care Unit (ICU) means a section within a Hospital that is designated as an intensive care unit. It is solely dedicated for the treatment of patients who are in a critical medical condition who require constant and close monitoring of the vital body functions in a Hospital, which provides a high ratio of nursing staff to patients, which has full facilities for the resuscitation of patients and provides special nursing and medical services not available elsewhere in the Hospital.

SPECIFIC EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company shall not pay under this Benefit any claim arising from, resulting in or in connection with:

- a. Any Sickness while on a Domestic Business Trip.
- b. Mental, psychiatric or nervous disorder (including any neuroses and their physiological or psychosomatic manifestations), sleep disturbance disorder, alcoholism or drug addiction, anxiety, stress or depression.
- c. Pregnancy, miscarriage (except Accidental miscarriage if available in this Policy and not attributed to any natural causes and/or Sickness), abortion, childbirth, sterilisation, contraception as well as treatment for infertility or birth control treatments or any complications.

1.8 Hospital Visitation and Compassionate Visit

If, while on a Business Trip, an Insured Person sustains Bodily Injury or suffers a Sickness resulting in Hospitalisation Overseas for more than five (5) consecutive days or death and there is no adult family member with the Insured Person, the Company will reimburse the reasonable travel (economy class where applicable) and accommodation expenses (room charge only including mandatory taxes and charges) necessarily incurred by two (2) relatives or friends of the Insured Person to:

- a. in the event of Hospitalisation, visit and stay with the Insured Person until the Insured Person is medically fit to return to the Insured Person's Country of Residence; or
- b. in the event of death, assist in the final funeral arrangement at the city located nearest to the place of death of the Insured Person,

up to the maximum Sum Insured as specified on the Policy Schedule.

For the avoidance of doubt, this Benefit does not apply to Domestic Business Trips.

SPECIFIC EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company shall not pay under this Benefit any claim arising from, resulting in or in connection with:

- a. Mental, psychiatric or nervous disorder (including any neuroses and their physiological or psychosomatic manifestations), sleep disturbance disorder, alcoholism or drug addiction, anxiety, stress or depression.
- b. Pregnancy, miscarriage (except Accidental miscarriage if available in this Policy and not attributed to any natural causes and/or Sickness), abortion, childbirth, sterilisation, contraception as well as treatment for infertility or birth control treatments or any complications.
- c. Any injury to unsound and/or unnatural teeth.

1.9 Funeral Expenses

If, while on a Business Trip, an Insured Person sustains Bodily Injury that directly results in a Valid Claim payable under Item 1 of the Schedule of Events under Benefit 1.1, the Company will pay the Sum Insured as specified on the Policy Schedule for all reasonable funeral, burial or cremation associated expenses.

1.10 Comatose State Benefit

If, while on a Business Trip, an Insured Person sustains Bodily Injury that results in a Comatose State while being Hospitalised within 30 days from the date of Accident, the Company will pay the Insured Person the Sum Insured as specified on the Policy Schedule for any one Accident.

SPECIFIC DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO THIS POLICY

Comatose State (i.e., Coma) means a state of profound unconsciousness, characterised by the absence of spontaneous eye openings, response to painful stimuli, and vocalisation. This diagnosis must be supported by the attending Medical Practitioner with evidence of all of the following:

- a. no response to external stimuli for at least 30 days;
- b. life support measures are necessary to sustain life; and
- c. brain damage resulting in Permanent Neurological Deficit which must be assessed at least 30 days after the onset of the coma.

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

- a. The Insured Person must be diagnosed to be in a Comatose State while Hospitalised and continue to be an In-patient for the whole duration of the Comatose State for this Benefit to be payable.
- b. The Comatose State must be supported by the attending Medical Practitioner's report outlining the cause and period of the Insured Person's Comatose State.
- c. This Benefit is payable once for any one Accident.

SPECIFIC EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company shall not pay under this Policy any claim arising from, resulting in or in connection with any Coma resulting from drugs or alcohol abuse, or for a medically induced Comatose State.

1.11 Burns

If, while on a Business Trip, an Insured Person sustains Bodily Injury resulting in one of the Events listed in the Table of Events below, the Company will pay the Sum Insured for the Event as specified in the Table of Events.

Table of Events

Events		Percentage of Sum Insured payable per Insured Person as specified on the Policy Schedule
Bodily Injury resulting in:		
THIRD DEGREE BURNS		
1	8% or more of the head surface	100%
2	5% or more but less than 8% of the head surface	75%
3	2% or more but less than 5% of the head surface	50%
4	20% or more of the body surface other than the head	100%
5	15% or more but less than 20% of the body surface other than the head	75%
6	10% or more but less than 15% of the body surface other than the head	50%
7	Either i) less than 2% of the head surface; and/or ii) less than 10% of the body surface other than the head	Such percentage of the Sum Insured payable, which the Company has absolute discretion in determining and in its opinion is consistent with the Sum Insured provided under abovementioned 'Events'. The maximum amount payable under Event 7 is up to 25% of the applicable Sum Insured as specified on the Policy Schedule.
SECOND DEGREE BURNS		
7	8% or more of the head surface	100%
8	5% or more but less than 8% of the head surface	75%
9	2% or more but less than 5% of the head surface	50%
10	20% or more of the body surface other than the head	100%
11	15% or more but less than 20% of the body surface other than the head	75%
12	10% or more but less than 15% of the body surface other than the head	50%
13	Either i) less than 2% of the head surface; and/or ii) less than 10% of the body surface other than the head	Such percentage of the Sum Insured payable, which the Company has absolute discretion in determining and in its opinion is consistent with the Sum Insured provided under abovementioned 'Events'. The maximum amount payable under Event 13 is up to 25% of the applicable Sum Insured as specified on the Policy Schedule.

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

- a. An assessment of the percentage of body affected by burns will be determined by a Medical Practitioner using the Rules of Nines System or its equivalent medical assessment tool that is recognized by local authority.
- b. The maximum Sum Insured payable for above Events 1 to 7 or 8 to 13 due to the same Bodily Injury is arrived at by adding together the various percentages but shall not exceed 100% of the Sum Insured payable for Third Degree Burns or Second Degree Burns.
- c. The Company will reduce any Sum Insured due for Accidental death by any payment which the Company has already made to the

Insured Person under the Table of Events above for the same Accident.

- d. The assessment of burns under Event 7 and/or 13 shall be as certified by a Medical Practitioner. The Company has the discretion to appoint an independent Medical Practitioner to conduct an assessment.

SPECIFIC EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company will not pay any claim in connection with any first-degree burns, sunburn, in-door tanning, cosmetic tanning or burns resulting from any aesthetic procedures.

1.12 Fractures

If, while on a Business Trip, an Insured Person sustains Bodily Injury which results in one of the Fractures listed in the Table of Fractures below, the Company will pay the Sum Insured for the Fracture as specified in the Table of Fractures.

Table of Fractures

Events	Bodily Injury resulting in:	Percentage of Sum Insured payable per Insured Person as specified on the Policy Schedule	
		Complete & Compound Fractures	All Other Fractures
1	Spine (excluding Coccyx)	100%	30%
2	Neck	100%	30%
3	Hip	100%	30%
4	Pelvis (excluding thigh)	100%	30%
5	Skull	100%	30%
6	Upper Leg	60%	20%
7	Sternum	60%	20%
8	Shoulder Blade	60%	20%
9	Collarbone	30%	15%
10	Rib	30%	15%
11	Upper Arm	30%	15%
12	Kneecap	30%	15%
13	Forearm (excluding Colles-type Fractures)	20%	10%
14	Lower Leg	20%	10%
15	Jaw	20%	10%
16	Wrist	10%	5%
17	Cheekbone	10%	5%
18	Foot (excluding toes or heel)	10%	5%
19	Finger, thumb and toe (excluding Colles-type Fractures)	10%	5%
The percentage of the amount reflected in the Table of Fractures above is payable for each Event from 1 to 19 regardless of the number of Fractures suffered on each Bone Site.			
Maximum percentage of Sum Insured payable in any one Accident		100%	

SPECIFIC DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO THIS POLICY

- a. **All Other Fractures** means any Fracture other than a Complete Fracture, Compound Fracture or Hairline Fracture which is not otherwise excluded by this Policy.
- b. **Bone Site** means the bone(s) or body part as listed in Fractures 1 to 19 in the Table of Fractures in this Benefit.
- c. **Coccyx** means the four fused vertebrae located at the bottom of the spine.
- d. **Colles Type Fracture** means a wrist Fracture that occurs when the radius bone in your forearm breaks. It's also known as a distal radius Fracture, transverse wrist Fracture, or a dinner-fork deformity of the wrist.

- e. **Complete Fracture** means a Fracture in which the bone is broken completely across with no connection left between the bone pieces.
- f. **Compound Fracture** means a Fracture where the bone breaks through the skin. This is also known as an open Fracture.
- g. **Fracture** means a complete or incomplete break in the continuity of a bone and is diagnosed by a Medical Practitioner through radiological evidence and diagnostic techniques.
- h. **Hairline Fracture** means small or thin crack(s) on the outer layer of the bone. This is also called a fissure Fracture.
- i. **Pathological Fracture** means a complete or incomplete break in the continuity of a bone, in an area where disease has caused weakening of the affected bone.

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

The diagnosis of a listed Event from the Table of Fractures above by a Medical Practitioner must be made within 30 days from the date of Accident.

SPECIFIC EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company shall not pay under this Policy any claim arising from, resulting in or in connection with:

- a. Any Fracture caused by osteoporosis or any Pathological Fracture. If osteoporosis or Pathological Fracture is first diagnosed by a Medical Practitioner during the Policy Period, the Company will pay the Sum Insured for the first diagnosed Fracture after diagnosis; however, all subsequent Fractures will not be covered by this Policy.
- b. Any Fractures classed as Hairline Fracture, stress Fracture or fatigue Fractures.
- c. Any Fractures involving body parts or bone sites not listed in the Table of Fractures above.

1.13 Trauma Counselling Benefit

If, while on a Business Trip, an Insured Person witnesses or becomes a victim of a traumatic event such as an armed robbery, assault, rape, Natural Catastrophe or Terrorism during the Period of Insurance, the Company either pay the Sum Insured per session or will reimburse, up to the maximum Sum Insured as specified on the Policy Schedule, where applicable, to provide the financial relief in getting the necessary post-trauma counselling and related treatment, provided that the:

- a. incident is reported to the police within 24 hours;
- b. treatment is certified as necessary by the attending Medical Practitioner for the wellbeing of the Insured Person; and
- c. trauma counselling is provided by a registered psychologist or psychiatrist within 365 days from the date of the traumatic event.

2.0 CORE BENEFITS – Trip Cancellation, Travel Inconveniences, Personal Liability & Legal Expenses

2.1 Trip Cancellation

If an Insured Person is required to cancel a Business Trip prior to their Departure, the Company will reimburse any non-recoverable, non-refundable deposits and advanced payments for the Travel Arrangements which have been paid, or are payable under contract, and cannot be recovered elsewhere, up to the maximum Sum Insured specified on the Policy Schedule provided such cancellation is necessitated by and is unavoidable due to any of the following events occurring within thirty (30) days before the commencement of the Business Trip, except as specifically stated below:

- a. Death or Serious Injury or Serious Illness of the Insured Person or the Insured Person's Relative who is residing in Insured Person's Country of Residence;
- b. Unexpected outbreak of Strike, riot or Civil Commotion, Terrorism or Natural Catastrophes arising out of circumstances beyond the control of the Policyholder or Insured Person at the planned destination; and provided there was no prior warning at the time the Business Trip was booked that such events were likely to occur;
- c. Serious damage to the Insured Person's usual place of residence in Country of Residence from fire, flood or Natural Catastrophe within seven (7) days before the Business Trip's Departure, which requires the Insured Person's presence on the premises on the Departure date; or
- d. Any other unforeseen circumstances occurring outside the control of the Policyholder or the Insured Person, other than those circumstances described in a), b) or c) above or specifically described elsewhere in this Policy.

SPECIFIC DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO THIS POLICY

- a. **Travel Arrangements** means travel and/or accommodation arrangements made for the Insured Person's Business Trip. Travel Arrangements will not include any registration fees, credit or debit card fees or any insurance premiums.
- b. **Serious Injury** or **Serious Illness** means:

- i. When applied to the Insured Person, it shall mean that the Insured Person consults a Medical Practitioner for an injury or Sickness and which results in the Insured Person being certified by the Medical Practitioner as being unfit to travel or continue with their original Business Trip.
- ii. When applied to a Relative, it shall mean that the Relative is Hospitalised due to Bodily Injury or Sickness and is certified by the attending Medical Practitioner that their life is in imminent danger resulting in the Insured Person's discontinuation of their original Business Trip.

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

- a. In the event of a claim, the Policyholder or Insured Person must surrender to the Company any unused tickets, vouchers, coupons, credit statements, refund statements or travel privileges upon the Company's request.
- b. The Insured Person or Policyholder must provide evidence of receipts and confirmation of the cancellation and/or changes to the itinerary from the Public Conveyance operator(s) and/or service provider who made the Travel Arrangements, otherwise the claim may not be paid in part or in full.
- c. A claim is only payable once for the same event either under this Benefit, "Trip Postponement" or "Trip Curtailment or Rearrangement" if applicable, but not more than one Benefit.

SPECIFIC EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company shall not pay under this Benefit any claim arising from, resulting in or in connection with:

- a. Retrenchment of an Insured Person or the termination of an Insured Person's contract of employment within thirty (30) days prior to scheduled Departure.
- b. The Policyholder's or an Insured Person's business, contractual or financial circumstances.
- c. The financial default of or inability to provide service by any provider of Conveyance or accommodation (or their agent) acting for the Policyholder or the Insured Person.
- d. Any loss that is covered by any other existing insurance scheme or government program, or which will be paid or refunded by a hotel, airline, travel agent or any other provider of travel and/or accommodation.
- e. Any trip cancellation due to the following:
 - i. epidemic or pandemic related travel advisories issued by governments, health authorities or the World Health Organization, by or for the destination country or Country of Residence.
 - ii. travel restrictions (including quarantine requirements) due to government orders, travel advisories by government against all but essential travel (or similar or higher-level advice) to a destination, regulations, directives, or border closures, where such advice or warning was issued by or for the destination country or Country of Residence, prior to the booking and payment for the Business Trip.
- f. Any disinclination of the Insured Person to travel on the Business Trip.
- g. Insured Person not choosing to travel because of any sickness or injury to Relative which is not a Serious Injury or Serious Illness.
- h. Use of air miles, membership card points and/or credit card redemption points to pay for the cancelled Business Trip, whether in part or in full.

2.2 Trip Postponement

If an Insured Person is required to Postpone a Business Trip prior to their Departure, the Company will reimburse Postponement Costs incurred up to the maximum Sum Insured specified on the Policy Schedule provided such Postponement is necessitated by and is unavoidable due to any of the following events occurring within 30 days before the commencement of the Business Trip, except as specifically stated below:

- a. Death or Serious Injury or Serious Illness of the Insured Person or the Insured Person's Immediate Family Member who is residing in Insured Person's Country of Residence;
- b. Unexpected outbreak of strike, riot or civil commotion, Terrorism or Natural Catastrophes arising out of circumstances beyond the control of the Policyholder or Insured Person at the planned destination; and provided there was no prior warning at the time the Business Trip was booked that such events were likely to occur;
- c. Serious damage to the Insured Person's usual place of residence in Country of Residence from fire, flood or Natural Catastrophe within seven (7) days before the Business Trip's Departure, which requires the Insured Person's presence on the premises on the Departure date; or
- d. Any other unforeseen circumstances occurring outside the control of the Policyholder or the Insured Person, other than those circumstances described in a), b) or c) above or specifically described elsewhere in this Policy.

