



ona
insurance

Travel International - Individual / Family



Travel Insurance

INTERNATIONAL

INDIVIDUAL

POLICY BOOKLET

Policy Terms & Conditions

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Travel Insurance Claims Hotline



If out of the country

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If in the Philippines



Using a mobile phone /
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Using a landline within
Metro Manila:

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IMPORTANT NOTICE

The Insurance Commissioner, with offices in Manila, Cebu, and Davao, is the government in charge of the faithful execution and enforcement of all laws relating to insurance and has supervision over insurance

For your own protection, you are requested to read this Policy in full, including its conditions, and if it is not in accordance with your intentions, to return it immediately for correction.

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DEFINITIONS

Accident

means the Bodily Injury sustained during the term of the Policy, which derives from a violent, sudden, external cause and one that is not intended by the Insured. The following will also be construed to be Accidents:

- a. Asphyxia or injuries as a consequence of gases or vapors, immersion or submersion, or from the consumption of liquid or solid matter other than foodstuffs.
- b. Infections resulting from an Accident covered by the Policy.
- c. Injuries that are a consequence of surgical operations or medical treatments resulting from an Accident covered by the Policy.
- d. The injuries sustained as a result of self-defense.

Annual Multi-Trip Policy

means a Policy where the Insured can make an unlimited number of Trips during the effectivity of the Policy subject to a Limited number of days per trip as provided in the Policy Schedule.

Beneficiary

means, under the Accidental Death benefit, the person or persons to whom the Policyholder or, where applicable, the Insured, acknowledges the right to receive, in the appropriate amount, the compensation arising from the aforesaid coverage provided by this Policy. For the purpose of this Policy, payment of Accidental death benefit will follow the terms as stated in the payment of benefits.

Bodily Injury

means bodily injuries or death, caused to natural persons.

Burglary

means unlawful entry to a structure to commit Theft.

Business Associate

means a person, who works at Insured's place of business and who, if both the Business Associate and the Insured were away from work at the same time, would prevent the business from running properly.

Chartered Flights

means those no scheduled flights that have been arranged and paid for by an individual or group for a specific trip.

Common Carrier

means the transportation hired to carry out the trip object of this insurance and will remain Limited to the plane, ship, train, or coach, including when going into and going out of the above-mentioned way of

transport. Equally there remains covered the Accident of the way of public transport (Limited to taxi, rent car with driver, tramway train, bus, train, underground train) during the direct route between the point of departure or arrival (domicile or hotel) up to the end of the trip (station, airport, port). Licensed tour bus included in the definition.

Complications of Pregnancy and Childbirth

For the purpose of this contract, the following Complications of Pregnancy and Childbirth are considered covered:

- Toxemia (toxins in the blood)
- Gestational diabetes (diabetes arising as a result of pregnancy)
- Gestational hypertension (high blood pressure arising as a result of pregnancy)
- Pre-eclampsia (where the Insured develop high blood pressure, carry abnormal fluid and have protein in her urine during the second half of pregnancy)
- Ectopic pregnancy (a pregnancy that develops outside of the uterus)
- Molar pregnancy or hydatidiform mole (a pregnancy in which a tumor develops from the placental tissue)
- Post-partum hemorrhage (excessive bleeding following childbirth)
- Retained placenta membrane (part or all of the placenta is left behind in the uterus after delivery)
- Placental abruption (part or all of the placenta separates from the wall of the uterus)
- Hyperemesis gravidarum (excessive vomiting because of pregnancy)
- Placenta previa (when the placenta is in the lower part of the uterus and covers part or all of the cervix)
- Stillbirth
- Miscarriage
- Emergency caesarean section
- A termination needed for medical reasons
- Premature birth more than 8 weeks (or 16 weeks if the Insured is aware of having more than one baby) before the expected delivery date

Confined or Confinement

means uninterrupted period in a hospital as a resident in-patient upon the advice of and under the regular care and attendance of a Physician.

Damages

means the deterioration or destruction of inanimate objects and Damages caused to animals.

Effective Date; Effectivity Date

means the date on which insurance under this Policy commences as stated in the Policy Schedule.

End of Coverage

means the point in time when the benefits provided by this Policy ceases to respond.

For single trips, benefits shall cease upon the 1st occurrence of any of the following:

1. One (1) hour after the Insured's actual airport arrival back to the Philippines.
2. Expiry of the Policy as specified in the Policy Schedule, or any subsequent endorsement issued by the company to amend the travel dates as requested by the Insured/ Policyholder.

For Annual Multi-Trip, benefits shall cease upon the 1st occurrence of any of the following:

1. After the end of the Limited number of days per trip covered as specified in the Policy Schedule.
2. One (1) hour after the Insured's actual airport arrival back to the Philippines.
3. Expiry of the Policy as specified in the Policy Schedule, or any subsequent endorsement issued by the Company to amend the travel dates as requested by the Insured/ Policyholder.

Enrolment

For the purpose of this insurance, Enrolment means the act or process of submitting the Travel Insurance Domestic Application form to the Company.

Epidemic Disease

means the rapid spread of infectious disease to a large number of people in a given population within a short period of time, usually two weeks or less.