SPECIFIC DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO THIS POLICY

- a. **Postpone** means delaying the start date of Insured Person's Business Trip to another departure date.
- b. **Postponement Costs** means
 - i. pre-paid and non-refundable expenses for Travel Arrangements, and that is not recoverable from any relevant source(s); or
 - ii. reasonable additional expenses for Travel Arrangements to Postpone the Business Trip provided:
 - 1) it is commercially reasonable for the Insured Person to do so; and
 - 2) the amount payable does not exceed the amount the Company would have paid under item b.i. above.
- c. **Travel Arrangements** means travel and/or accommodation arrangements made for the Insured Person's Business Trip. Travel Arrangements will not include any registration fees, credit or debit card fees or any insurance premiums.

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

- a. Insured Person must provide documentary proof that they had first attempted to obtain a refund of any prepaid non-recoverable expenses from their transport or accommodation provider and had been denied their request for such refund. The Company will reduce their claim amount by the amount that has been refunded to and/or entitled by them.
- b. Policyholder or Insured Person must inform their travel agent, tour operator, transport or accommodation providers as soon as they know they are required to postpone their Business Trip. The Company will not pay for additional costs incurred due to the delay to inform these travel providers.
- c. A claim is only payable once for the same event either under this Benefit, "Trip Cancellation" or "Trip Curtailment or Rearrangement" if applicable, but not more than one Benefit.

SPECIFIC EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company shall not pay under this Policy any claim arising from, resulting in or in connection with:

- a. Retrenchment of an Insured Person or the termination of an Insured Person's contract of employment within thirty (30) days prior to scheduled departure.
- b. The Policyholder's or an Insured Person's business, contractual or financial circumstances.
- c. The financial default of or inability to provide service by any provider of transport or accommodation (or their agent) acting for the Policyholder or an Insured Person.
- d. Any loss that is covered by any other existing insurance scheme government program or which will be paid or refunded by a hotel, airline, travel agent or any other provider of travel and/or accommodation.
- e. Use of air miles, membership card points and/or credit card redemption points to pay for the Postponed Business Trip, whether in part or in full.
- f. Additional costs for upgrading to higher class of room, airline or transport. Even if economy class or standard class accommodation is unavailable, the Company will only pay up to the value of the reasonable charges for rescheduling conveyance on economy class and for rescheduling standard class accommodation.
- g. Any trip Postponement due to the following:
 - i. epidemic or pandemic related travel advisories issued by governments, health authorities or the World Health Organization, by or for the destination country or Country of Residence.
 - ii. travel restrictions (including quarantine requirements) due to government orders, travel advisories by government against all but essential travel (or similar or higher-level advice) to a destination, regulations, directives, or border closures, where such advice or warning was issued by or for the destination country or Country of Residence, prior to the booking and payment for the Business Trip.

2.3 Trip Curtailment or Rearrangement

If, while on a Business Trip, an Insured Person has to curtail or re-arrange pre-booked Travel Arrangements while on a Business Trip, the Company will reimburse for the unused, irrecoverable and non-refundable prepaid payments and/or additional costs of travel and accommodation that are reasonably and necessarily incurred up to the maximum Sum Insured shown on the Policy Schedule for the curtailment or rearrangement of the Business Trip, to enable the Insured Person to return to their Country of Residence or continue on the Business Trip if the curtailment or rearrangement is due to any of the following events mentioned below:

- a. Death or Serious Injury or Serious Illness of the Insured Person or the Insured Person's Relative who is residing in Insured Person's Country of Residence;
- b. Any Natural Catastrophe which prevents the Insured Person from continuing with their scheduled Business Trip;
- c. Unexpected outbreak of Strike, riot or Civil Commotion and Terrorism arising out of circumstances beyond the control of the

Policyholder or Insured Person; or

- d. Any other unforeseen circumstances occurring outside the control of the Policyholder or the Insured Person, other than those circumstances described in a), b) or c) above or specifically described elsewhere in this Policy.

SPECIFIC DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO THIS POLICY

- a. **Travel Arrangements** means travel and/or accommodation arrangements made for the Insured Person's Business Trip. Travel Arrangements will not include any registration fees, credit or debit card fees or any insurance premiums.
- b. **Serious Injury or Serious Illness** means:
- i. When applied to the Insured Person, it shall mean that the Insured Person consults a Medical Practitioner for an injury or Sickness and which results in the Insured Person being certified by the Medical Practitioner as being unfit to travel or continue with their original Business Trip.
 - ii. When applied to a Relative, it shall mean that the Relative is Hospitalised due to Bodily Injury or Sickness and is certified by the attending Medical Practitioner that their life is in imminent danger resulting in the Insured Person's discontinuation of their original Business Trip.

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

- a. In the event of a claim, the Policyholder or Insured Person must surrender to the Company any unused tickets, vouchers, coupons, credit statements, refund statements or travel privileges upon the Company's request.
- b. If Insured Person does not hold a return ticket, the Company will deduct from the reimbursement an amount equal to that paid for Insured Person's outward trip out from Insured Person's Country of Residence for the Insured Person's return trip back to Country of Residence based on the same class of travel as the outward trip. The cost of the return ticket is calculated at the time the Insured Person is required to return back to Country of Residence.
- c. The Company will only pay once for the same period of time and reason, less any amount recoverable.
For example, if a Valid Claim includes reimbursement of both forfeited accommodation and additional accommodation charges for the same nights of the Business Trip as per original itinerary, the Company will deduct from the additional charges what is claimed for the forfeited nights, less any amount recoverable. Likewise, in relation to additional covered transport costs, the Company will deduct the claimed forfeited transportation costs for the return journey of the Business Trip, less any amount recoverable.
- d. The Insured Person or Policyholder must provide evidence of receipts and/or confirmation of the changes to Business Trip itinerary from the Conveyance operator(s) and/or the service provider who made the Travel Arrangements; otherwise, the claim may not be paid in part or in full.
- e. A claim is only payable for the same event either under this Benefit, "Trip Cancellation" or "Trip Postponement" if applicable, but not more than one Benefit.

SPECIFIC EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company shall not pay under this Benefit any claim arising from, resulting in or in connection with:

- a. Any trip curtailment or rearrangement due to the following:
- i. epidemic or pandemic related travel advisories issued by governments, health authorities or the World Health Organization, by or for the destination country or Country of Residence;
 - ii. travel restrictions (including quarantine requirements) due to government orders, advisories against all but essential travel (or similar or higher-level advice) to a destination, regulations, directives, or border closures, where such advice or warning was issued by or for the destination country or Country of Residence, prior to the booking and payment for the Business Trip;
- b. The Policyholder's or an Insured Person's business, financial or contractual circumstances;
- c. The financial default of or inability to provide service by any provider of Conveyance or accommodation (or their agent) acting for the Policyholder or an Insured Person;
- d. Curtailment or rearrangement arising from the delayed Departure of a Conveyance due to Strike or industrial action which existed or for which warning was issued:
- i. prior to the booking or payment of the Business Trip, or
 - ii. after a Business Trip was booked and paid for and where alternative arrangements could have been reasonably made to avoid a claim;
- e. Disinclination of the Insured Person to continue traveling on a Business Trip;
- f. Curtailment or rearrangements necessary due to the missed Departure of a connecting flight if the Insured Person's original ticketed connection time was either less than the official minimum connection time or at least three consecutive hours, whichever is lesser;
- g. The Insured Person declining an alternative service provided by the Conveyance provider;
- h. Any rearrangement due to actions within the control of the Insured Person or Policyholder that resulted in missing a Conveyance connection or Departure;
- i. Any rearrangement of Travel Arrangements which is not commercially reasonable to continue the Business Trip;
- j. Any error or omission in the Insured Person's booking arrangements made by the Policyholder, Insured Person, Insured Person's travel agent or any other person acting on their behalf; and/or

- k. Use of air miles, membership card points and/or credit card redemption points to pay for the Business Trip, whether in part or in full.

2.4 Travel Delay

If, while on a Business Trip, the pre-booked Conveyance on which an Insured Person is scheduled to travel is delayed for a minimum period of time as stated on the Policy Schedule from the scheduled arrival time of the Conveyance at destination as specified in the itinerary, the Company will pay the Sum Insured for each block of continuous time period of delay up to the maximum Sum Insured per delay as shown on the on the Policy Schedule.

The period of delay shall be calculated from the original scheduled arrival time at destination as stated in the Insured Person's itinerary to the actual arrived time at destination by such Conveyance or any alternative means of transportation, whichever is earlier.

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

- a. The Insured Person is required to provide the Company with a letter from the Conveyance operator confirming the number of consecutive hours of travel delay and the cause for the stated travel delay in the same letter.
- b. This Policy will only pay once for a claim for the same event on the same Business Trip either under this Benefit 'Travel Misconnection' Benefit, 'Trip Curtailment or Rearrangement' Benefit, 'Overbooked Flight' Benefit, or 'Flight Diversion' Benefit, if applicable.

SPECIFIC EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company shall not pay under this Benefit any claim arising from, resulting in or in connection with:

- a. The delayed arrival of the Conveyance due to Strike or industrial action which existed or for which advance warning had been given before the booking and payment of the Business Trip;
- b. Any loss arising from the time the Insured Person fails to take the first available alternative transportation offered by the Conveyance provider;
- c. The Insured Person failing to check in according to the itinerary unless failure to check in was due to any covered event under this Benefit;
- d. Actions within the control of the Insured Person that resulted in missing a Conveyance;
- e. Any subsequent delay which is the result of the delay covered under this Benefit, at any additional location; or
- f. Smog or conditions arising from pollution.

2.5 Overbooked Flight

The Company will reimburse up to the Sum Insured shown on the Policy Schedule for travel, accommodation and meal expenses reasonably and necessarily incurred as a result of an Insured Person being denied boarding on a scheduled flight due to overbooking while on a Business Trip and no alternative transport is made available by the airline within four (4) hours of the scheduled departure time.

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

- a. The Insured Person must hold a confirmed seat on the original scheduled flight.
- b. The Insured Person must provide a letter to the Company from the airline confirming denial of boarding due to overbooking.
- c. This Policy will only pay for a claim for the same event on the same Business Trip either under this Benefit, 'Travel Misconnection' Benefit, 'Trip Curtailment or Rearrangement' Benefit, 'Travel Delay' Benefit or 'Flight Diversion' Benefit, if applicable.

SPECIFIC EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company shall not pay under this Benefit any claim arising from, resulting in or in connection with:

- a. Any claim under this Benefit where the Insured Person has declined an alternative transportation provided by the airline.
- b. Any denial to board the scheduled flight due to the Insured Person's failure to check-in within the official stipulated time for the scheduled flight.

2.6 Flight Diversion

In the event that during a Business Trip, a scheduled flight the Insured Person is traveling on is diverted to land at an airport due to unruly passengers, emergency medical treatment of a passenger, bomb threat, Terrorism, Natural Catastrophe, adverse weather

conditions, any event leading to airspace or airport closure or any other emergency situation, which delays the Insured Person's arrival at the planned destination as specified in their itinerary, the Company will pay a Sum Insured for each time period of delay, up to the maximum Sum Insured as specified on the Policy Schedule.

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

This Policy will only pay for a claim for the same event on the same Business Trip either under this Benefit, 'Travel Misconnection' Benefit, 'Trip Curtailment or Rearrangement' Benefit, 'Overbooked Flight' Benefit or 'Travel Delay' Benefit, if applicable.

SPECIFIC EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company shall not pay under this Benefit any claim arising from, resulting in or in connection with an any diversion due to smog, or conditions arising from pollution.

2.7 Travel Misconnection

If, whilst on a Business Trip, an Insured Person's confirmed onward scheduled connecting Conveyance is missed at the transfer point due to the late arrival of the Insured Person's incoming confirmed scheduled Conveyance and no onward Conveyance is available to the Insured Person after its late arrival, the Company will pay the Sum Insured for each time period of delay up to the maximum Sum Insured as specified on the Policy Schedule.

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

- a. The Insured Person is required to provide the Company with a letter from the Conveyance operator confirming the number of hours of delay and the cause for the stated travel delay in the same letter.
- b. This Policy will only pay for a claim for the same event on the same Business Trip either under this Benefit, 'Travel Delay' Benefit, 'Trip Curtailment or Rearrangement' Benefit, 'Overbooked Flight' Benefit or 'Flight Diversion' Benefit, if applicable.

2.8 Personal Property

If, during a Business Trip, any Personal Property taken along by the Insured Person on the Business Trip or acquired during the Business Trip is lost, stolen or accidentally damaged, the Company will reimburse the Insured Person for their loss or damage of each item, pair or set, up to the maximum Sum Insured shown on the Policy Schedule.

SPECIFIC DEFINITIONS – IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO THIS POLICY

- a. **Golfing Equipment** means golf clubs, golf bags, golf balls, and hand-drawn/pulled golf carriages (other than licensed electric or motor propelled caddie cars).
- b. **Electronic Equipment** means any computers (including laptops, notebooks, tablets and palm pilots), digital cameras and cameras, binoculars, mobile phones, global positioning devices, personal music/recording/gaming devices and other items of a similar nature which are intended for either business or personal use.
- c. **Personal Property** means personal goods belonging to the Insured Person, including Electronic Equipment and Golfing Equipment, or property of the Policyholder entrusted to the Insured Person in the course of the Insured Person's employment and for which the Insured Person is personally responsible, including Golfing Equipment and Electronic Equipment, which are taken by the Insured Person on the Business Trip or acquired by the Insured Person and carried on the Insured Person's person or hand-carried or checked-in as accompanied baggage with the Public Conveyance during the Business Trip.
- d. **Money** means currency notes or travellers' cheques.
- e. **Travel Documents** means passports, required travel visas or other essential travel documents.

SPECIFIC CONDITIONS – IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

- a. The maximum the Company will pay for any one item, pair, set or collection is HKD1,000 unless otherwise agreed and endorsed by the Company.
- b. The Insured Person must report the loss or damage to the police, hotel, carrier or any relevant authority having jurisdiction where the loss or damage occurred within twenty-four (24) hours of the discovery of such loss or damage and for which the Insured Person must get a written police report or a property irregularity report or a report issued by the relevant authority evidencing such loss or damage.
- c. For loss or damage attributable to a Public Conveyance or hotel, the claim should be made against the Public Conveyance provider or hotel first prior to the Company making any payment under this Benefit. Such claims must be submitted with proof of compensation received from the Public Conveyance provider or hotel or if such compensation is denied, proof of such denial. At no time, will the Company reimburse the Insured Person for more than the Sum Insured specified on the Policy Schedule.

- d. The Company may choose to replace, repair, or reimburse for the loss at their sole discretion. At no time, will the Company reimburse the Insured Person for more than the Sum Insured specified on the Policy Schedule.
- e. Deduction will be made for wear, tear and loss of value depending on the age of the item that the Company thinks is reasonable, however the Company may not apply such deduction to electronic items that are less than one (1) year old if the Insured Person can produce supporting documents (i.e., original receipts or original warranty cards) for claims. The maximum amount the Company will pay will not be more than the value of the Personal Property at the time it was lost, stolen or accidentally damaged.
- f. The Insured Person must take every possible step and reasonable precaution to ensure their Personal Property are kept safe and are properly carried and secured during the Business Trip.
- g. The basis of settlement will be the replacement value of item, pair or set:
 - i. as per the value at the time it was lost, stolen or accidentally damaged with a deduction, determined at the Company's sole discretion, made for wear, tear and loss of value depending on the age of the property; and
 - ii. equivalent to the value of an item, pair or set of like kind and quality to that being replaced.
- h. If any Personal Property of the Insured Person was damaged and is proven to be beyond economical repair, a claim will be dealt with under this Policy as if the item, pair or set had been lost.
- i. If the Personal Property that was initially delayed, misdirected or temporarily misplaced becomes permanently lost and this results in a Valid Claim under this Benefit, the Company will deduct any amount already paid for the same Personal Property under Benefit: 'Baggage Delay' from the payment under this Benefit.