Extra Hazardous Sports

means American Football, rugby, bungee jumping, caving, horse riding, parachuting, trekking/walking or any activity above 2,500 meters, aviation other than as a fare-paying passenger on a scheduled flight, hang-gliding, microlight flying, mountaineering with the use of ropes, rock climbing with the use of ropes, scuba diving (up to 40 meters), white water canoeing, white water rafting, water skiing, off piste skiing and off piste snowboarding. **Participation in these activities is never covered under the terms of this Policy.**

Also means dangerous sports such as fighting or self-defense sports, (semi)professional sports, racing of any kind other than on foot, mountaineering expeditions, deep sea diving (deeper than 40 meters), solo sea-sailing, ski jumping, gliding, horse riding, pot holing, free climbing without ropes, motor sports, use of fire- or other arms, yachting out of territorial waters and any other sport involving an exceptional risk of Accidents. **Participation in these activities is never covered under the terms of this Policy.**

Also means hazardous sports such as abseiling, ice-skating, off-road mountain biking, ice hockey, canyoning, bobsleighbing, rodelen, downhill skiing and langlaufen on the normally marked public open pistes, snowboarding, big foot skiing, ballooning (as an organized excursion), mono-skiing and any sport involving an extra risk of Accident. Participation in some of these activities may be covered subject to payment of an additional premium. **Participation in competitions or tournaments organized by sporting federations or similar organizations is not included.**

Illness

means any deterioration in health diagnosed and confirmed by a legally recognized Physician during the life of the Policy and which is not comprised in the two groups below:

- **Congenital Disease:** that exists at the moment of birth as a consequence of hereditary factors or complaints acquired during pregnancy.
- **Pre-existing Disease:** Any Pre-existing Disease known or unknown to the member at the time of Enrolment. A Pre-existing Disease is any Illness or medical condition already affecting a member before the Effectivity Date of his/her coverage. An Illness or injury is considered to have been in existence prior to the Effectivity Date if:
 - a. Any pre-Enrolment professional advice or treatment was obtained by the member for such Illness or injury.
 - b. Such Illness or injury has been by its nature, manifestations and conditions evident to the member before the Effective Date of the Insured's coverage.
 - c. The onset and pathogenesis can be clinically determined to have started prior to the member's Enrolment.
 - d. The Illness or injury can be clinically determined to have started prior to the Effective Date of the Insured's coverage.

- e. Medical conditions disclosed in an application form.

Pre-existing Illnesses shall include, but are not Limited to the following:

- Bronchial Asthma and Systemic Allergies
 - Chronic obstructive pulmonary disease (COPD) Diabetes Mellitus
 - Tuberculosis
 - Thyroid Diseases
 - Systemic allergies
 - Dysfunctional uterine bleeding
 - Chronic EENT conditions that may require surgery
 - Cardiovascular Diseases
 - Chronic cholecystitis/cholelithiasis
 - Benign or malignant new growth
 - Endometriosis
 - Stroke / paralysis/epilepsy
 - Hernia
 - Hemorrhoids and fistula
 - Gastric or duodenal ulcers
 - Liver cirrhosis
 - Kidney Diseases
 - Blood dyscrasia
 - Immunologic and collagen Diseases
 - Hallux valgus and lithiasis
 - Urolithiasis and glomerulonephritis
 - Hypertension of whatever etiology
- **Look Back Period:** Within the Look Back Period of two (2) years prior to the day the Insured purchased a travel insurance Policy, if the Insured with the condition has any symptoms, appointment, visit or consultation with a medical professional, test, diagnosis, medication adjustment or change, then this condition would be considered pre-existing.

If the Insured were Medically Stable after the Look Back Period and secure insurance contract, it is not considered a pre-existing condition subject to the Insured being Medically Stable when purchasing this travel insurance Policy. Medical and Repatriation expenses covered under this benefit are subject to the limits stated under Policy Schedule.

Immediate Family Member

means legal spouse, children, parents, guardian.

Insured

means the natural person aged 0 months to ___ years old at the time of Application, who is identified in the Policy Schedule, and who is entitled, where fitting, to the rights derived from this Policy. For the purpose of this insurance, Insureds are either:

- Filipinos travelling in a commercially scheduled flight.
- Foreigners, wherein Philippines is the declared country of origin for the travel covered under this Policy and where emergency repatriations will be to the Philippines.

For Family Plan, the Insureds are composed of a maximum of six (6) Immediate Family Members including principal Insured; legal spouse (up to __ years old) and children ages 0 to 21 years old, travelling together to the same destination with the same travel dates and conveyances. Basis is age of the Insured and eligible dependents at the time of insurance Application.

For minors travelling, policies may be issued individually, provided that Policyholder name is the parent/guardian, while the Insured person is the minor child.

Intervention by the Authorities

refers to any statute, regulation, issuance, decision, directive, instruction or act of any and all executive, legislative or judicial offices of the Republic of the Philippines or of the relevant country or jurisdiction, whether national or local, including their departments and agencies that causes the delay.

Limit or Amount Insured

means the amount set forth in the Policy Schedule which represents the maximum value of compensation for each of the covered benefit.

Losses

means the financial Losses caused as a direct result of an identifiable Bodily Injury or material damage sustained by the claimant.

Loss Per Accident

means any event whose consequences are totally or partially covered by the benefits of this Policy. The collection of Damages arising out of an event constitutes one Loss Per Accident.

Manual Labor

means work or training that is physical, including, but not Limited to construction, installation, assembly and building work. This does not include bar and restaurant staff, musicians, and singers and fruit pickers who do not use machinery. Persons working more than three meters above the ground are not covered in this Policy.

Medically Necessary

refers to a covered service or treatment that is absolutely necessary to protect and enhance the health status of a patient, and could adversely affect the patient's condition if omitted, in accordance with accepted standards of medical practice.

Medically Stable

means that in the two (2) years prior to, and including, the day the Insured purchases the travel insurance, there cannot have been any medical condition which:

1. Manifested itself, became acute or exhibited symptoms which would have caused one to seek diagnosis, care or treatment.
2. Required the taking of prescribed drugs or medicine, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or
3. Required medical treatment or treatment was recommended by a legally qualified Physician.

Mind Sports / Non-Physical Sports

such as Chess, Math/Science Quiz Competition/Olympiad and the like are covered.

Natural Disaster / Acts (Force) of Nature

refers to extraordinary natural phenomena such as floods, earthquakes, landslides, volcanic eruptions, atypical cyclonic storms, falling objects from space and aerolites, and in general any extraordinary atmospheric, meteorological, seismic or geological phenomena as declared by the official and relevant body/agency of the government.

Orthopedic Material or Orthosis

means anatomical parts or items of any kind used to prevent or correct temporary or permanent deformations of the body (walking sticks, cervical collar, and wheelchair).

Osteosynthesis Material

means parts or pieces of metal or of any other kind used to join together the ends of a fractured bone, or to knit together the tips of joints, by surgical operation and which can be reused.

Pandemic Disease

means an epidemic of infectious Disease that has spread through human populations across a large region, for instance multiple continents, or even worldwide.

Physicians

means Doctor of Medicine who underwent years of formal education in a school/college of medicine, followed by internship training and passed the licensure examination for medical doctors.

Policy

means this document, the application and Policy Schedule describing the insurance contract between the Insured/s and the Company. It shall also include, after this Policy has taken effect, any amendment, rider, clause, warranty, endorsement, or any other document attached to this Policy, and which has been endorsed and signed by an authorized signatory of the Company and countersigned by the Insured or Policyholder. There is, however, no need for the countersignature of the Insured or the Policyholder if the latter applied for the amendment to this Policy, or the attachment of the rider, clause, warranty, endorsement, or any other document.

Policyholder

means the natural or legal person, who, in conjunction with the Insurer, signs the contract and is bound by the obligations arising there from, except those which, owing to their nature, must be complied with by the Insured.

Policy Schedule

means the schedule attached and forming part of this Policy.

Poor Weather Condition

refers to meteorological phenomena including but not Limited to high level fog, strong wind, frost etc. and those adverse weather conditions not officially declared by the country's official weather bureau.

Prosthesis

are deemed to be any item of any kind that temporary or permanently replace the lack of an organ, tissue, organic fluid, member or part of any of them. By way of an example, mechanical or biological items such as cardiac valve parts, joint replacements, synthetic skin, intraocular lenses, biological materials (cornea), fluids, gels and synthetic or semi synthetic liquids that replace organic humors or liquids, medicine reservoirs, mobile oxygen therapy systems, etc.

Regular Sports

means athletics, go-karting, trekking up to 2,500 meters, cross country running, soccer, surfing, windsurfing, golf, mountain biking on the road, baseball, fencing, sailing, cricket, cycling, canoeing, rowing, basketball, volleyball, jogging and any other sport activities not involving an extra risk. Participation in these activities is always covered without paying additional premium; **Participation in competitions or tournaments organized by sporting federations or similar organizations is not included.**

Relatives

For the purpose of this Policy, Relatives shall be taken to refer solely to spouses, children, parents, grandparents, grandchildren, siblings, and parents-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law of the Insured. Likewise, the Insured's legal guardians shall be included in this definition.

Robbery

means appropriation of other people's property by violence or intimidation to persons, or violence to things.

Scheduled Departure Date

means the date on which the Insured is scheduled to depart for the trip covered as set out in his travel ticket.

Serious Accident

means an Accident which, in the opinion of the Company's medical team, prevents the Insured from starting the trip or continuing it on the date planned, or which involves risk of death.

Serious illness

means deterioration in health that requires admission to hospital and which, in the opinion of the Company's medical team, prevents the Insured from starting the trip or from continuing it on the date planned, or which involves risk of death.

Single Trip Policy

means a Policy issued for the selected plan where the Insured can only make a single trip to the selected destination of travel during the effectivity of this Policy.

Start of Coverage

means the point in time when benefits provided by the Policy shall commence. For all benefits, except Trip Cancellation, benefits commence one (1) hour before the Insured's scheduled domestic flight departure time (i.e., there should be no deviation or side trips from this "itinerary" from Usual Place of Residence on the way to the airport). This includes any connecting flight as transit for the commercially scheduled domestic flight. Trip cancellation cover will start on the date on which the trip is contracted and shall finalize at the moment the trip begins, i.e., boarding the collective means of transport to be used for the trip. Trip cancellation cover shall only be valid when it is contracted at the same time as the trip covered by the Policy.

Strike

means organized industrial action or any temporary stoppage of work by the concerted action of the Common Carrier's employees and/or airport's employees as a result of an industrial or labor dispute.

Territory

means geographic area where the trips object of this insurance takes place, and in which the events that occur there have coverage.

Theft

means seizing someone else's property without employing force to enter the premises where it is located, nor violence or intimidation against individuals.

Third Party

means any person other than the following:

- Insured
- members of the Insured's household
- member of the Insured's family up to the second degree of consanguinity or affinity

Travelling Companion

means the person who is to travel with the Insured for at least 50% of the trip and who made arrangements to accompany the Insured before he/she begin the trip.