SPECIFIC EXCLUSIONS – IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company shall not pay under this Benefit any claim arising from, resulting in or in connection with:

- a. Loss or damage to any Personal Property which was:
 - i. sent in advance separately via courier, cargo or postal services or with someone else;
 - ii. left unattended in any place to which the general public have free access to;
 - iii. given to someone else to look after and who is not an accompanying Insured Person or a person who is normally authorised to handle baggage, such as a hotel or transport representative;
 - iv. directly or indirectly seized or destroyed under quarantine or customs regulations, confiscated by order of any government or public authority or is a risk of contraband or illegal transportation or trade;
 - v. caused by wear and tear or damage due to any process of repair, gradual deterioration, moths, vermin, atmospheric or weather condition or damage sustained due to any process or while actually being worked upon or resulting therefrom;
 - vi. due to any mechanical or electrical failure or breakdown;
 - vii. due to theft of Personal Property left in:
 - 1) an unattended vehicle; or
 - 2) an unoccupied vehicle;
 unless all windows, doors, luggage compartment, roof and windscreen are completely closed and securely locked. This does not apply to touring or convertible cars;
 - viii. due to theft of Personal Property left in an unoccupied touring or convertible car unless the stolen Personal Property was stored in a completely closed and securely locked luggage compartment;
 - ix. due to lack of reasonable care by the Insured Person;
 - x. not reported to either the police or carrier or any relevant authority having jurisdiction where the loss or damage occurred within twenty-four (24) hours of the discovery of such loss or damage and for which the Insured Person did not get a written police report or a property irregularity report or a report issued by the relevant authority evidencing such loss or damage;
 - xi. in respect of shortage due to error, omission, exchange transactions or depreciation in value;
 - xii. in respect of Electronic Equipment such as a mobile phone, the Company will only pay the cost of the replacement phone (less than 1 year old) and not any contractual obligations that may exist. This Benefit can only be utilized once during any one Business Trip.
 - xiii. Money, Travel Documents, credit cards, crypto-currency, negotiable instruments, financial securities and instruments of any kind, payment cards (including credit value loaded), title deeds, driving license and identity cards.
- b. Any Loss or damage to:
 - i. Electronic Equipment that are checked-in with the Conveyance;
 - ii. data recorded on tapes, cards, discs and otherwise;
 - iii. glass (in pictures or otherwise), china, marble, earthenware, or other brittle substances;
 - iv. animals, motor vehicles (including accessories), motorcycles, boats, motors, any other conveyances, snow skis, fruits, foodstuff, household effects, antiques, artifacts, paintings, objects of art, manuscript, gemstones, jewellery, watches, securities or souvenirs;
 - v. contact or corneal lenses, hearing aids or bridges for a tooth or teeth;
 - vi. hired or leased equipment;
 - vii. business goods or samples/prototypes or equipment of any kind or any products/components meant for trade; or
 - viii. Golfing Equipment whilst in the course of play or practice.

2.9 Baggage Delay

If, during a Business Trip, an Insured Person's checked-in baggage has been delayed, misdirected or temporarily misplaced by any Conveyance for a minimum period of time as stated on the Policy Schedule, the Company will pay the Sum Insured for each block of continuous time period of delay up to a maximum Sum Insured per delay as shown on the Policy Schedule

The period of delay shall be calculated from the arrival of the Conveyance at the scheduled destination until the receipt or delivery of baggage to the Insured Person or to the person authorized by the Insured Person to receive the baggage.

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

- a. The Insured Person must provide to the Company:
 - i. the itinerary showing the scheduled time of arrival at the scheduled destination; and
 - ii. a letter from the Conveyance operator confirming the number of hours of delay.
- b. If the baggage which has been temporarily misplaced becomes permanently lost and this results in a Valid Claim under Core Benefit: Personal Property, the Company will deduct the amount already paid for this Benefit from the payment under Core Benefit: Personal Property.

SPECIFIC EXCLUSIONS – IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company shall not pay under this Benefit any claim arising from, resulting in or in connection with:

- a. Any delay caused by an illegal act by the Insured Person, confiscation, detention or destruction by customs, immigration and/or public authorities.
- b. Any baggage and/or personal effects sent under an airway bill or bill of lading.
- c. Any delays due to Strike or industrial action existing or announced before the commencement of the Business Trip.
- d. Any baggage delay upon arriving at Insured Person's Country of Residence.
- e. Any baggage delay which the Insured Person has not reported to the relevant Conveyance carrier within 24 hours from the expected arrival time of the baggage at the destination.

2.10 Loss of Travel Documents and Money

i) Loss of Travel Documents and Credit Card Misuse

If, during a Business Trip, an Insured Person:

- a) loses their Travel Documents due to robbery, burglary or theft or threat of violence, the Company will reimburse the cost of obtaining replacement Travel Documents lost as well as additional travel expenses and hotel accommodation expenses incurred to replace the lost Travel Documents up to the maximum Sum Insured shown on the Policy Schedule.
- b) sustains financial loss as a direct result of a credit, charge or bankers card being lost or stolen and being subsequently used fraudulently by any person other than the Insured Person, a member of the Insured Person's Relative or additionally where the card is issued on behalf of the Policyholder or an employee of the Policyholder, provided that the Policyholder and Insured Person have fully complied with all terms and conditions under which such card has been issued,

the Company will reimburse such loss up to the maximum Sum Insured specified on the Policy Schedule

ii) Loss of Money

If, during a Business Trip, an Insured Person loses Money which is in the possession of the Insured Person at the time of loss or secured in a hotel safety deposit or locked safe, due to robbery, burglary, theft or threat of violence, the Company will reimburse such loss up to the sublimit of the maximum Sum Insured as specified on the Policy Schedule for Benefit 2.10.

SPECIFIC DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO THIS POLICY:

- a. **Money** means currency notes or travellers' cheques (if these cannot be refunded by the provider).
- b. **Travel Documents** means passports, required travel visas or other essential travel documents.

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

- a. The loss or damage of Travel Documents or Money must be reported to the police or relevant authority having jurisdiction where the loss or damage occurred, within twenty-four (24) hours from the incident. Any claims under this Benefit must be accompanied by a copy of a police report or a report issued by the relevant authority evidencing such loss.

SPECIFIC EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company shall not pay under this Benefit any claim arising from, resulting in or in connection with:

- a. Shortage of currency due to error, omission, exchange transaction or depreciation in value;
- b. Detention or confiscation by any lawfully constituted authorities;
- c. Travel Documents or Money left unattended in any place of which the general public has free access to; and/or
- d. Any loss or damage which could have been avoided by the exercise of reasonable care by the Insured Person.

2.11 Rental Vehicle Excess

If, while on a Business Trip, an Policyholder or Insured Person become legally liable to pay under a valid and current Rental Vehicle hire agreement in respect of loss or damage to a Rental Vehicle caused by an accident during the rental period, where the Insured Person is a named driver or co-driver of the said Rental Vehicle, the Company will reimburse for any motor vehicle insurance policy excess or deductible up to the Sum Insured as specified on the Policy Schedule.

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

- a. As part of the Rental Vehicle hiring agreement, the Insured Person must take up all comprehensive motor insurance provided by the rental company against loss or damage to the Rental Vehicle during the rental period.
- b. For this Benefit to be payable, a copy of the signed Rental Vehicle hiring agreement clearly showing the Rental Vehicle excess or deductible amount must be supplied to the Company.

SPECIFIC EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company shall not pay under this Benefit any claim arising from, resulting in or in connection with:

- a. any accident that occurs outside the Period of Insurance.
- b. any loss or damage arising from operation of the Rental Vehicle in violation of the terms of the hiring agreement or loss or damage which occurs beyond the limits of any public roads or in the violation of relevant laws, rules and regulations.
- c. any loss or damage arising from wear and tear, gradual deterioration, damage from insects or vermin, inherent vice, latent defect or damage.
- d. any loss or damage caused or contributed to by the operation of the Rental Vehicle in breach of the provisions of the comprehensive motor vehicle insurance.
- e. any loss or damage arising from the use of the Rental Vehicle by an Insured Person without holding a valid driver's license for the vehicle in the country the motor vehicle is being operated.

2.12 Towing Expenses

If, while on a Business Trip, an Insured Person's Rental Vehicle or personal motor vehicle is involved in an accident or is damaged and unable to be driven, or if the Insured Person is unfit to drive as a result of Bodily Injury or Sickness, the Company will reimburse for the necessary and reasonable towing fees not covered under the rental agreement, or the Insured Person's comprehensive motor vehicle insurance policy, or roadside assistance agreement, up to the maximum Sum Insured as specified on the Policy Schedule.

2.13 Personal Liability

If, during the Business Trip, an Insured Person becomes legally liable to pay damages in respect of:

- a. Bodily Injury caused to a third party, and/or
- b. Accidental Property Damage belonging to a third party,

the Company will reimburse the amount that the Insured Person is held legally liable for to the third party, up to the Sum Insured shown on the Policy Schedule.

In addition and subject to the Sum Insured shown on the Policy Schedule, the Company will pay all costs and expenses incurred with its prior written consent in connection with the defence of claims against an Insured Person that are covered under this section of the Policy.

SPECIFIC DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO THIS POLICY

- a. **Property Damage** means any physical damage to, destruction of, or loss of use of tangible property.
- b. **Temporary Residence** means a temporary place of abode the Insured Person is temporarily residing at, while on a Business Trip.

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

- a. No admission of liability, offer, promise or payment may be made without the Company's written consent.
- b. The Company will, if the Company considers necessary, take over and conduct the defence or settlement of any claim against the Insured Person and for that purpose may use the Insured Person's name. The Company may conduct the defence however it sees fit. In the course of conducting the defence, the Company may also pursue, at its own expense and for its own benefit, any claim against the other person(s).
- c. The Policyholder and the Insured Person must give the Company full assistance in defending or prosecuting any claim and agree to provide the Company with any needed information and documents available.
- d. The maximum Sum Insured the Company will reimburse is as shown on the Policy Schedule and is the highest limit of the Company's liability for an individual insurance event, even if it results in more than one Bodily Injury or accidental Property Damage to more than one third party or if more than one Insured Person could be held liable.

SPECIFIC EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company shall not pay under this Benefit any claim arising from, resulting in or in connection with:

- a. Bodily Injury or accidental Property Damage claims arising out of or in the course of employment, contract of service or apprenticeship;
- b. Bodily Injury or accidental Property Damage claims of a co-worker or traveling companion of the Insured Person on the same trip;
- c. Liability arising directly or indirectly, by or through, or in connection with any mechanically or electrically propelled vehicle, aircraft, hovercraft or watercraft;
- d. Liability arising directly or indirectly, by or through, or in connection with any of the following:
 - i. the ownership, possession or occupation of land, buildings, immobile property or caravans other than occupying a Temporary Residence;
 - ii. the Policyholder's or Insured Persons' business or trade, or out of professional advice given by the Policyholder or Insured Person;
 - iii. the use of firearms (other than sporting guns being used for sport);
- e. Accidental Property Damage to property belonging to, held in trust by, or in the custody or control of the Policyholder or an Insured Person or any of their employees including domestic staff, or any member of the Insured Person's family or household;
- f. Liability attaching to the Policyholder or an Insured Person under an express term of any contract, unless liability would have been attached to the Policyholder or Insured Person irrespective of the express term;
- g. Liability for which payment should be more specifically claimed under any other insurance policy in the name of the Policyholder or the Insured Person;
- h. Any claim where the Insured Person is suffering from a psychological condition or which results from him or her being under the influence of or affected by drugs (other than drugs taken under and at the direction of a Medical Practitioner) or alcohol;
- i. Any claim resulting from or as a consequence of the Insured Person having transmitted a disease to another person via infection or otherwise;
- j. Accidental Property Damage to property owned by or in control of the Insured Person or any member of their family ordinarily residing with the Insured Person or loss or damage caused by the Insured Person's domestic animals;
- k. Bodily Injury to Relatives ordinarily residing with the Insured Person;
- l. Any claim for exemplary, punitive or aggravated damages; and/or
- m. Judgements which are not in the first instance either delivered by or obtained from a court of competent jurisdiction within the Insured Person's Country of Residence or Policyholder's Country of Residence or the country in which the event occurred giving rise to the Policyholder's or the Insured Person's liability.

2.14 Legal Expenses

The Company will reimburse up to the Sum Insured as specified on the Policy Schedule for Legal Expenses incurred by or on behalf of an Insured Person in pursuit of a claim for damages or compensation against a third party who has caused Bodily Injury to the Insured Person while on a Business Trip resulting in the Insured Person's Accidental death or Bodily Injury.

In the event that the legal opinion (which determines whether the Company gives its consent to the commencement of legal proceedings) is that there is a reasonable prospect of success but the cost of pursuing a claim is likely to be more than the amount of damages or compensation that the Insured Person is likely to receive, the Company will pay the lesser of the anticipated amount of damages or compensation or the Sum Insured stated on the Policy Schedule.

SPECIFIC DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO THIS POLICY

- a. **Legal Expenses** means the costs, fees, expenses and other amounts reasonably incurred by the Policyholder and/or Insured Person in connection with any claim or legal proceedings.
- b. **Legal Representative** means a lawyer or other qualified person who is designated and authorized to act on behalf of and for the account of the Insured Person in accordance with the conditions of this Policy.

- c. **Preferred Law Firm** means a law firm chosen by the Company to provide legal services. These legal specialists are chosen as they have the demonstrable expertise to the Company to deal with the claim and they should comply with the Company's agreed service standard levels.

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

- a. The decision to grant consent will take into account the opinion of the Policyholder's appointed Legal Representative as well as that of the Company's own advisers. The Company may request, at an Insured Person's expense, an opinion from the Company's Preferred Law Firm as to the merits of the claim or legal proceedings. If the claim is admitted, an Insured Person's costs in obtaining this opinion will be covered under this Benefit.
- b. Consent will be given if:
- i. In the opinion of the Policyholder's appointed Legal Representative as well as that of the Company's own advisers, the claim has a reasonable prospect of success; and
 - ii. the cost in pursuing a claim is likely to be less than the amount of damages or compensation that the Insured Person is likely to receive.
- c. If the Company does not give its consent, then the Company will only pay for the reasonable costs in obtaining the initial opinion of the Company's Preferred Law Firm upon the merits of pursuing a claim for damages or compensation.
- d. All claims including any appeal against a judgment resulting from the same original cause, event, or circumstances, will be regarded as one claim.
- e. If following any successful claim or legal proceedings an award of costs is made in favour of the Insured Person or those acting on behalf of the Insured Person, any Legal Expenses paid by the Company will be reimbursed by the Insured Person or those acting on behalf of the Insured Person to the Company from the full amount of such costs awarded.
- f. The Policyholder must consent for an Insured Person to make a claim under this Benefit.
- g. For Legal Expenses, the Company will not pay more under this policy than that it would have paid to a Preferred Law Firm.

SPECIFIC EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company shall not pay under this Benefit any claim arising from, resulting in or in connection with:

- a. Legal Expenses incurred in the defending of any civil claim or legal proceedings made or brought against the Insured Person;
- b. Fines or other penalties imposed by a court with criminal jurisdiction;
- c. Legal Expenses incurred in connection with any criminal act committed by the Insured Person;
- d. Legal Expenses incurred in pursuing any claim against any travel agent, tour operator, insurer or their agents;
- e. Any claim or circumstance notified more than one (1) year after the incident from which the cause of action arose or where the Policyholder or Insured Person has failed to notify the Company the incident which gives rise to a claim within a reasonable time and the Company believes this failure has prejudiced its position;
- f. Legal Expenses incurred by an Insured Person making a claim against the Policyholder, the Company or any organisation or person involved in arranging this Policy; and/or
- g. Legal Expenses incurred before the Company had given its prior written consent.

2.15 Bail Bond

In the event that an Insured Person is placed or is threatened to be placed in detention by a government or local civil authority while on a Business Trip, the Company will provide the required bail bond up to the Sum Insured as specified on the Policy Schedule subject to the Policyholder giving the Company a satisfactory financial guarantee to repay it.

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

- a. The Policyholder must contact AIG Travel to arrange the bail bond.
- b. The Policyholder must repay the amount loaned by the Company within three (3) months of the date of payment, or immediately upon repayment by the local authorities or if the bail bond is forfeited by failure of the Insured Person to appear in court.

SPECIFIC EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company shall not pay under this Benefit any claim arising from, resulting in or in connection with a bail bond obtainable under another insurance program.