Tropical Diseases

encompass all diseases that occur solely, or principally, in the tropics. In practice, the term is often taken to refer to infectious diseases that thrive in hot, humid conditions, such as, but not Limited to, malaria, leishmaniasis, schistosomiasis, onchocerciasis, lymphatic filariasis, Chagas Disease, African trypanosomiasis, and dengue.

Usual Place of Residence

means the home or residence of the Insured in the Philippines, and where the emergency repatriations and repatriation of mortal remains will be made.

Valuable Article

means an article, any goods or any personal belongings with value greater than USD 500, such as the following:

Camera and Photographic, audio, video and electrical equipment (including cds, dvds, video and audio tapes and electronic games), portable audio or media players and their accessories including but not Limited to ipods or other MP3 players, computer equipment, binoculars, antiques, jewelry, watches, furs, silks, objects made from precious metals, paintings, object d' art, silver and gold articles, unique objects, mobile telephones and their accessories, rifle, hunting guns, as well as their optical accessories, wheelchairs and medical appliances

Valuable Document

means money, cheques, bank cards and travel documents.

Winter Sports

means bigfoot skiing, cat skiing, cross country skiing (along a designated cross country ski route only), glacier skiing, heli-skiing, ice hockey (not competitive), ice skating, lugeing (ice only), mono skiing, off piste skiing (with a professional guide only), recreational ski racing (not training for, or participating in a competition), recreational skiing, snowmobiling and tobogganing. In all cases skiing also means snowboarding. **The performance of these activities is not covered under Personal Accident and Personal Liability Benefits. Winter Sports activities such as a) skiing b) ski jumping and/or c) ski mountaineering is deemed excluded.**

WHEREAS THE INSURED, by his corresponding proposal and declaration, which shall be the basis of this Contract and deemed to be incorporated herein, has applied to the Company for the insurance hereinafter contained, subject to the payment of the premium as consideration for such insurance.

NOW THIS POLICY WITNESSETH, that in respect of events occurring during the period of insurance, and subject to the terms, exceptions and conditions contained herein or endorsed hereon:

OBJECT AND SCOPE OF THE INSURANCE

The Travel insurance benefits will be provided, in any case, according to the terms and conditions set forth in the Policy and for events derived from the risks specified therein. Notwithstanding what is provided in these Travel Insurance General Conditions, Specific Policy Conditions, or in the Policy Schedule, for Annual Multi Trip Policies, such benefits will accrue only during the time the Insured spends away from the Philippines but not to exceed the trip duration as indicated in the Policy Condition. No guarantees on benefits for events that occur after the trip has ended, the Insured has returned to the Philippines or after the Policy has expired.

After the trip that is the object of the insurance has ended and/or he/she has returned to the Philippines, whichever is earlier, the benefits relating to the events covered in this Policy will cease.

For Annual Multi Trip Policies, after the first limited number of days of a trip as specified in the Policy Schedule has lapsed, or he/she has returned to the Philippines, whichever is earlier, the benefits relating to the events covered in this Policy will cease.

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

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

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

TRAVEL ASSISTANCE BENEFITS

The Company guarantees to provide the Insured with immediate material help in the form of financial benefit or services, when the Insured is in difficulties as a result of an unforeseen event that occurred during the Insured's local travel during the period contracted under the Specific Policy Conditions and the Policy Schedule.

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

I. TRAVEL ASSISTANCE SERVICES

SECTION A - MEDICAL & EMERGENCY EXPENSES

The benefits relating to the persons Insured are listed in this Section and will be rendered in accordance with the conditions set out below.

1. Medical Expense and Hospitalization

If the Insured is admitted into a hospital as an inpatient or has any Medically Necessary treatment for emergency situation as determined by the Physician, the Insured or his/her representative must contact the Company's hotline or contact number on the Insured's behalf immediately.

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

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

- Medical, surgical and hospital treatment and ambulance cost
- If the Insured cannot return to the Usual Place of Residence as he/she originally planned and the Company approves this, the Company will pay for:
 - a. Extra Accommodation (Room Only) and Travel Expenses (Economy Class unless a higher grade of travel is confirmed as Medically Necessary and authorized by the Company to allow the Insured to return to the Philippines

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

Important Information:

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

This benefit does not apply if you become ill or are injured during trips within the Philippines.

In case of follow-up medical treatment in Philippines for Injury or Sickness which the Insured had sustained whilst overseas, the time limit for seeking such medical treatment is as follows:

If medical treatment had already been sought overseas, the Insured has up to a maximum of thirty (30) days upon return to Philippines to continue medical treatment in Philippines or up to the limit specified on his/her Policy Schedule, whichever occurs first.

In no event shall the total of the Medical Expenses incurred overseas and in Philippines exceed the limit specified on his/her Policy Schedule.

Important Condition:

The Insured may not claim the medical evacuation and compassionate visit benefits under this Section A1 if Insured will claim the benefit under Sections A5 and/or A8 for the same covered event.

Follow up treatment (Applicable for ages 0-59 years old only)

This benefit does not apply if you become ill or are injured during trips within the Philippines.

The Company will extend benefits for covered follow up medical expenses incurred in the Philippines, for the treatment of an Accident or sickness which is caused by, resulting from, or incurred or contracted during the trip overseas, including whilst in his or her inbound trip that necessitated First-Aid Treatment. Said medical expenses must be incurred within thirty (30) days from the date the Insured returns to his or her place of residence in the Philippines. Admission to the hospital must be within twelve (12) hours after arrival and must be a continuation of any medical attention sought while traveling. In no event shall the total amount payable under this extension exceed ten (10%) percent of the limits stated in the Table of Benefits. **Said sub-limit is part of and NOT in addition to the Medical Expense & Hospitalization Abroad limit under the respective plans. If the Insured's needs follow -up medical treatment, the Insured must furnish the relevant medical reports and invoices of the incurred expenses, stating the need for the follow up medical expenses and approval from the Company's medical team.**

2. Emergency Medical Evacuation / Repatriation

In the event of an accident or sudden illness, the Company will take charge of transferring or repatriating the Insured to a properly equipped health centre or back to the Philippines.

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

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

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

3. Repatriation of Mortal Remains

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

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

This benefit is subject to the limit specified in the Policy Schedule.

**SPECIFIC EXCLUSIONS ON TRAVEL ASSISTANCE BENEFIT FOR
MEDICAL EXPENSE & HOSPITALIZATION ABROAD, AND
EVACUATION / REPATRIATION BENEFITS:**

1. The excess as shown in the Policy Schedule.
2. The extra cost of single or private hospital room unless this is Medically Necessary.
3. Any search and rescue cost (cost charged to the Insured by a government, regulated authority or private organization connected with finding and rescuing an individual. This does not include medical evacuation costs by the most appropriate transport).
4. Any costs for the following:
 - Telephone calls (other than calls to our 24 hour worldwide emergency assistance center or Call Center to notify them of the medical problem);
 - Taxi fares (unless a taxi is being used in place of an ambulance to take the Insured to or from a hospital); or
 - Food and drink expenses (unless these form part of the Insured's hospital costs if he/she is kept as an inpatient).
5. Any expenses incurred more than 12 months from the time the Insured first received treatment for the injury or illness.
6. Any treatment or surgery which the Company thinks the Insured does not need immediately and can wait until his/her return home. The Company's decision is final.
7. Any extra costs after the time when in the Company's medical advisor's opinion, the Insured is fit to return to his/her home area/country.
8. Any medical treatment that the Insured receives after he/she has refused the return to his/her home offer, when, in the opinion of the Company's medical advisors, the Insured is fit to travel.
9. Any claim that comes from pregnancy or childbirth, unless a qualified medical practitioner confirms that the claim comes from complications of pregnancy or childbirth.
10. Any medical treatment that the Insured received because of a medical condition, or any illness related to a medical condition which the Insured knew about at the time of taking out this insurance and/or, for annual multi trip Policy, prior to booking of any individual trip.
11. Any medical treatment or test that the Insured has planned or expects to have.
12. Any cost that may result from taking part in Winter Sports or dangerous activities unless the Insured purchased the Dangerous Activities Insurance.

13. Cosmetic treatment, unless the Company have agreed that this treatment is necessary as the result of an accident covered under this Policy.
14. Any cost that may result from a tropical disease if the Insured has not had the recommended vaccinations or taken the recommended medication.
15. Any Emergency and Accidental Dental Expenses
16. Any treatment or medication that Insured receives after the Insured has return to Insured's home area, unless it falls within the criteria of a follow-up treatment as defined under the Medical Expenses and Hospitalization coverage / benefit.
17. Any claim where the Insured failed to follow the advice or instruction of The Company, or of Pacifico Assistance, such as when the Insured refuses to come back to the Usual Place of Residence when The Company or Pacifico Assistance considers the Insured to return home.
18. Events related to the rejection or deferral of the transfer proposed by the Company's medical service, for some reason attributable to the Insured or their companions. Any claim in relation to any psychological or psychiatric disorder, anxiety, depression, nervous or stress related disorder of the Insured, or any other person whose condition may give rise to a claim.
19. Periodical or preventive medical examinations.
20. Costs which the Company has not given prior approval of.
21. Treatment or services provided by a private clinic or hospital, health spa, convalescent home or any rehabilitation center; unless we have agreed that this is Medically Necessary.
22. Travelling contrary to the advice of a Physician
23. Expenses incurred for surgical, mechanical or chemical contraceptive methods of birth control or screening and /or treatment pertaining to infertility such as but not Limited to sterilization, hormone treatment, artificial insemination, in vitro fertilization or embryo transfer and any procedures and conditions arising therefrom.
24. Expenses incurred for surgery pertaining to perineal repair, sex transformation and enhancement, circumcision and any condition arising therefrom.
25. Expenses from chronic dermatological condition and weight problem including their sequelae, management and treatment.
26. Medical expenses or surgical procedures that are not accepted as standard expenses / procedures by the medical profession or treatments subsequent to refusal by an Insured Person to follow recommended therapeutic procedures.
27. Screening and treatment of congenital, heredo-familial, developmental abnormalities, birth defect and complications arising therefrom.