Optional Benefits

Please note that Policyholder or Insured Person must refer to the Policy Schedule for applicable Benefits to their Policy as not all the Benefits listed below will apply to their Policy.

Applicable Benefits for Domestic Business Trips cover for Bodily Injuries only and do not cover Sicknesses sustained during Domestic Business Trips.

Option A – 3.0 Other Travel Extensions

3.1 Mobility Assistance

If, while on a Business Trip, an Insured Person sustains Bodily Injury that results in a Valid Claim under Items 2 to 7 of the Schedule of Events under Benefit 1.1, the Company will reimburse the actual reasonable costs incurred for:

- a. purchasing or renting Mobility Aid(s);
- b. modification to their personal motor vehicle; or
- c. necessary alterations and renovations in Insured Person's usual place of residence. This includes but not limited to installation of ramps for wheelchair access, internal guide rails and other similar disability aids;

for the sole purpose of coping with their disablement, up to the maximum Sum Insured as specified on the Policy Schedule.

SPECIFIC DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO THIS POLICY

- a. **Mobility Aid(s)** means medical equipment prescribed by the Medical Practitioner as Medically Necessary for the Insured Person to engage in Activities of Daily Living, including but not limited to Prosthetic Devices, orthopaedic braces, crutches, wheelchairs, walking aids and hospital beds.
- b. **Prosthetic Devices** are artificial devices replacing body parts, including but not limited to, leg, arm, back, and neck braces and artificial legs.

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

This Benefit is payable:

- a. only once in an Insured Person's lifetime.
- b. alterations and installments to the Insured Person's personal vehicle can only be carried out to one personal vehicle.

SPECIFIC EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company shall not pay under this Policy any claim arising from, resulting in or in connection with:

- a. Any damages arising from the alteration, installment, or renovation work.
- b. Any rent or purchase of Mobility Aid(s), alteration or renovation in Insured Person's Home or personal vehicle not confirmed in writing by a Medical Practitioner or allied health professionals referred by a Medical Practitioner that any alteration or renovation is Medically Necessary to aid in Insured Person's mobility.
- c. Any rent or purchase of Mobility Aid(s), alteration or renovation in Insured Person's Home or personal vehicle that is not for the sole purpose of coping with their disablement.

3.2 Child Education Fund

If, while on a Business Trip, an Insured Person sustains Bodily Injury that directly results in a Valid Claim payable under Item 1 of the Schedule of Events under Benefit 1.1, the Company will pay the Sum Insured for each surviving Dependent Child of the Insured Person up to a maximum Sum Insured as specified on the Policy Schedule or a Sum Insured for Insured Person's surviving Dependent Child(ren) as specified on the Policy Schedule, where applicable, provided the surviving Dependent Child(ren) is enrolled as a full-time student in a recognised Educational Institution at the time of Insured Person's death.

SPECIFIC DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO THIS POLICY

Educational Institution means any pre-school, school, vocational institute, polytechnic, college, university or institute of higher learning which is licensed to provide educational services by trained or qualified teachers. The Educational Institution must be approved to operate under the relevant Government authority for education.

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

Supporting documents showing the surviving Dependent Child(ren's) enrolment in an Educational Institution at the time of Insured Person's death must be provided to the Company.

3.3 Executor Emergency Cash Benefit

In the event an Insured Person sustains Bodily Injury that directly results in their Accidental death while on a Business Trip and a Valid Claim under Item 1 of the Schedule of Events under Benefit 1.1 is likely to be payable, upon the request of the Policyholder, the Company will pay the Sum Insured as specified in the Policy.

3.4 Independent Financial Advice Benefit

If, while on a Business Trip, an Insured Person sustains Bodily Injury and a Valid Claim for Items 1 to 11 of the Schedule of Events under Benefit 1.1 is payable within 1 year from the date of Accident, the Company will reimburse additionally up to the maximum Sum Insured as specified on the Policy Schedule for the actual costs incurred for professional financial planning advice provided by a qualified financial planner.

The financial planner cannot be the Policyholder, an Insured Person, or Insured Person's Relative.

3.5 Partner Retraining Benefit

If, while on a Business Trip, an Insured Person sustains Bodily Injury and a Valid Claim under Item 1 or 2 of the Schedule of Events under Benefit 1.1 is payable, the Company will reimburse, at the Policyholder's request, up to the maximum Sum Insured as specified on the Policy Schedule for the actual costs incurred for the training or retraining of the Insured Person's Partner who is unemployed at the time of the Accident:

- a. for the purpose of obtaining gainful employment;
- b. to improve their employment prospects; or
- c. to enable them to improve the quality of care they can provide to the Insured Person.

Specific Conditions - In addition to the General Policy Conditions applying to this Policy

- a. This Benefit is payable provided that:
 - i. the Partner is aged under 65 years at the commencement of such training; and
 - ii. the training is provided by a Hong Kong recognised institution with qualified skills to provide such training; and
 - iii. all such expenses are incurred within 24 months from the date of Accident for which the claim depends.

3.6 Replacement Staff and Recruitment Costs

If, while on a Business Trip, an Insured Person sustains Bodily Injury and a Valid Claim under Item 1 of the Schedule of Events under Benefit 1.1 is payable, the Company will reimburse the actual reasonable costs incurred by the Policyholder for the recruitment of an employee to replace the Insured Person on a permanent basis up to the maximum Sum Insured as specified on the Policy Schedule. For the avoidance of doubt, this Benefit does not provide cover for any remuneration paid to the replacement employee. Such costs must be incurred within 3 months from the date of Accident and be necessary for the continuation of the Policyholder's business. This cover is subject to the Policyholder giving the Company a signed undertaking that any amount paid to the Policyholder will be repaid to the Company, if it is later found that a Valid Claim did not or will not eventuate.

3.7 Additional Accidental Death Benefit whilst travelling in a Public Conveyance

If, while on a Business Trip, an Insured Person sustains Bodily Injury when boarding, travelling in or exiting a Public Conveyance as a fare paying passenger that directly results in a Valid Claim under Benefit 1.1, the Company will pay the Sum Insured as specified on the Policy Schedule.

3.8 Permanent Facial Scarring

If, while on a Business Trip, the Insured Person sustains Bodily Injury resulting in a Permanent Facial Scar within 12 months from the date of Accident, the Company will pay the Sum Insured as specified on the Policy Schedule subject to the applicable percentage as set out in the table below.

Table		
Item	Bodily Injury resulting in:	Percentage of Sum Insured payable as specified on the Policy Schedule
1	Permanent Facial Scar of at least 5cm in length	5%
2	Permanent Facial Scar of at least 10cm in length	10%

3.9 Additional Accidental Death Benefit due to Terrorism

If, while on a Business Trip, an Insured Person sustains Bodily Injury due to Terrorism that directly results in a Valid Claim for Item 1 of the Schedule of Events under Benefit 1.1, the Company will pay the Sum Insured as specified on the Policy Schedule.

The Accidental death of the Insured Person must not arise as a result of, or in connection with the Insured Person's collaboration or provocation of such act, and as a consequence of such act, could not reasonably have been avoided by the Insured Person.

3.10 Catastrophic Fatal Accident

In the event of five (5) or more Insured Persons sustaining Bodily Injury resulting in Accidental death in the same Accident, the Company will additionally pay the Sum Insured as shown on the Policy Schedule.

3.11 Get Well Benefit

If, while on a Business Trip, an Insured Person sustains Bodily Injury or Sickness, where an Insured Person was Hospitalised for a minimum period of five (5) consecutive days, and upon discharge from the Hospital, the Medical Practitioner prescribes post-hospitalisation recuperation, the Company will pay a daily Sum Insured for each day of their post-hospitalisation recuperation period, up to the maximum Sum Insured as specified on the Policy Schedule, provided there is a Valid Claim under Core Benefit: Hospital Confinement and/or Additional Benefit: Hospital Confinement in Intensive-Care Unit (ICU).

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

The maximum period for which the Company will pay for this Benefit must be the same number of days payable under Core Benefit: Hospital Confinement and/or Additional Benefit: Hospital Confinement in ICU.

SPECIFIC EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company shall not pay under this Benefit any claim arising from, resulting in or in connection with:

- a. Any Sickness on a Domestic Business Trip;
- b. Mental, psychiatric or nervous disorder (including any neuroses and their physiological or psychosomatic manifestations), sleep disturbance disorder, alcoholism or drug addiction, anxiety, stress or depression;
- c. Pregnancy, miscarriage (except Accidental miscarriage if available in this Policy and not attributed to any natural causes and/or Sickness), abortion, childbirth, sterilisation, contraception as well as treatment for infertility or birth control treatments or any complications; and/or
- d. Any injury to unsound and/or unnatural teeth.

3.12 Emergency Travel Expenses

If, while on a Business Trip, an Insured Person suffers Bodily Injury or Sickness resulting in Hospitalisation as an Inpatient for more than 5 consecutive days, the Company will reimburse the expenses below incurred for up to 2 Travelling Companions who will attend to the Insured Person at the place the Insured Person is Hospitalised:

- a. the additional reasonable (economy class fare where applicable) and necessary travel expenses for postponing their return travel, and
- b. the additional reasonable and necessary hotel accommodation expenses (room charge only, including any mandatory taxes and charges).

up to the maximum Sum Insured specified on the Policy Schedule.

Such transportation and accommodation services must be arranged or pre-approved by the Company or AIG Travel. This benefit is only payable if AIG Travel agrees that the Insured Person requires the Travelling Companion to assist with their nursing care or recovery, or to escort the Insured Person back to usual place of residence in Country of Residence.

SPECIFIC DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO THIS POLICY

Travelling Companion means an adult person who is accompanying the Insured Person for the entire duration of the Business Trip, including departing and returning with Insured Person.

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

- a. AIG Travel must be immediately notified under this section by calling the Emergency Hotline: +65 852 3516 8699 (24 hours).
- b. AIG Travel will make the necessary arrangements for the Insured Person's emergency travel expenses where applicable, unless the Policyholder, the Insured Person and/or anyone undertaking arrangements on the Policyholder's or the Insured Person's behalf cannot for reasons beyond their control, notify AIG Travel during an emergency situation. In such event, the Company reserves the right to reimburse the Insured Person only for those expenses incurred and services paid for which the Company or AIG Travel would have provided under the same circumstances up to the maximum Sum Insured specified on the Policy Schedule.
- c. In the event that an Insured Person is evacuated or their mortal remains are repatriated to their Country of Residence, the Company will use the Insured Person's return air ticket towards the Company's costs.

SPECIFIC EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company shall not pay under this Benefit any claim arising from, resulting in or in connection with:

- a. Any expenses incurred for services provided by the Policyholder or another third party to transport the Insured Person from offshore (including but not limited to rig, platform or vessel) onto land;
- b. Services not approved and arranged by AIG Travel. The Company reserves the right to reimburse the Insured Person only for those expenses incurred for services which AIG Travel would have provided under the same circumstances, up to the Sum Insured specified on the Policy Schedule;
- c. Any Sickness while on a Domestic Business Trip;
- d. Mental, psychiatric or nervous disorder (including any neuroses and their physiological or psychosomatic manifestations), sleep disturbance disorder, alcoholism or drug addiction, anxiety, stress or depression;
- e. Pregnancy, miscarriage (except Accidental miscarriage if available in this Policy and not attributed to any natural causes and/or Sickness), abortion, childbirth, sterilisation, contraception as well as treatment for infertility or birth control treatments or any complications; and/or
- f. Any expenses incurred for body retrieval or recovery or paid for religious rites or ceremonies.

3.13 Credit Card Indemnity

If, while on a Business Trip, the Insured Person sustains Bodily Injury and a Valid Claim is payable for Items 1 or 2 under Schedule of Events under Benefit 1.1, the Company will reimburse the outstanding credit card expenses (less any arrears payments from prior months) as on the date of Accident incurred by the Insured Person on the Insured Person's existing credit card up to the Sum Insured as specified on the Policy Schedule.

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

- a. This Benefit is only paid once per Insured Person under the Period of Insurance.
- b. Any claim for reimbursement under this Benefit must be accompanied by the original copy of the bank credit card monthly statement(s).

SPECIFIC EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company shall not pay under this Benefit any claim arising from, resulting in or in connection with:

- a. Any administration fees or costs or credit card repayments that are overdue and unpaid by the Insured Person prior to the occurrence of the Accident. This includes any interest or penalties applicable on such overdue and unpaid credit card repayments.

3.14 Unexpired Membership Fees

In the event of a Valid Claim payable under for Items 1) to 9a) of the Schedule of Events under Benefit 1.1 for which a Medical Practitioner certifies in writing that the Insured Person is unable to continue their participation in any sport or gym activity for which they have pre-paid a membership, association or registration fee, the Company will pay a pro-rata refund of such fees paid for the current season or membership period, up to the maximum Sum Insured specified on the Policy Schedule.

3.15 Golf Hole-In-One

If, while on a Business Trip and an Insured Person scores a golf hole-in-one, the Company will reimburse for the costs of celebratory food and beverages purchased at the golf club house for the purpose of celebrating the hole-in-one scored by the Insured Person, up to the Sum Insured specified on the Policy Schedule.

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

The Insured Person must provide the Company with a copy of the certificate for the hole-in-one issued by the golf club and original receipts supporting the cost of celebratory food and beverages purchased on the date of accomplishment of the hole-in-one at the same golf club.

3.16 Replacement of Keys/Locks

If, while on a Business Trip, the keys to the primary residence of an Insured Person are lost or stolen, the Company will pay for the replacement keys or cost of replacing the locks up to the maximum Sum Insured as specified on the Policy Schedule.

3.17 Home Contents

The Company will indemnify up to the maximum Sum Insured specified on the Policy Schedule against physical loss or damage to Home Contents within the Insured Person's usual place of residence in Country of Residence that was left vacant for the full duration of the Business Trip and which physical loss or damage occurred only after the Insured Person has actually departed from Country of Residence on the Business Trip, arising out of any one of the following perils:

- a. Fire, lightning, thunderbolt, subterranean fire.
- b. Explosions.
- c. Aircraft and other aerial devices or articles dropped therefrom.
- d. Impact by:
 - i. Any vehicle, plant, machinery and equipment;
 - ii. Falling trees or branches but not loss or damage caused by falling or lopping of trees by or on the Policyholder's behalf; or
- e. Breakage or collapse of television and radio aerials, aerial fittings and masts.
- f. Bursting or overflowing of domestic water tanks, apparatus or pipes (forming part of the domestic fixed water system), washing machine or water mains.
- g. Theft or any attempt thereat.
- h. Riot, Civil Commotion or acts of strikers or locked out workers or persons taking part in labour disturbances.
- i. Malicious act of person(s) other than by a member of the Insured Person's family or by any person lawfully in the residence.

SPECIFIC DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO THIS POLICY

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

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

In the event of loss or damage to any Home Contents forming part of a pair or set, the Company's liability shall not exceed a proportionate part of the value on the pair or set.

SPECIFIC EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company shall not pay under this Benefit any claim arising from, resulting in or in connection with:

- a. Wear, tear, depreciation, the process of cleaning, dyeing, repairing or restoring any article, the action of light or atmospheric conditions, moth, insects, vermin or any other gradually operating cause.
- b. Shortage due to error, omission, exchange or depreciation in value.
- c. Theft or attempted theft from the Insured Person's usual place of residence in Country of Residence, except where forcible and violent entry is proven.
- d. Theft during or after the occurrence of a fire.
- e. Any loss or damage caused by Policyholder or the Insured Person's wilful act or omission or connivance.
- f. Electrical or mechanical breakdown.
- g. Consequential loss or damage of any kind.
- h. Business or professional use in respect of photographic and sports equipment and accessories and musical instruments.
- i. Motor vehicles, boats, livestock, bicycles and any equipment or accessories relating thereto.
- j. Loss or damage insured under any other insurance policy or reimbursed by any other party.

- k. Loss (whether temporary or permanent) of the Insured Person's property or any part thereof by reason of confiscation, requisition, detention or legal or illegal occupation of such property or of any premises, vehicle or thing containing the same by any government authorities.