28. Expenses by harvesting and storage of stem cells when it is carried out as a preventive measure against future possible illness or diseases.
29. All expenses of and related to cryopreservation.
30. Assault or fighting provoked by the Insured; Injury or Illness arising from any law violation, participation in an illegal or unlawful activity or deliberate exposure to exceptional danger except in an effort to save human life.
31. Any form of artificial implant permanent or otherwise, prosthetic devices, graft, Durable Medical Equipment and Corrective Devices.
32. Degenerative Brain Disorders, mental, psychotic, nervous / anxiety disorders including any neuroses and their physiological or psychosomatic manifestations.
33. Treatment which includes hyperalimentation, cost of transplantation whether it is part of an organ itself for donor or recipients including the costs of organ acquisition, follow up treatment and sequelae.
34. Experimental medical procedures, chelation, and laser treatment regardless of purpose
35. Auto-immune conditions and their complications arising thereof and the use of immunoglobulin and other forms of immune therapy as well as hypersensitivity testing
36. Expenses due to vaccination except the first dose of anti-rabies, anti-venom, and anti-tetanus
37. Expenses for marriage, family, or dietary counselling except if the dietary counselling is incidental to Confinement.
38. Care or treatment for which payment is not required or to the extent that is payable by any other insurance or indemnity covering the Insured Person.
39. Food supplement, care or treatment by herbalist, bonesetter, hypnotherapist, chiropractor, acupuncturists or any experimental medical procedure or treatment not yet acceptable as standard of practice
40. Charges with respect to special and/or private nursing except in the event of medical evacuation being necessary subject to Company approval.
41. Professional fees charged by an Insured Person's immediate family or by a person normally resident in the Insured Person's household.
42. All hospital charges and professional fees incurred after the day and the time the hospital discharge has been fully authorized.
43. Any expenses incurred for services provided by another party for which the Insured person is not liable to pay, or any expenses already included in the cost of the scheduled trip
44. Expenses incurred in rest cures, convalescent, intermediate, domiciliary or home care.

45. Screening and treatment for error of refraction, laser or eye surgery to correct refractive error.
46. Expenses which are in excess of normal, usual and customary charges for similar treatment, supplies or medical services in the geographical area where the expenses were incurred, as determined by the Company in consultation with reputable medical practitioners and institutions located in the geographical area.
47. All expenses related to osteoporosis and Benign Prostatic Hypertrophy
48. Any claim arising directly or indirectly from using alcohol or drugs (unless the drugs have been prescribed by the Insured's doctor) or where Insured is affected by sexually transmitted diseases of any sort, Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC) or Human Immunodeficiency Virus (HIV), Erectile Dysfunction Syndrome (EDS) and all complications arising therefrom.

SECTION B - CANCELLATION EXPENSES OR CURTAILMENT

1. Trip Cancellation Expenses (Cancelling trip before departure from the Philippines)

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

- Travel and accommodation expenses and pre-paid meal expenses which the Insured paid or agreed to pay under a contract and which he/she cannot recover from any sources.
- The cost of excursions, tours and activities which the Insured paid for and which he/she cannot recover from any sources; and
 - a. Insured's unforeseeable death, injury or Illness (excluding Pre-existing Illness);
 - b. The unforeseeable death, injury or Illness of the Insured's relative, Business Associate or Travelling Companion(excluding Pre-existing Illness);
 - c. Serious illness, serious bodily accident, or death, sustained by The Insured or a member of his/her Relatives as defined in this Policy
 - d. Notification to appear as party, witness or jury of a Court, unless there had been knowledge thereof prior to contracting the trip. An original copy of the court of administrative notification must be furnished.
 - e. Serious damage caused by fire, explosion, Robbery or by force of Nature in his/her Usual

Place of Residence or the Insured's own or rented business premises, which rendered them uninhabitable or under serious risk of greater damage occurring which justify indispensably his/her presence.

- f. Professional, non-disciplinary, dismissal of the Insured. In any case, this contract must have been signed before the worker was notified by the Employer.
- g. Trip Cancellation of the person who is to accompany the Insured on the trip, registered at the same time as the Insured, and Insured by this same contract, provided that the cancellation stemmed from one of the causes listed above (causes a-f). The maximum number of persons covered by this clause is four (4).
- h. Forced unemployment of the Insured due to partial or complete closure of the Employer where the Insured is employed. It is a condition that the Insured becomes unemployed after the Insurance was taken out/bought. This cover shall not apply to self employed person.
- i. Compulsory quarantine, jury service or witness summons applying to the Insured, a legal business partner, a relative with whom the Insured was to travel requiring appearance during the period of insurance coverage.
- j. Unexpectedly not being able for medical reasons to have an inoculation for a destination for which inoculation is required or strongly recommended. If the inoculation is not possible due to the Insured's pregnancy, indemnification of the cancellation costs can only take place if the Insured, at the time of booking the trip, was not, and could not have been aware of pregnancy.

Validity Condition for Trip Cancellation Expenses

This cover shall be valid from the date the insurance Policy is taken out, and shall terminate on boarding the means of public transportation used to travel. This Policy only covers incidents occurring after taking out the insurance and before embarking on the journey stated in the Policy. This cover is only valid if travel insurance was bought the same time as the travel object of the insurance, or as a maximum during the next three (3) days after booking the trip or issuance of the ticket (but in all circumstances should be prior to departure).

Important Information

When an airline ticket was purchased using frequent flyer or similar air points, the Company will pay the Insured frequent flyer or similar air points lost following cancellation of Insured's air ticket. The amount payable will be calculated as follows:

- i. If the airline will not refund the Insured's point, the Company will refund to the Insured the cost of equivalent class air ticket based on the quoted retail price at the time the ticket was issued.
- ii. If the airline will only refund a portion of the Insured's point, the Company will refund to the Insured the cost of the equivalent class air ticket based on the quoted retail price at the time the ticket was issued, less the value of the portion of the Insured's point refunded back to him/her.

SPECIFIC EXCLUSIONS ON TRIP CANCELLATION EXPENSE AND TRIP CURTAILMENT BENEFITS:

In addition to the General Exclusions to all the benefits of this policy, trip cancellation expense and trip curtailment benefits will not respond to:

1. The excess as shown in the Policy Schedule.
2. Any change of plans because the Insured or his/her travelling companion change his/her mind and decide not to proceed with the original trip or choose not to travel.
3. Any cost that would not have been incurred had the Insured told the appropriate holiday company, including but not limited to tour operators, travel agents, transport providers, or accommodation providers, as soon as the Insured knew that he/she had to cancel his/her trip.
4. The Insured being unable to travel due to a failure to obtain the passport or visa needed for the planned trip, or failing to check in according to the Insured's itinerary or the time advised to him/her.
5. Cost which the Insured paid on behalf of any other person, unless that person is also an Insured person named on the Insured's Policy Schedule.
6. Any terrorist act or any loss incurred as a result of any intentional use of military force or other intervention by a government or official authority to intercept, prevent or mitigate any known or suspected terrorist act.
7. Claims arising from:
 - a. Insured's business (other than severe damage to Insured's business premises) or employment, including but not limited to, not being able to take leave from that employment. This exclusion will not apply to the Insured being involuntarily

retrenched from his/her usual full time employment in the Philippines.

- b. Insured's financial or contractual obligations or those of his/her travelling companion, relative or business associate.
8. Cancellation, delays or rescheduling caused by the carrier, but only in relation to the amount paid in advance to the same carrier that is responsible for the cancellation, delay or rescheduling.
9. An aesthetic treatment, a cure, a travel or vaccination contraindication, the fact that it is impossible to continue in certain destinations the preventive medical treatment advised.
10. Epidemics and pandemics
11. Failure to furnish, for any cause, the documents indispensable for any travel, such as Passport, Visa, Tickets, Identity Card or Vaccination Certificates.
12. Non-emergency dental treatment and rehabilitation treatments
13. Illness sustained by persons aged more than the maximum age limit.
14. Mental or nervous illness or anxiety
15. Expense arising from illness or injury where Insured:
 - a. is proposing to travel against a doctor's advice;
 - b. is receiving, or are on a waiting list for in-patient treatment in a hospital or nursing home
 - c. has received a terminal prognosis
16. Any claim relating to a medical condition for which Insured received treatment in the 24 months or two years prior to arranging cover.
17. Any amount recoverable from a travel agent, tour operator, carrier or any other source
18. Pregnancy or childbirth
19. Insured failing to allow sufficient time to reach his/her departure point from Insured's Home Country in time.
20. Visa - cost of visas which the Insured paid for and which he/she cannot recover from any sources.

SECTION C - TRAVEL INCONVENIENCES

The benefits relating to losses and delays are set forth in this section, and will be provided in accordance with the conditions set out below.

In all cases, the original certificate of the common carrier regarding the occurrence of the delay must be furnished.

The aviation risk is covered only if the Insured makes lawful use as a passenger of an aircraft fitted out for a passenger transport whilst being used for civil aviation.

1. Delayed Departure - Outbound and Inbound Flights

The company will pay up to the amount shown in the Table of Benefits if during a trip, the Insured's final departure from or returning to the (Local) Usual Place of Residence by aircraft is delayed for more than six (6) hours.

All delays for flights in between (if applicable) are covered.

When the departure of the means of public transport contracted by the Insured for travelling is delayed by at least six (6) hours due to Poor Weather Conditions, technical failure, and Intervention By The Authorities, the Company, subject to presentation of the corresponding original invoices, shall reimburse any additional expenses incurred (transport and hotel accommodation, as well as maintenance or meals, toiletries and necessary clothing) as a result of the said delay, up to the Limit stated in the Policy Schedule.

Such payment will be made on presentation of the relevant original invoices and up to the Limit provided at the Specific or Special Conditions of the Policy.

This benefit duly excludes any delay that is a direct consequence of a Strike called by employees belonging to the airline company and/or the departure or arrival airports for the flight, or to service companies subcontracted by the same.

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

Travel delay as a result of "Over Booking" in Aviation transports

If as a result of the fact that the air carrier contracts more seats than actually exist, a situation known as "Over Booking", there was a delay of over 6 hours in the departure of the Insured, the Insurer will compensate, subject to presentation of the relevant original invoices, up to the Limit of the plan, to defray the prime necessity expenses such as:

- Any reasonable expenses incurred in respect of meals and lodging which were necessarily incurred as a result of the delay and which were not provided by the airline or any other party free of charge
- The cost of transfer to and from the airport

Specifically for Overbooking, our coverage is in excess of any other applicable insurance or indemnity.

Such payment will be made on presentation of the relevant original invoices and up to the Limit provided in the Policy Schedule.

2. Missed connecting flight (outbound and inbound)

The company will pay up to the amount shown in the Table of Benefits for missed connecting flights from and returning to the Philippines.

All missed connected flights in between are excluded.

If the flight contracted was delayed by six (6) hours because of Poor Weather Conditions or Natural Disaster, technical failure, and, Intervention By The Authorities or by other people using force, and if as a result of this delay it were impossible to connect with the next flight booked and envisaged in the ticket, the Company will compensate the Insured up to a Limit stated in the Policy Schedule, subject to presentation of the relevant original copies of the invoices, to defray the prime necessity expenses (i.e., necessary clothing and toiletries including transport, hotel accommodation and meals or those items those that are indispensable while the Insured is waiting to leave).