3.18 Domestic Assistance Benefit

If, while on a Business Trip, an Insured Person sustains Bodily Injury that results in the Insured Person's Permanent inability to perform at least 3 out of the 6 Activities of Daily Living, the Company will reimburse for any one Accident, the costs of engaging domestic assistance services required by the Insured Person to assist with their Activities of Daily Living at the Insured Person's residence, up to the maximum Sum Insured as specified on the Policy Schedule.

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

The domestic assistance provided must be verified as Medically Necessary by the attending Medical Practitioner and must be hired from a registered service provider. It cannot be provided by an Insured Person's Relative or existing domestic helper and does not include care or assistance in a nursing home or convalescent home.

3.19 Pet Care Benefit

If, the departure time of the Conveyance on which an Insured Person is scheduled to travel in back to Country of Residence from a Business Trip is delayed for the length of time stated on the Policy Schedule from the scheduled departure time of the Conveyance specified in their itinerary due to:

- a. mechanical breakdown or derangement of the Conveyance;
- b. grounding of an aircraft due to mechanical or structural defect;
- c. Strike or industrial action;
- d. adverse weather conditions;
- e. Natural Catastrophe;
- f. bomb threat to the Conveyance; or
- g. the discovery of a suspicious object in the Conveyance as declared by the relevant authorities;

the Company will pay the Sum Insured for each time period of delay up to the maximum Sum Insured per delay on the Policy Schedule to cover any reasonable additional costs necessarily incurred by the Insured Person for additional housing or supervision of the household pets owned by them. The time period of delay shall be calculated from the original scheduled departure time of the Conveyance as stated in the Insured Person's itinerary to the time Insured Person arrives in their Country of Residence.

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

- a. The Insured Person must provide the Company with supporting documents and receipts evidencing the additional costs incurred for housing or arranging supervision of their household pets.

3.20 Identity Theft

If, while on a Business Trip, an Insured Person is the victim of Identity Theft, the Company will reimburse the following reasonable legal expenses necessarily incurred with the Company's prior consent, up to the maximum Sum Insured as specified on the Policy Schedule:

- a. To pursue closure of any disputed areas, accounts, credit facilities or other facilities/commitments;
- b. To re-submit applications for loans, grants, other credit or debit instruments that are rejected solely as a result of the lender receiving incorrect information as the result of Identity Theft;
- c. To notarise affidavits or other similar documents, and amend or rectify records in regard to the Insured Person's true name or identity which have been altered as the result of Identity Theft;
- d. To defend any legal action brought against the Insured Person by a creditor or collection agency or other entity acting on behalf of a creditor for non-payment of goods or services or default on a loan as the result of Identity Theft; or
- e. To remove any civil judgment wrongfully entered against the Insured Person as a result of Identity Theft.

The Policyholder and/or an Insured Person should seek the Company's consent before incurring expenses under this Benefit. Incurring expenses under this Benefit without contacting the Company may prejudice our rights and reduce the amount of expenses reimbursable under this Policy.

SPECIFIC DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO THIS POLICY

Identity Theft means the theft of personal data or documents relating to the Insured Person's identity and which results in fraudulent, unauthorized, dishonest or unlawful use of their personal details to obtain money, goods or services.

SPECIFIC EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company shall not pay under this Benefit any claim arising from, resulting in or in connection with:

- a. any item which has been purchased using Insured Person's identity fraudulently;
- b. any loss arising from any business pursuits or the theft of a commercial identity;
- c. any loss or liability arising from the use of any motor vehicle bought, leased or hired using Insured Person's identity fraudulently, where civil or criminal action is, or has been, taken against the Insured Person;
- d. authorised charges that the Insured Person has disputed or is disputing based on the quality of goods or services;
- e. authorised account transactions or trades that the Insured Person has disputed, or are disputing, based on the execution (or non-execution) of electronic transfers, trades or other verbal or written instructions or directions;
- f. any theft of the Insured Person's identity by a family member who lives with the Insured Person at the Insured Person's home address;
- g. an incident of Identity Theft that does not occur within 12 months from the date the Insured Person's personal data or documents were stolen;
- h. an incident of Identity Theft for which the Insured Person has not lodged a report with the police and/or cannot provide a copy of the police report.

3.21 Missed Event

If, while on a Business Trip, the Insured Person cannot attend a scheduled event as per their itinerary due to the following:

- a. The death, Serious Injury or Serious Sickness of the Insured Person or Relative
- b. jury service or compulsory quarantine of the Insured Person,
- c. mechanical and/or electric breakdown of the Public Conveyance, or
- d. Natural Catastrophe, strike, riot or civil commotion or Terrorism;

the Company will reimburse up to the Sum Insured specified on the Policy Schedule for any payment made for a conference or exhibition entrance ticket or Entertainment Ticket paid by the Policyholder's or Insured Person and such costs are not recoverable from the event organizers or the Policyholder is not able to find a staff replacement for such event.

SPECIFIC DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO THIS POLICY

Entertainment Tickets mean tickets granting admission to musical plays, theatre or drama performances, concerts, sports events.

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

The Insured Person must provide to the Company with relevant supporting documents and receipts/invoices for a claim to be payable under this Benefit, showing evidence that they were unable to attend the event for the reasons listed above.

SPECIFIC EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company shall not pay under this Benefit any claim arising from, resulting in or in connection with:

- a. disinclination or cancellation due to an Insured Person's financial circumstances;
- b. cancellations or alterations to schedules that is not verified by the event organizers/relevant organizations;

3.22 Workplace Assault Benefit

If, while on a Business Trip, an Insured Person sustains Bodily Injury as a result of an unprovoked assault at the Insured Person's usual place of work or whilst undertaking their work duties, the Company will reimburse for Medical Expenses incurred up to the maximum Sum Insured as specified on the Policy Schedule.

3.23 Lifesaver Benefit

If an individual (who is not an Insured Person or a member of the emergency services) sustains Bodily Injury whilst trying to save the life of an Insured Person while on a Business Trip that results in the death or Permanent Total Disablement of that person, the Company will pay to this person (or to their legal representatives in the event of their death), at the request of the Policyholder, the Sum Insured as specified on the Policy Schedule.

3.24 Non-Elective Surgery

If, while on a Business Trip, an Insured Person sustains Bodily Injury that results in a Valid Claim under Items 2 to 9a) of the Schedule of Events under Benefit 1.1, the Company will reimburse for any non-elective surgical medical expenses incurred up to the maximum Sum Insured as specified on the Policy Schedule.

3.25 Accidental Loss of Teeth

If, while on a Business Trip, an Insured Person sustains Bodily Injury that directly results in loss of Tooth or Teeth within 60 days from the date of Accident, the Company will pay up to the maximum Sum Insured as specified on the Policy Schedule.

SPECIFIC DEFINITIONS – IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO THIS POLICY

A **Tooth** or **Teeth** means a sound and natural tooth or teeth but does not include dentures, implants and dental fillings.

3.26 Alternative Employee or Resumption of Assignment Expenses

The Company will reimburse the additional, reasonable and necessary Expenses, over and above the original business travel budget incurred during the Period of Insurance to either:

- a. Send a substitute person to complete the original business commitments and objectives of an Insured Person who is unable to do so, provided there is a Valid Claim under Core Benefit: 'Trip Cancellation' or Additional Benefit: 'Trip Postponement'; or
 - b. return the original Insured Person, whom the Company has returned to Country of Residence following a Valid Claim under Core Benefit: 'Emergency Medical Evacuation' or Core Benefit: 'Trip Curtailment or Rearrangement', within 60 days of such return, to complete their original business commitments and objectives
- up to the maximum Sum Insured as shown on the Policy Schedule.

SPECIFIC DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO THIS POLICY

Expenses means the following:

- a. an economy return air flight within Country of Residence where applicable;
- b. a business class return air flight for Overseas Business Trips (or economy class if the original Insured Person travelled economy class at the Policyholder's instruction); and
- c. other additional essential expenses reasonably and necessarily incurred in transportation of the substitute person or returning the Insured Person, less any refunds or credits from previous paid amounts or amounts recoverable elsewhere.

SPECIFIC EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company shall not pay under this Policy any claim arising from, resulting in or in connection with:

- a. expenses that were part of the original business travel budget;
- b. Personal Deviation; or
- c. Home Leave.

3.27 Emergency Phone Charges

If, while on a Business Trip, the Insured Person incurs mobile phone charges for their personal or corporate mobile phone for the sole purpose of engaging the services of AIG Travel or its authorized representative during an emergency situation, the Company will reimburse for such emergency mobile phone charges incurred, up to the Sum Insured as specified on the Policy Schedule.

3.28 Bereavement Counselling

If, while on a Business Trip, an Insured Person sustains Bodily Injury that results in a Valid Claim under Item 1 of the Schedule of Events, the Company will pay a weekly Sum Insured up to the maximum Sum Insured as specified on the Policy Schedule or will reimburse the necessary expenses incurred up to the maximum Sum Insured as specified on the Policy Schedule, where applicable, for the Insured Person's Partner or Dependent Children as recommended by a Medical Practitioner, provided it is with the Company's consent, to attend either

- a. telephone counselling; or
 - b. face to face counselling; or
 - c. cognitive behavioural therapy,
- up to the maximum Sum Insured as specified on the Policy Schedule.

3.29 Corporate Image Protection

If, while on a Business Trip, the Insured Person or a group of Insured Persons sustains Bodily Injury(ies) in the same Accident that is likely to result in a Valid Claim under Item 1 or 2 of the Schedule of Events, the Company will reimburse the Policyholder for the actual costs (other than the Policyholder's own internal costs) incurred for the engagement of image and/or public relations consultants and/or the release of information through the media. Costs must be incurred within 15 days of, and directly in connection with, the Accident causing such Bodily Injury(ies), to protect and/or positively promote the Policyholder's business and image. The Company will reimburse up to the maximum Sum Insured as specified on the Policy Schedule with respect to any one Accident or set of circumstances and is subject to the Policyholder giving the Company a signed undertaking that any amount paid to the Policyholder will be repaid to the Company, if it is later found that a Valid Claim did not or will not eventuate.

3.30 Critical Illness

If, while on a Business Trip, Insured Person is first Diagnosed to be suffering from a Critical Illness, the Company will pay the Sum Insured as specified on the Policy Schedule.

SPECIFIC DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO THIS POLICY

Critical Illness

It is the Diagnosis of one of the following illnesses:

- a) Persistent Vegetative State (Apallic Syndrome);
- b) End Stage Kidney Failure;
- c) End Stage Liver Failure;
- d) Idiopathic Parkinson's Disease; or
- e) Muscular Dystrophy

Diagnosis / Diagnosed

It is the definitive diagnosis of a Critical Illness on an Insured Person made by a specialist Medical Practitioner based upon such specific evidence, as referred to in the definition of the particular Critical Illness concerned, or in the absence of such specific evidence, based upon radiological, clinical, histological or laboratory evidence acceptable to the Company. Such Diagnosis must be supported by the Company's opinion on the medical evidence which Insured Person submitted and/ or any additional evidence that the Company may require. In the event of any dispute or disagreement regarding the appropriateness or correctness of the Diagnosis, the Company will have the right to call for Insured Person's examination, or the evidence used in arriving at such Diagnosis, by an independent acknowledged expert in the field of medicine concerned selected by Us and the opinion of such expert as to such Diagnosis shall be binding to both Insured Person and Us.

Persistent Vegetative State (Apallic Syndrome)

Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be definitely confirmed by a consultant neurologist holding such an appointment at an approved hospital. This condition has to be medically documented for at least one (1) month.

End Stage Kidney Failure

Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

End Stage Liver Failure

End stage liver failure as evidenced by all of the following:

- Permanent jaundice;
- Ascites; and
- Hepatic encephalopathy.

Liver disease secondary to alcohol or drug abuse is excluded.

Idiopathic Parkinson's Disease

The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

- The disease cannot be controlled with medication; and
- Inability of the Insured Person to perform (whether aided or unaided) at least 3 of the 6 “Activities of Daily Living” for a continuous period of at least six (6) months.

For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

Muscular Dystrophy

The unequivocal diagnosis of muscular dystrophy must be made by a consultant neurologist. The condition must result in the inability of the Insured Person to perform (whether aided or unaided) at least 3 of the 6 “Activities of Daily Living” for a continuous period of at least 6 months.

For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

SPECIFIC CONDITIONS FOR THIS BENEFIT – IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

1. This Benefit is payable if:
 - a) the Diagnosis of the Critical Illness occurs or manifests itself as a first incidence after 90 days from the Policy Effective Date;
 - b) the signs or symptoms of such Critical Illness first manifests itself after 90 days from the Policy Effective Date; and
 - c) Insured Person survives for at least 30 days after the Critical Illness Diagnosis. If Insured Person is on a life support system for more than 3 days during these 30 days, the period that Insured Person must survive will extend by one day for each day (beyond 3 days) that they remain on life support.
2. The Company will only pay for one Critical Illness Diagnosed on Insured Person during the Period of Insurance and this benefit will terminate immediately upon such payment.

SPECIFIC EXCLUSIONS FOR THIS BENEFIT – IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO ALL SECTIONS

The Company shall not pay under this Policy any claim arising from, resulting in or in connection with any critical illness or medical condition diagnosed prior to the Policy Effective Date in the same body or organ site as the Critical Illness or which subsequently metastasised into the Critical Illness.

3.31 Accompanying Family Corporate Events Cover

This Policy extends to cover the Insured Person's accompanying Partner and Dependent Child(ren) for Bodily Injury sustained at a Corporate Event during Insured Person's Business Trip, directly resulting in Accidental death or a Permanent Disability. The maximum period of such coverage is up to the first 5 consecutive days per Corporate Event and the Company will pay the Sum Insured as specified in the Policy Schedule.

SPECIFIC DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO THIS POLICY

Corporate Event means an event organised and funded by the Policyholder where the Insured Person's Partner and Dependent Child(ren) are officially invited to attend such event held during Insured Person's Business Trip.

3.32 Automobile Extension

If, while on a Business Trip, an Insured Person sustains Bodily Injury due to an Automobile Accident, where the Insured Person was either a passenger or driver, that directly results in a Valid Claim under Item 1 or 2 of the Schedule of Events under Benefit 1.1, the Company will pay the Sum Insured as specified in the Policy Schedule, in addition to any sum that may be payable under Core Benefit: Accidental Death and Permanent Disabilities Benefit.

SPECIFIC DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO THIS POLICY

Automobile means a privately owned four-wheeled motor vehicle designed to run primarily on roads for passenger transportation. It shall exclude registered e-hailing service vehicles booked through relevant e-hailing platforms and licensed taxis.

3.33 Catastrophe Critical Response Counselling Benefit

If Valid Claims under Item 1 of the Schedule of Events under Benefit 1.1 for 5 or more Insured Persons are payable for any one Accident during a Business Trip, the Company will reimburse the necessary expenses incurred, with the Company's consent, for specialist counselling support services for any Insured Person up to the Sum Insured as specified in the Policy Schedule.

3.34 Childcare Benefit

If, while on a Business Trip, an Insured Person sustains Bodily Injury and a Valid Claim under Items 2 to 9a) of the Schedule of Events under Benefit 1.1 is payable and the Insured Person on the date of the Accident had Dependent Child(ren), the Company will reimburse the Insured Person the actual and reasonable expenses necessarily incurred for the services of a registered childcare provider, up to the maximum Sum Insured as specified in the Policy Schedule, regardless of the number of Dependent Child(ren), but only in respect of additional expenses that would not otherwise have been incurred.

3.35 Death due to Dengue Fever

If an Insured Person is diagnosed with dengue fever during their Business Trip that directly results in their death within sixty (60) days from the diagnosis of dengue fever, the Company will pay the Sum Insured as specified in the Policy Schedule.

SPECIFIC EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY:

The Company shall not pay under this Policy any claim arising from, resulting in or in connection with the death of any Insured Person having been covered under this Policy for less than thirty (30) consecutive days from the date when cover under this Policy commences.

3.36 Dependent Child Support

If, while on a Business Trip, the Insured Person sustains Bodily Injury that results in a Valid Claim under Item 1 of the Schedule of Events under Benefit 1.1 and is survived by their Dependent Child(ren), the Company will pay the Sum Insured for each surviving Dependent Child as specified in the Policy Schedule.

3.37 Orphan Benefit

If an Insured Person sustains Bodily Injury while on a Business Trip that results in a Valid Claims under Item 1 of the Schedule of Events, under Benefit 1.1, and the Insured Person's Partner passes away in the same Accident, in the event they are survived by their Dependent Child(ren), the Company will pay the Sum Insured as specified in the Policy Schedule for the Dependent Child(ren).

3.38 Physiotherapy Costs

If, while on a Business Trip, an Insured Person sustains Bodily Injury that results in a Valid Claim under Items 2 to 9a) of the Schedule of Events under Benefit 1.1 and if physiotherapy treatment is deemed Medically Necessary by the attending Medical Practitioner and the Insured Person has a written medical referral from the attending Medical Practitioner to a physiotherapist, the Company will reimburse the cost of the physiotherapy treatments up to the maximum Sum Insured as specified in the Policy Schedule.

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

- a. This benefit will only apply after the physiotherapy maximum payout under 'Accident and Sickness Medical Expenses' Benefit has been fully claimed.
- b. The Company will not pay under this Benefit any claim in connection with any treatment or services provided by the Insured Person, the Insured Person's business partner or agent, Insured Person's employer or employee or Relative.

3.39 Hospital Transfer Expenses

If, while on a Business Trip, an Insured Person sustains Bodily Injury that results in Hospitalisation for at least seventy-two (72) consecutive hours, and they wish to change Hospital to receive more suitable or preferred medical service or Medical Practitioners, the Company will reimburse for any Hospital Transfer Expenses incurred up to the maximum Sum Insured as specified in the Policy Schedule.

SPECIFIC DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO THIS POLICY

Hospital Transfer Expenses means costs reasonably and necessarily incurred in transferring the Insured Person via ground ambulance to another Hospital.

3.40 Rehabilitation Case Management and Treatment

If, while on a Business Trip, an Insured Person sustains Bodily Injury that results in a Valid Claim under Items 2 to 9a) of the Schedule of Events under Benefit 1.1, the Company will reimburse reasonable and necessary expenses incurred, up to the Sum Insured as specified in the Policy Schedule, to pay for reasonable and necessary for Rehabilitation Treatment and/or for engaging independent injury management specialists, licensed to provide Rehabilitation Case Management, until:

- a) the Insured Person has returned to work with the Policyholder; or
- b) there is clinical indication that further functional improvement being unlikely; or
- c) the Sum Insured as specified in the Policy Schedule has been exhausted,

whichever occurs first.

SPECIFIC DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO THIS POLICY

Rehabilitation Case Management refers to the medical case management services referred by the attending Medical Practitioner for injury management.

Rehabilitation Treatment refers to clinically evidenced based procedures and therapies including but not limited to, MRI/CT scans, X-rays, physiotherapy and gym-based programmes, osteopathy, chiropractic, counselling/CBT, surgical procedures, consultations, and podiatry, with the written referral or recommendation by the attending Medical Practitioner.

3.41 Temporary Personnel Replacement Expenses

If, while on a Business Trip, an Insured Person sustains Bodily Injury that results in Temporary Total Disablement for a minimum period of one (1) month, the Company will reimburse the actual reasonable costs incurred by the Policyholder for the recruitment of an employee to replace the Insured Person on a temporary basis up to the maximum Sum Insured as specified in the Policy Schedule, provided that such employment is arranged through a licensed and registered recruitment company.

For the avoidance of doubt, this Benefit does not provide cover for any remuneration paid to the replacement employee. Such costs must be incurred within three (3) months from the date of Accident and be necessary for the continuation of the Policyholder's business. This cover is subject to the Policyholder giving the Company a signed undertaking that any amount paid to the Policyholder will be repaid to the Company, if it is later found that the Temporary Total Disablement did not or will not eventuate.

SPECIFIC DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO THIS POLICY

Temporary Total Disablement

It means a Bodily Injury that entirely disables and prevents the Insured Person from engaging in or attending to their profession or usual occupation and is under the regular care of and acting in accordance with the instructions or professional advice of the attending Medical Practitioner. The Medical Practitioner must medically certify that the Insured Person is suffering from Temporary Total Disablement for which there is a reasonable chance of improvement or recovery.

3.42 Translation Services

If, while on an Overseas Business Trip, an Insured Person sustains Bodily Injury, the Company will reimburse, at Policyholder's request, up to the Sum Insured as specified in the Policy Schedule the necessary and reasonable costs of a translator.

The translator cannot be an employee or agent of the Policyholder, an Insured Person, or Insured Person's Relative.

3.43 Repatriation of Personal Belongings & Household Items

If, while on an Overseas Business Trip, an Insured Person sustains Bodily Injury that results in a Valid Claim under Item 1 of the Schedule of Events under Core Benefit: Accidental Death and Permanent Disabilities Benefit, the Company will reimburse up to the Sum Insured as specified in the Policy Schedule for the costs of repatriating the Insured Person's household items and personal belongings back to their Country of Residence.

3.44 Rehabilitation Counselling

If, while on a Business Trip, the Insured Person sustains a Bodily Injury that results in a Valid Claim under events from 2 to 22 listed in the Schedule of Events under Core Benefit: Accidental Death and Permanent Disabilities Benefit or Additional Benefit: Burns, the Company will pay a weekly Sum Insured as specified in the Policy Schedule for the Insured Person's Partner or Dependent Child(ren) to attend either of the following, as recommended by a Medical Practitioner and with the Company's consent:

1. telephone counselling;
 2. face to face counselling; or
 3. cognitive behavioural therapy.
- up to the maximum Sum Insured as specified in the Policy Schedule.

Option B – 4.0 Kidnap, Hijack, Search and Rescue, Natural Disaster & Political Evacuation and Crisis Management

Section 4.1 Hijack

If, while on a Business Trip, an Insured Person is forcibly or illegally detained as the result of a Hijack, the Company will pay the Sum Insured for each time period that the Insured Person is detained up to the maximum Sum Insured specified on the Policy Schedule.

The Company has dedicated a 24-hour crisis response contact telephone number which the Policyholder must contact in the event of an emergency evacuation as mentioned above. Details of the crisis hotline is as follows:

Emergency Helpline: + 1 817 826 7000

This number is a dedicated crisis response contact hotline and should only be used for notification of an incident, situation or occurrence which may give rise to an event under this Benefit. Please provide the Insured Person's name, the Policyholder's name, this Policy number, the telephone number at which the Insured Person can be reached at and the nature of the assistance required upon contacting the crisis response team.

SPECIFIC DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO THIS POLICY

Hijack means the unlawful seizure of, or wrongful taking control of the Conveyance in which the Insured Person is travelling.

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

- a. The Policyholder must notify the appropriate law enforcement agency having jurisdiction over the matter of the Hijack.
- b. The Policyholder must advise the Company immediately.
- c. There must be sufficient proof that the event has actually occurred.

SPECIFIC EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company shall not pay under this Policy any claim arising from, resulting in or in connection with:

- a. Fraudulent, dishonest, or criminal acts of the Policyholder or Insured Person; or
- b. Any claim where an Insured Person is a victim of Hijack within their Country of Residence.

Section 4.2 Kidnap and Hostage

If, while on a Business Trip, an Insured Person is kidnapped or taken hostage, the Company will pay the Sum Insured for each time period the Insured Person is Kidnapped or taken hostage up to the maximum Sum Insured specified on the Policy Schedule.

The Company has dedicated a 24-hour crisis response contact telephone number which the Policyholder must contact in the event of an emergency evacuation as mentioned above. Details of the crisis hotline is as follows:

Emergency Helpline: + 1 817 826 7000

This number is a dedicated crisis response contact hotline and should only be used for notification of an incident, situation or occurrence which may give rise to an event under this Benefit. Please provide the Insured Person's name, the Policyholder's name, this Policy number, the telephone number at which the Insured Person can be reached at and the nature of the assistance required upon contacting the crisis response team.

SPECIFIC DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO THIS POLICY

Kidnap/Kidnapped/Kidnapping means the seizing, detaining or carrying away by force, or fraud of one or more Insured Persons (except a child by its parent or guardian), by a third party without the consent of the Insured Person and without lawful excuse.

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

- a. The Policyholder must notify the appropriate law enforcement agency having jurisdiction over the matter of the Kidnapping.
- b. The Policyholder must advise the Company immediately.
- c. There must be sufficient proof that the event has actually occurred.

SPECIFIC EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company shall not pay under this Policy any claim arising from, resulting in or in connection with:

- a. fraudulent, dishonest, or criminal acts of the Policyholder or Insured Person;
- b. any claim where an Insured Person is Kidnapped or taken hostage within his or her Country of Residence; or
- c. any kidnap which occurs in Colombia, Iraq, Mexico, Nigeria, Philippines, Venezuela or Yemen.

Section 4.3 Crisis Containment Management

The Company will reimburse the Policyholder for Crisis Consultant fees and costs incurred up to the amount specified on the Policy Schedule as a direct result of a Crisis which starts during the Period of Insurance and is reported to the Policyholder in accordance with this Policy.

Any fees and costs must be approved and paid by the Policyholder and submitted to the Us for approval and reimbursement under this Policy. Crisis Consultant costs are limited to fees or costs which are incurred within the Crisis Coverage Period. The maximum Sum Insured payable under this Benefit is the amount as specified on the Policy Schedule for any one event and in all (aggregate limit) during any one Period of Insurance for all Crises which start during the Period of Insurance.

The Company has dedicated a 24-hour crisis response contact telephone number which the Policyholder must contact in the event of an emergency evacuation as mentioned above. Details of the crisis hotline is as follows:

Emergency Helpline: + 1 817 826 7000

This number is a dedicated crisis response contact hotline and should only be used for notification of an incident, situation or occurrence which may give rise to an event under this Benefit. Please provide the Insured Person's name, the Policyholder's name, this Policy number, the telephone number at which the Insured Person can be reached at and the nature of the assistance required upon contacting the crisis response team.

SPECIFIC DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO THIS POLICY

Adverse Publicity

Any negative reporting of an Insured Event in local, regional or national media (including but not limited to radio, television, newspaper or magazines) which has potential to cause a Material Interruption.

Crisis

Any decisive, unstable or crucial time in the Insured's affairs or business resulting from an Insured Event that:

- (i) has directly caused a Material Interruption; or
- (ii) has the potential to cause:
 - (a) imminent Financial Loss; or
 - (b) Adverse Publicity for the Insured if left unmanaged.

Crisis Consultant

The independent crisis consultant previously approved by the Policyholder for use by the Insured in connection with a Crisis.

Crisis Coverage Period

The period of time commencing when the Crisis is first reported to the Company and ending not later than thirty(30) days thereafter.

Financial Loss

- (i) within a forty-eight (48) hour period, the price per share of the Insured Person's or Policyholder's common stock decreases by 10% net of the change in the 'Standard & Poor's Composite Index' or any other comparable index used to measure the stock exchange in which the Insured Person or Policyholder lists its common stock; or
- (ii) a decrease greater than 20% in the consolidated revenues of the Insured Person or Policyholder.

Insured Event

An event that may give rise or gives rise to a notification of a potential claim under Benefits 4.1 or 4.2 of this Policy.

Material Interruption

A disruption or break in the continuity of the Insured Person's or Policyholder's normal business operations, which:

- (i) requires the direct involvement of all of the Insured Person's or Policyholder's board of directors or senior executives and diverts their concentration from their normal operating duties; and
- (ii) is likely to have a significant negative impact on the Insured Person's or Policyholder's revenues, earnings or net worth.

ADDITIONAL PROVISION APPLICABLE TO SECTION 4.3

The Insured Person or Policyholder will bear 20% of the cost of each **Crisis** which will remain uninsured. The Company will reimburse the **Policyholder** subject to the aggregate limit of liability after deducting 20% from the amount of the incurred **Crisis Consultant** costs.

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

- a. Any Crisis arising out of, based upon or attributable to related, continuous or repeated notifications under Benefits 4.1 and 4.2 of the Policy will be considered a single Crisis.
- b. The Insured Person or Policyholder must give immediate notice to Us of any Crisis.

Any event that meets the following conditions must be reported to Us in the time period indicated:

- (a) any event that results in regional or national media coverage (print, radio or television) and relates to an Insured Event, must be reported to Us within 24 hours of the media coverage, if the Company has not previously been notified of the event by the Insured Person or Policyholder;
- (b) any event that results in the filing of a claim or litigation against the Insured Person or Policyholder and relates to an Insured Event, must be reported to Us within 48 hours of the claim/litigation filing, if the Company has not previously been notified of the event by the Insured Person or Policyholder. No claim will be paid if the Company has not been notified as described above.

SPECIFIC EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company shall not pay under this Benefit any claim arising from, resulting in or in connection with:

- a. circumstances that affect the industry in which the Policyholder conducts its business activities;
- b. governmental regulations which affect another country or the industry in which the Insured Person or Policyholder conducts its business activities;
- c. changes in population, customer tastes, economic conditions, seasonal sales variations, or competitive environment;
- d. any fraudulent act committed by any of the Insured's senior executives;
- e. a crisis occurring in Afghanistan, Colombia, Iraq, Mexico, Nigeria, Pakistan, Philippines, Somalia, Venezuela, Yemen or any other region or country to which the Insured Person has travelled where the government of Country of Residence has advised against "all travel" (or other similar advice) for Insured Persons prior to the commencement of the Business Trip.

As part of this special arrangement, the Company has a dedicated 24-hour crisis response contact telephone number which Insured Person or Insured Person's family and friends must contact in the event of a Hijack. Details of the crisis hotline is as follows:

Emergency Helpline: + 1 817 826 7000

This number is a dedicated crisis response contact hotline and should only be used for notification of an incident, situation or occurrence which may give rise to an event under Core Benefit: Hijacking. Please provide the Insured Person's name, the Policyholder's name, this Policy number, the telephone number at which the Insured Person can be reached at and the nature of the assistance required upon contacting the crisis response team.

Section 4.4 Search and Rescue Expenses

The Company will reimburse for the necessary and reasonable search and rescue costs incurred up to the Sum Insured as specified in the Policy Schedule if an Insured Person is reported as missing whilst on a Business Trip outside their Country of Residence and it becomes necessary for police authorities, a recognised rescue provider or an official search organisation to launch a search and rescue operation where:

- a. It is known or there is reason to believe that the Insured Person may have sustained Bodily Injury or Sickness; or
- b. Weather or safety conditions make it necessary to do so in order to prevent the Insured Person from sustaining Bodily Injury or Sickness.

The Company has dedicated a 24-hour crisis response contact telephone number which the Policyholder must contact in the event of a search and rescue is required to be conducted. Details of the crisis hotline is as follows:

Emergency Helpline: + 1 817 826 7000

This number is a dedicated crisis response contact hotline and should only be used for notification of an incident, situation or occurrence which may give rise to an event under this Benefit. Please provide the Insured Person's name, the Policyholder's name, this Policy number, the telephone number at which the Insured Person can be reached at and the nature of the assistance required upon contacting the crisis response team.

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

- a. The Policyholder or an Insured Person must inform the Company immediately or soon as is practicable, of any emergency that may potentially give rise to a claim. The Company will only assess and monitor the Insured Person's situation. The Company cannot take over the running of the search and rescue operation.
- b. A written statement from the applicable rescue authorities involved in the search and rescue must be obtained and provided to the Company in the event of a claim.

SPECIFIC EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company shall not pay under this Policy any claim arising from, resulting in or in connection with:

- a. The Policyholder or an Insured Person failing to comply with local safety advice and/or adhering to any recommendations that are in force during an Insured Person's travel.
- b. An Insured Person knowingly endangering their own life or the life of any other Insured Person.
- c. An Insured Person engaging in activities where their experience or skill level falls below those reasonably required to participate in such activities.
- d. Any person not insured under this Policy.
- e. Additional cost incurred on or after the Insured Person is recovered by a search and rescue operation or incurred after the police authorities, recognised rescue provider or official search organisation advise that continuing the search is no longer viable.

Section 4.5 Political Evacuation

The Company will pay the reasonable and necessary costs of:

- a. an economy class fare to return the Insured Person to their Country of Residence by Conveyance, where available, or
- b. an economy class fare to transport the Insured Person to a safe location and return them back to their country from which they were evacuated or to their Country of Residence using Conveyance where the Insured Person is unable to return to their Country of Residence. In addition, the Company will pay reasonable and necessary costs of accommodation actually incurred at the safe location, up to the Sum Insured as shown on the Policy Schedule, up to a maximum period of 14 days,

when the Insured Person is on Business Trip outside Insured Person's Country of Residence for one of the following reasons:

- a. Appropriate Authorities recommend that certain categories of persons, which include the Insured Person, should leave that country;
- b. The Insured Person is expelled from or declared persona non grata in the country where they are located; or
- c. There is total seizure, confiscation or expropriation of property, plant or equipment belonging to the Policyholder or the Insured Person.

The Company has dedicated a 24-hour crisis response contact telephone number which the Policyholder must contact in the event of an emergency evacuation as mentioned above. Details of the crisis hotline is as follows:

Emergency Helpline: + 1 817 826 7000

This number is a dedicated crisis response contact hotline and should only be used for notification of an incident, situation or occurrence which may give rise to an event under this Benefit. Please provide the Insured Person's name, the Policyholder's name, this Policy number, the telephone number at which the Insured Person can be reached at and the nature of the assistance required upon contacting the crisis response team.

SPECIFIC DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO THIS POLICY

Appropriate Authorities means any legally empowered regulatory, governmental or local authority of the Home Country or Country of Residence, whichever is applicable.

SPECIFIC CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO THIS POLICY

In the event the Insured Person cannot be returned to their Country of Residence immediately, the Company will, at the Company's sole discretion, decide where to send the Insured Person before returning the Insured Person to their Country of Residence.

SPECIFIC EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO THIS POLICY

The Company shall not pay under this Policy any claim arising from, resulting in or in connection with:

- a. The Insured Person violating the laws or regulations of the country from which they are to be evacuated.
- b. The Policyholder or the Insured Person failing to produce or maintain immigration, work, residence or similar visas, permits or other similar documentation.
- c. The Policyholder or the Insured Person failing to honour any contractual obligations or bond, or to obey any conditions in a license.
- d. Debt, insolvency, commercial failure, the repossession of any property by a titleholder or any other financial cause.
- e. Political unrest that was in existence prior to the Insured Person entering the country, or where its occurrence was foreseeable to a reasonable person prior to the Insured Person entering the country.
- f. Accommodation for a period in excess of 14 days for each Insured Person for any one event.
- g. Expenses that would have been incurred as part of the original travel budget or costs, such as the cost of meals.
- h. The Company will also not pay any claim under this Benefit if the Company has repatriated an Insured Person under any other Benefit of this policy.

Section 4.6 Natural Disaster Evacuation

The Company will reimburse the Policyholder for Evacuation and Repatriation Costs and for Expenses due to Natural Disaster Evacuation for an Insured Event which occurs during Insured Person's Business Trip. The limit of this Benefit is up to the Sum Insured specified on the Schedule for any one event and in all (aggregate limit) in any one 12-month period of insurance for Evacuation and Repatriation Costs.

The Company has dedicated a 24-hour crisis response contact telephone number which the Policyholder must contact in the event of an emergency evacuation as mentioned above. Details of the crisis hotline is as follows:

Emergency Helpline: + 1 817 826 7000

This number is a dedicated crisis response contact hotline and should only be used for notification of an incident, situation or occurrence which may give rise to an event under this Benefit. Please provide the Insured Person's name, the Policyholder's name, this Policy number, the telephone number at which the Insured Person can be reached at and the nature of the assistance required upon contacting the crisis response team.

SPECIFIC DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO THIS POLICY

Advisory

A formal recommendation by the Appropriate Authorities that an Insured Person specifically leave the Host Country or that a class of persons which include an Insured Person leave the Host Country.

Appropriate Authorities

Any legally empowered regulatory, governmental or local authority of the Home Country or Host Country.

Evacuation and Repatriation Costs

Reasonable costs incurred by the Policyholder or an Insured Person for the emergency evacuation of an Insured Person within thirty days prior to an Insured Event, and ten days after an Insured Event to the nearest place of safety or for the repatriation of an Insured Person to their Home Country. Evacuation costs will be paid once per Insured Person per Insured Event.

Expenses

The necessary and reasonable costs of accommodation, transportation, food, and any other reasonable and necessary expenses for up to thirty days until such time as an Insured Person can be repatriated to their Home Country.

Home Country

The country / jurisdiction in which the Policyholder is based as specified on the Schedule or the country of citizenship of the Insured Person.

Host Country

Any country in which the Insured Person is travelling to for their Business Trip.

Insured Event

Any occurrence described under Natural Disaster.

Natural Disaster

A volcanic eruption, flood, tsunami, earthquake, landslide, hurricane, tornado and wildfire in the particular region in which the Insured Person is travelling.

As part of this special arrangement, the Company has a dedicated 24-hour crisis response contact telephone number which Insured Person or Insured Person's family and friends must contact in the event of a Hijack. Details of the crisis hotline is as follows:

Emergency Helpline: + 1 817 826 7000

This number is a dedicated crisis response contact hotline and should only be used for notification of an incident, situation or occurrence which may give rise to an event under Core Benefit: Hijacking. Please provide the Insured Person's name, the Policyholder's name, this Policy number, the telephone number at which the Insured Person can be reached at and the nature of the assistance required upon contacting the crisis response team.

24 HOURS WORLDWIDE ASSISTANCE SERVICES

AIG Travel Emergency Assistance

24 hour worldwide pre-trip and emergency assistance is provided by AIG Travel.

Important contact information

AIG Travel: + 852 3516 8699 (available 24 hours worldwide for emergency travel related calls)

AIG Travel operates a network of service centres that will provide 24/7 access to appropriate medical facilities and emergency transportation services.

When AIG Travel is contacted for assistance, the following information should be provided:

- 1) The Insured Person's name, Policyholder name and Policy number;
- 2) The telephone number at which the Insured Person can be reached; and
- 3) The nature of the assistance.

Assistance is available for medical emergencies or requests as well as travel advice before, during and after Business Trips. The valuable services AIG Travel can provide include the following:

Medical Assistance Services	Description
24-Hour Phone Assistance	Access to assistance 24 hours a day, 365 days a year by multi-lingual assistance coordinators, experienced in the procedures of Hospitals and clinics worldwide.
Medical Expertise	On hand at any time to ensure that the most appropriate medical treatment is provided, or give medical advice.
Local Hospital Payment	Arranging for Hospitals or clinics to bill the Company directly where available and appropriate.
Emergency Transportation	Arrangement of emergency medical repatriation including the use of air ambulance or scheduled airline depending on the circumstances of the case and if necessary, with a fully equipped medical team in attendance for the Insured Person. On return, suitable transportation will be provided to bring an Insured Person to a Hospital or home address whenever necessary.
China Assist Card Services	Guarantees admission to designated Hospitals when presented with Insured Person's 'China Assist Card'
Travel Advice Services	Description
Pre-Travel Advice	Helpful and relevant information to the Insured Person providing valuable help in preparation for the journey, including currency and banking regulations, visa details, health requirements and reciprocal health agreements.
Other Assistance Services	Description
Medical Referral	To a suitable Hospital, clinic or dentist for treatment.
Emergency Travel Service	Provides emergency travel arrangements in liaison with an Insured Person's Medical Practitioner, Hospital or relatives to visit an Insured Person who is Hospitalised abroad.
Legal Referral	To an embassy, consulate or other source if legal consultation is needed, including an English speaking lawyer.
Emergency Medical Supplies	To help locate and send prescribed drugs, if unavailable locally.
Emergency Message Relay	To pass on messages to family and business associates in an emergency.

**** Important Notes ****

If an Insured Person requires hospitalisation as an Inpatient, Emergency Transportation or to return to Country of Residence for any reason covered by this policy, AIG Travel must be contacted and its advice or instructions followed. Failure to do so may prejudice a claim under this Policy.

GENERAL POLICY EXTENSIONS

This Policy shall extend to cover the following, subject to:

1. any restrictions mentioned below; and
2. all other terms and conditions of the Policy remaining unchanged.

1. Business Travel and Leisure Travel extension for C-Level Management staff and their accompanying Partners and Dependent Child(ren)

a. Policy Cover for C-Level Management's Leisure Travel

Cover under this Policy will be extended to include Leisure Travel undertaken during the Period of Insurance by C-Level Management, up to the Sum Insured as specified on the Policy Schedule, provided the Leisure Travel is within the maximum duration allowed for a Business Trip.

For the purpose of this extension, the term Business Trip wherever used in this Policy shall be replaced by Leisure Travel.

b. Policy Cover for C-Level Management's accompanying Partner and Dependent Child(ren)'s Leisure Travel

Cover under this Policy will be extended to include Leisure Travel, undertaken by C-Level Management's accompanying Partner or Dependent Child(ren) during the Period of Insurance up to the following:

- i. Each accompanying Partner is covered up to 50% of Insured Person's Sum Insured and each accompanying Dependent Child is covered up to 25% of Insured Person's Sum Insured for the following benefits:
 - 1) Core Benefit – Accidental Death and Permanent Disabilities Benefit
 - 2) Core Benefit – Medical Expenses
 - 3) Core Benefit – Post-Journey Medical Expenses
 - 4) Core Benefit - Hospital Confinement
- ii. Each accompanying Partner and Dependent Child(ren) are covered up to 100% of Insured Person's Sum Insured for Core Benefit: Emergency Medical Evacuation, Repatriation of Mortal Remains and Emergency Travel Expenses.
- iii. No cover for accompanying Partner and Dependent Child(ren) for all other Benefits under this Policy.

For the purpose of this extension, the term Business Trip wherever used in this Policy shall be replaced by Leisure Travel.

2. Strike, Riot, Civil Commotion and Terrorism

This Policy is extended to cover the Insured Person for Bodily Injury sustained as a result of Strike, Riot, Civil Commotion or Terrorism. The Company will not pay under this Policy any claim arising from, resulting in or in connection with the Insured Person's own participation or provocation of any such act or if such act could reasonably have been avoided by the Insured Person.

3. Hijack, Murder and Assault

This Policy is extended to cover the Insured Person for Bodily Injury sustained as a result of being a victim of hijack, murder or assault. The Company will not pay under this Policy any claims arising from, resulting in or in connection with Insured Person's own participation or provocation of any such act.

4. Drowning And Suffocation

This Policy is extended to cover the Insured Person for Bodily Injury as a result of drowning or suffocation or inhalation of smoke, poisonous fumes or gases. The Company will not pay under this Policy any claim arising from, resulting in or in connection with the Insured Person's own willful or intentional act.

5. Miscarriage due to an Accident

This Policy is extended to cover the Insured Person for Accidental miscarriage as a result of Bodily Injury and which is not attributed to any natural causes and/or Sickness relating to pregnancy or childbirth.

6. Accidental Food/Drink Poisoning

This Policy is extended to cover the Insured Person for Bodily Injury directly as a result of accidental food or drink poisoning.

7. Animal Or Insect Bites

This Policy is extended to cover the Insured Person for Bodily Injury directly resulting from insect or animal bites. This excludes any claims in connection with any Sickness other than contracting dengue fever.

8. Motorcycling

This Policy is extended to cover an Insured Person for Bodily Injury sustained as a result of riding on a motorcycle either as a licensed rider or a pillion-rider, provided that at the time of the Accident, the Insured Person was wearing a safety helmet, abiding by all applicable road laws of that jurisdiction that they are travelling in, and not engaging in or practising for any racing or hill climbing contests, reliability trials, sand speed or duration testing.

9. Automatic Extension of Cover

The Company will automatically extend the Insured Person's cover under this Policy for a further 90 days if their Business Trip exceeds the duration of 183 consecutive days from the date of the Insured Person's departure from their Country of Residence, if

- a. their return travel is delayed due to any change in Conveyance arrangements which is out of the control of the Policyholder or Insured Person; or
- b. Insured Person is unable to travel back to Country of Residence as a Medical Practitioner has certified the Insured Person of being unfit to travel due to Bodily Injury or Sickness.

GENERAL POLICY EXCLUSIONS

The Company shall not pay under this Policy any claim arising from, resulting in or in connection with:

1. Any War, Civil War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), Insurrection, Rebellion or Revolution.
2. An Insured Person's suicide or attempted suicide, intentional self-inflicted injury whether sane or insane, intoxication, deliberate or reckless exposure to danger (except in an attempt to save human life) or attempt to commit or if committed any criminal or illegal act or whilst in violation or attempted violation of the law or resistance to arrest or whilst in violation or attempted violation of the law or resistance to arrest.
3. An Insured Person engaging in a sport in a professional capacity or where such person would or could earn income or remuneration from engaging in such sport, which in totality could account for more than 15% of their annual income from all sources.
4. Any sexually transmitted diseases, 'Acquired Immunodeficiency Syndrome' (AIDS), AIDS-related complex or, any infection by 'Human Immunodeficiency Virus' (HIV) or any type of venereal disease.
5. An Insured Person employed by the Armed or Air Forces, Navy, Police, Fire Service, Civil Defence Forces or engaging in peace time reservist duty under any statute.
6. An Insured Person engaging in any of the following occupations or activities: Air crew / ship crew, professional sports people, stuntman, occupations involved in underwater activities like diving, offshore rig, onboard vessel risk (stationery or offshore) and similar, stevedores, forestry, logger, humanitarian/missionary and emergency response groups, underground mining, tunnelling or open cast mining, quarry workers, professional entertainers (defined as anyone who makes more than 50% of their income from the entertainment activities), motorcycling for professional use, delivery(including couriers, taxi drivers), media companies that have international correspondents, security workers/guards, bodyguards, peacekeeping forces and similar groups or exposures, working with chemicals, biological, explosive, nuclear material, window cleaners above 2 floors or working at heights above 30 feet, work with heavy machinery manual work and manual work performing in the construction site.
7. An Insured Person travelling against the advice of a Medical Practitioner or travelling for the purpose of receiving medical treatment or advice even if it was not the sole reason for the travel.
8. Any routine medical, optical or dental treatment or consultation, health screening and other elective treatments and surgical processes.

9. An Insured Person being under the influence of alcohol or drugs, unless the drug was prescribed or administered by a Medical Practitioner and taken in accordance with the directions of a Medical Practitioner.

GENERAL POLICY CONDITIONS

1. Condition Precedent to Liability

The Policyholder and Insured Person must follow the terms and conditions of this Policy in order to qualify for any payment under this Policy. The Policyholder's and Insured Person's failure to do so will invalidate all claims made under this Policy.

It is a condition precedent to cover under this Policy that any premium due must be paid and actually received in full by the Company (or to the registered broker or registered agent through whom this Policy was effected) before the expiry of the Premium Warranty Period.

2. Addition and Deletion of Insured Persons and Premium Adjustment

If this Policy is issued on an "named basis" as specified on the Policy Schedule, the following provisions shall apply:

- a. Any addition of the Insured Person is to be declared in writing to the Company by the Policyholder prior to the commencement of coverage. Additional pro-rata premium will be charged to the Policyholder from the effective date of coverage specified in the written notice to the Company;
- b. Any deletion of the Insured Person is to be declared in writing to the Company by the Policyholder as soon as possible within 90 days of effective date of deletion or termination of employment. Pro-rata premium will be refunded to the Policyholder from the effective date of deletion specified in the written notice to the Company.

If this Policy is issued on an "unnamed basis" as specified on the Policy Schedule, the Company will only pay claims for a number of Insured Persons that is no greater than the number of travellers identified on the Policy Schedule, unless a claim was paid for a traveller who is no longer employed by the Policyholder and a claim is subsequently made by a new traveller during the Period of Insurance. Should at any time the total number of travellers be greater than the number shown on the Policy Schedule, any new Insured Person the Policyholder may engage during the Period of Insurance has to be declared to the Company prior to the commencement of coverage and additional premium will be charged to the Policyholder.

If this Policy is issued on a flat annual premium basis as shown on the Policy Schedule, the premium payable shall be based on the declaration of the Policyholder, prior to the commencement of each Period of Insurance, in respect of the expected travelling pattern of the Insured Persons during the Period of Insurance.

The adjustment of Premium upwards or downwards, as the case may be, is subject to the Company's minimum policy premium of HKD7,800 (including levy), unless otherwise agreed and endorsed.

3. Reasonable Care

The Policyholder and Insured Persons must take all reasonable steps to prevent and mitigate any accident or loss, and must comply with any law, by-law, ordinance or regulation that concerns the safety of persons or property.

4. Governing Law

This Policy is subject to the exclusive jurisdiction of Hong Kong courts and is construed according to the laws of Hong Kong.

5. Alteration of Risk

The Policyholder must inform the Company as soon as possible if circumstances occur that result in a material change in risk which may include, but is not limited to, any change in the nature of business of the Policyholder and/or in the nature of the employment or occupation of the Insured Person(s). The Company reserves the right at the time of notification to decide whether to provide cover and, if so, to establish a separate rate and premium, and, if appropriate, terms to provide coverage for any such change in writing. The Policyholder shall pay any additional premium that is required.

6. Clerical Errors

Clerical errors made by the Company shall not invalidate insurance otherwise validly in force, nor continue or validate insurance otherwise not validly in force.

7. Assignment

The Policyholder must not assign this Policy or any rights described within this Policy unless agreed by the Company in writing.

8. Currency

Premiums and Benefits payable under this Policy shall be in Hong Kong Dollars unless otherwise stated on the Policy Schedule or any subsequent Endorsements.

- a. Premium: All premiums must be paid in Hong Kong dollars by the Hong Kong registered Policyholder and/or entities registered or incorporated in Hong Kong only.
- b. Claims: All payments will be made in Hong Kong dollars. Any settlement in foreign currencies agreed by the Company will be subject to the exchange rates determined by the Company on the date of Accident. The Policyholder or Insured Person will bear all the administration and costs of conversion. All claims are to be paid to the Hong Kong registered or incorporated Policyholder and/or entities registered or incorporated in Hong Kong only.

9. Offset Clause

If Insured Person is entitled to receive a reimbursement of all or part of claimed expenses from any other source or other insurance policy for any of the Benefits in this Policy, the Company will only be liable for the excess of the amount recoverable from such other source or insurance, up to the maximum Sum Insured specified on the Policy Schedule. This condition is only applicable to Benefits whereby payment is made on a reimbursement basis.

10. Interest on amounts payable

The Company will not pay interest on any amount payable under this Policy.

11. Maintenance of Records

The Policyholder shall maintain records of material information of each Insured Person. These records may include, but not be limited to, substantiation and corroboration of the Insured Person's earnings, receipts, statements or medical certificates relating to a claim, injury reports, claim forms and any other relevant documentation. The Company has the right to examine these records at any time during the Period of Insurance and within three (3) years after the expiration of the respective Period of Insurance or until the adjustment and settlement of all claims, whichever is later.

12. Premium Payment Warranty

Premium Payment Warranty refers to:

1. Notwithstanding anything herein contained but subject to sub-clause 2 below, if the Period of Insurance is sixty (60) days or more, any premium due must be paid and actually received in full by the Company (or the intermediary through whom this policy was effected) within sixty (60) days of the inception date of the coverage under the policy or, renewal thereof.
2. In the event that any premium due is not paid and actually received in full by the Company (or the intermediary through whom this policy was effected) within the 60-day period referred to above, then:-
 - i. the cover under the policy or renewal is automatically terminated immediately after the expiry of the said 60-day period;
 - ii. the automatic termination of the cover shall be without prejudice to any liability incurred within the said 60-day period; and
 - iii. the Company will be entitled to a pro-rata time on risk premium subject to a minimum of HKD1,000.
3. If the Period of Insurance is less than sixty (60) days, any premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within the Period of Insurance.

13. Rights of Third Parties

A person who is not party to this Policy including specifically any Insured Person has no right under the Contracts (Rights of Third Parties) Ordinance (Chapter 623 of the laws of Hong Kong) to enforce any term of this Policy.

14. Misrepresentation or Fraud

Any misrepresentation (including fraud), misdescription, non-disclosure or concealment of any material information connected with the application, proposal and declaration (if provided) for this Policy, for ongoing/subsequent disclosures or in connection with a claim made, will make this Policy invalid. In this event, the Company will not refund any premiums paid and the Company will not consider making payments for any claims submitted to the Company. The Company will report the matter to the Police if deemed necessary. The Company also reserves the right to recover any amount paid to the Policyholder/Insured Person in respect to any fraudulent claims submitted.

15. Sanctions

The Company will not be liable to provide any coverage or make any payment hereunder if to do so would be in violation of any sanctions law or regulation which would expose the Company, its parent company or its ultimate controlling entity to any penalty under any sanctions law or regulation.

16. Settlement of Disputes

Any dispute, controversy or difference arising out of or relating to this Policy which cannot be resolved by negotiation between the parties within thirty (30) days of either party having given notice to the other party of such dispute, controversy or difference, such dispute, controversy or difference shall be referred to and finally resolved by arbitration seated in Hong Kong, administered by the Hong Kong International Arbitration Centre (HKIAC) under the HKIAC Administered Arbitration Rules in force when the Notice of Arbitration is submitted. The law of this arbitration clause shall be Hong Kong law. The number of arbitrators shall be one (1). If the parties fail to agree on the choice of an arbitrator, the Chairperson of HKIAC shall appoint one (1). The arbitration proceedings shall be conducted in English.

17. Discharge of Liability

The proof of payment by the Company to the Policyholder and/or Insured Person and/or designated provider of service for any Sum Insured payable herein shall in all cases be effectual discharge of liability of the Company.

18. To Whom Indemnity is Payable

All indemnities of this Policy are payable to the Policyholder, or at Policyholder's written request to the Insured Person, except for Emergency Medical Evacuation and Repatriation of Remains where relevant amounts will be paid directly to the provider of service in accordance with the terms of this Policy. The process of claim including settlement will be handled directly between the Company and the Policyholder whose sole discharge will constitute full and final discharge of the claim lodged.

Unless otherwise agreed and approved by the Company, all claim settlements to the Policyholder are to be paid to the Hong Kong registered or incorporated Policyholder and/or entities registered or incorporated in Hong Kong only.

19. Termination and Renewal

This Policy will continue to be in force until the end of the Period of Insurance. This Policy may be renewed for consecutive periods by the payment of the premium prior to the expiry of the Period of Insurance or as provided under 'Condition 12, Premium Payment Warranty' of the *General Policy Conditions*. The Company reserves the right to decline any renewal, or amend premium rates, Benefits, terms and conditions of this Policy by the end of any Period of Insurance.

20. Data Privacy

The Insured Person and/or Policyholder has/have read the Company's Privacy Policy, which can be found in full at www.aig.com.hk/privacy-policy, and agreed that their Personal Data may be collected, processed, and transferred by the Company in accordance with the Privacy Policy. In particular, they agree and represent that:

- (a) The personal data collected during the application process or administration of this Policy may be used by the Company for the purposes stated in its 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) The Company may use the Insured Person's contact details (name, address, phone number and e-mail address) to contact him/her via physical mailers, telephone calls, SMS and e-mail about other insurance products provided by the AIG group.
- (c) Any personal data that identifies a third party, provided by the Insured Person and/or the Policyholder to the Company, is provided in compliance with applicable laws and regulations, and the Company's Privacy Policy.
- (d) The Company 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 jurisdiction; or
- vi. other parties referred to in the Company's Privacy Policy for the purposes stated therein.

The Insured Person may gain access to, or request correction of their personal data (in both cases, subject to a reasonable fee), or amend or withdraw their consent to the Company's use of their contact details for direct marketing at any time, by writing to the Privacy Compliance Officer of AIG Insurance Hong Kong Limited at GPO Box456 or cs.hk@aig.com. The same addresses may be used to contact the Company with any comments in relation to the services it provides.

21. Feedback

Every effort is made by the Company to ensure that the Policyholder and Insured Person receive a high standard of service. For any feedback, the Policyholder or an Insured Person can contact us at <https://www.aig.com.hk/contact>. The Policyholder should quote its name, the Insured Person's name and policy number as shown on the Policy Schedule.

CANCELLATION & REFUND

CANCELLATION RIGHT OF COMPANY

The Company can cancel this Policy:

- a. by giving thirty (30) days' prior written notice to the Policyholder's last known address or via email.
- b. immediately if the Policyholder fails to make the premium payment within the period stated under 'Condition 12, Premium Payment Warranty' of the General Policy Conditions. No Benefits will be payable for any claim that occurs during a period for which premium was not received.

On cancellation of the Policy:

- a. If no claim has been made, the Company will refund the pro-rated premium for the remaining Period of Insurance to the Policyholder.
- b. If a claim has been paid by the Company in the current Period of Insurance, no return premium will be paid.
- c. If an incident has occurred that could give rise to a claim under this Policy, then no return premium will be considered until the Company and the Policyholder finalises the claim and subsequently, if the claim is paid, no return premium will be paid to the Policyholder.

CANCELLATION RIGHT OF THE POLICYHOLDER

Provided there is no claim made on the Policy, the Policyholder can cancel this Policy by giving thirty (30) days' prior written notice to the Company. Such cancellation shall become effective on the date the notice is received or on the date specified in such notice, whichever is the earlier.

On cancellation of the Policy by the Policyholder, the Company will refund any portion of the premium paid that has not been deemed to be earned by the Company. The premium deemed to be earned will be calculated as a percentage of total premium as set out below, but in no event will be less than the Company's minimum premium.

Period Covered not exceeding / Short period rates of annual Premium

2 months	40% of annual premium
3 months	50% of annual premium
4 months	60% of annual premium
5 months	70% of annual premium
6 months	75% of annual premium
Over 6 months	100% of annual premium

The Policyholder is not allowed to cancel a Policy which has a Period of Insurance of less than 1 year. Cancellation shall be without prejudice to any event giving rise to a claim under this Policy prior to the effective date of such cancellation.

AUTOMATIC TERMINATION OF POLICY

This Policy will automatically terminate for an Insured Person on the earliest of the following events:

- a. this Policy is cancelled for reasons stated under section 'Cancellation & Refund';
- b. the Policyholder requests that an Insured Person be removed from this Policy;
- c. where the Insured Person ceases their employment, affiliation, or association with the Policyholder as declared by the Policyholder;
- d. of an Insured Person's death, from any cause;
- e. the Insured Person ceases to satisfy any of the requirements as specified under section 'Eligibility';
- f. the Insured Person is paid the maximum Sum Insured for certain Benefits where such termination of the Policy is specified under the Specific Conditions of that Benefit; or
- g. any fraud or misrepresentation to the Company discovered as mentioned under 'Condition 14, Misrepresentation or Fraud' of the General Policy Conditions.

CLAIMS PROCEDURE

Steps To Make A Claim

The Policyholder or Insured Person must notify the Company as soon as reasonably practical (see Claim Notification below) after the event which could give rise to a claim under this Policy as specified below:

- a. Prepare the relevant basic supporting documents according to <https://www.aig.com.hk/campaign-pages/anh-claims-procedure>;
- b. Submit a claim and evidence within 90 days (including events that may trigger the Accidental Death and Permanent Disability Benefit) after the event which could give rise to a claim to AIG Claims Digital Portal (<https://digitalclaims.aig.com/cdp-lite>).

The Company may request for additional documents depending on nature and circumstances of the claim in which case the Company will contact the Claimant.

Compliance

The Company shall not be liable for any consequences arising by reason of the Insured Person's failure to obtain or follow a Medical Practitioner's advice and use such appliances or remedies as may be prescribed in the event of Bodily Injury when making a claim.

Claim Notification

- a. The Company must be notified as soon as it is reasonably practical and in any event within thirty (30) days after the date of Accident which leads to a claim.
- b. Failure to comply with (a) above may result in the Company's rejection of all or part of the claim. Reasons include, but are not limited to, if it is made so long after the event that the Company is unable to investigate it fully. Failure to comply with (a) above may also result in the Insured Person not receiving the full amount claimed if the amount payable changes as a result of the delay.

Burden of Proof

If the Company asserts that by reason of any of the terms, conditions and exclusions listed that an event is not covered by this Policy, the burden of proving the contrary shall be on the Claimant.

Claims Evidence / Information

- a. The Company must be provided with all reasonable and necessary evidence required by the Company to support a claim within ninety (90) days (including events that may trigger the Accidental Death and Permanent Disability Benefit) after the date of Accident which leads to a claim. Information provided to the Company to support a claim includes but is not limited to original reports, invoices and receipts, medical reports and certificates and other documents (such as translation of a foreign-language document into the English language), confirmed by oath if necessary. If the evidence supplied is insufficient, the Company will confirm the additional information required. Any required additional information in support of the claim must be submitted to the Company as soon as possible and in any event not later than sixty (60) days after the issuance of a written notice of such requirement by the Company.
- b. If the Company does not receive the evidence or additional information required within the respective time periods advised, the Company may reject the claim or withhold payment in the likelihood of a valid claim until such evidence or additional information has been received. The Company may close the claims process if such evidence or additional information is not received within the respective time periods advised.
- c. Where medical certificates or reports are required, the Company will only accept original medical certificates or reports issued by the attending Medical Practitioner. For avoidance of doubt, medical certificates or reports issued by other practitioners, including

traditional medical practitioners, traditional Chinese medicine practitioner or chiropractors will not be accepted except as provided under section 'Accidental Medical Reimbursement'. All certificates, information and evidence required by the Company shall be furnished at the Policyholder / Insured Person's expense.

- d. The Company may refuse to pay any claim for which the Claimant cannot provide original receipts and invoices.
- e. The Company may, at its expense, require the Insured Person to undergo a medical examination by Medical Practitioners nominated and selected by the Company whose opinion shall be binding on both the Insured Person and the Company, before the initial or additional Sum Insured can be paid.
- f. The Company may, at its expense, arrange an autopsy unless this is illegal in the jurisdiction in which the autopsy is to be performed.

Settlement of Claim

- a. A claim will be paid in accordance with the Policy's terms and conditions. It can only be made once the Company has received the information it requires to investigate and verify the claim (including information supplied) and it is satisfied that the claim falls within the Policy. A claim will generally be paid as soon as the claims process is finalised and in accordance with the terms set out in the Policy.
- b. The Sum Insured for each Benefit is payable as specified on the Schedule of Benefits. Any claim payment that the Company makes under this Policy will not exceed the limit shown in the Schedule of Benefits for the claim event. The Sum Insured under each Benefit is included only for the events specified on the Policy Schedule.
- c. Unless otherwise specified in this Policy, all payments or reimbursements are payable to the Policyholder or at Policyholder's written request to the Insured Person.
- d. In the course of the Company's claims process, the Claimant is to render full cooperation to the Company and to its appointed service providers, vendors and experts, including providing face to face interviews, if and when required.

Claims Admittance

In no case shall the Company be liable in respect of any claim after the expiry of twelve (12) months from the occurrence of the insured event giving rise to a claim, unless the claim has been admitted or is the subject of a pending legal action or arbitration against the Company.

Subrogation

The Company shall be entitled, if the Company so desire, to take over and conduct in the Policyholder's and/or the Insured Person's name the defence of any claim or prosecution or to take legal actions in the Policyholder's and/or the Insured Person's name for the Company's benefit to claim for indemnity, damages or otherwise against any third party and the Company shall have full discretion in the conduct of such legal actions and proceedings including any settlement of the same. The Policyholder and/or the Insured Person shall promptly provide the Company all information and assistance the Company may reasonably require in respect of such recovery and/or prosecution and shall not engage in any conduct that may prejudice such recovery and/or prosecution. The Company shall not be liable for any admission, offer, promise or payment made by the Policyholder or the Insured Person without the Company's prior written consent.

Rights to recovery

If the Company makes a payment and subsequently is made aware that the claim is not payable, the Company has the right to recover the amount paid from the Policyholder and/or Insured Person.