The Company will also reimburse the Insured's reasonable additional expenses (up to the Limit stated in the Policy Schedule) incurred for the use of alternative scheduled public transport services to enable the Insured to arrive at the planned destination on time in the event that the Insured misses his flight connection due to above named unforeseen circumstances outside the Insured's control.

Missed connection as a result of a Strike called by employees of or services companies subcontracted by the Airline and/or of the flight departure, port of call or destination airports, is excluded from this benefit.

SECTION D - PERSONAL BELONGINGS & BAGGAGE

1. Baggage Loss & Delay

The benefits relating to baggage and personal possessions that belong to the insured, are those listed in this article, and will be provided according to the conditions set out below.

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

a. Baggage Delay (Delay in the arrival of baggage)

The Company covers the minimum delay of six (6) hours in the arrival of registered and tagged baggage on an IATA (International Air Transport Association) Member Airline in the event the baggage was registered, with a

maximum limit as provided in the policy schedule, for the purchase of articles of basic necessity (i.e., necessary clothing and toiletries).

This benefit is for outbound trips only from the Philippines.

SPECIFIC EXCLUSIONS ON BAGGAGE DELAY

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

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

Important Information

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

b. Baggage Loss / Damage (Compensation for in-flight loss, robbery or destruction of baggage checked-in)

The Company will supplement for lost checked-in baggage by an airline, only the portion that is not covered by the airline baggage Limit of liability as set by the airline, up to the Limit stated in the Policy Schedule, as a sum of both compensation payments, for the collection of baggage and possessions checked in by each Insured, in the event of loss, Robbery or total or partial destruction during the carriage by air performed by the carrier, for the purpose of which the Insured shall furnish a list of the contents including the estimated price and date of purchase of each item, as well as the settlement of the compensation payment by the carrier.

Compensation payment for loss, Robbery or partial destruction will be calculated according to the procedures recommended by the carrier.

The minimum period of time that must elapse for the baggage to be considered to have been lost once and for all will be that stipulated by the carrier, with a minimum of 21 days.

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

Valuable Articles, money, jewelry, debit/credit cards, and any type of document are excluded from this benefit.

c. Lost or Stolen Baggage/Personal Belongings not checked-in

Up to the limit specified under the Policy Schedule, The Company shall indemnify the Insured for material losses sustained by the Insured's baggage or personal belongings not checked in whilst in the course of the trip object of insurance, in cases of:

- a. Robbery
- b. Burglary within the hotel rooms, where these are duly locked.

Valuable Articles, as defined in the Policy, shall solely be covered against total loss due to Robbery and only when they are deposited in the safe of a hotel or the Insured is wearing/carrying them. Coverage for these valuable items shall be for up to 50% of the Limit per item as specified under the Policy Schedule.

Valuable Documents, as defined in this Policy, are excluded from this benefit.

Any luggage or personal belongings within a vehicle shall solely be covered when they are inside the boot and out of sight of others and provided the vehicle remains within a closed parking area with security measures.

The Insured must lodge a formal complaint before the police within 24 hours at the place where it occurred, duly listing the objects and their economic value; having obtained a copy of said complaint, this must be sent to the Company.

d. Location and forwarding of baggage and personal belongings

The Company will furnish the Insured with updates/advices on the status of reported robbery or loss of his/her baggage and personal possessions, and will collaborate in arrangements for locating them up to 21 days from date of loss.

In the event that the aforesaid possessions should be recovered, the Company will take charge of forwarding them to the place of the trip planned by the Insured or to his/her usual place of residence in the Philippines. In this event, the Insured is under an obligation to return the compensation received for the loss, robbery or destruction in accordance with this policy.

SPECIFIC EXCLUSIONS ON BAGGAGE LOSSES AND DELAYS:

In addition to the General Exclusions to all the benefits of this policy, baggage losses and delays are not covered when they are brought about by:

1. The excess shown in the table of benefits.
2. Property belonging to the Insured which is left unattended in any public place or entrusted by the Insured to a stranger to look after the property.
3. Claims arising due to an unauthorized person fraudulently using the Insured's credit or debit cards.
4. Losses due to devaluation or depreciation of currency
5. Loss of or damage to other negotiable items, gold or precious metals, precious unset or uncut gemstones, bonds, coupons, stamp, negotiable instruments, deeds, manuscripts securities of any kind, bullion, tools of trade, traveler's samples, or property of any kind used wholly or partially for business.
6. Any claims in relation to:
 - a. Unaccompanied luggage (unless the Insured's airline carrier has to transfer the Insured's luggage to a different carrier of flight for reasons other than the luggage being over the allowable weight Limit)
 - b. Luggage sent under any freight agreement or items sent by postal or courier services.
7. Any loss which the Insured have claimed, or are claiming for under another section of this Policy.
8. Loss of or damage to the following types of property/ies: pets, motor vehicle (including its accessories), motor cycle, motor vessel,

caravans/camper, trailers and trailer tents and their accessories, other transportation means, sports equipment (Except when Sports Equipment checked-in is specifically included and corresponding surcharge is paid), fruit, household appliances, antiques, manuscript, jewelry, gems, wrist watch, contact or corneal lens, hearing aids, artificial limbs, Valuable Documents, cash, musical instrument, false denture, all types of securities, credit cards, water craft and their accessories.

9. Loss, or damage caused by normal usage, germ, nature/condition of the goods, or the damage is caused by the process of or resulting from use.
10. Loss of or damage to rented equipment or to property directly or indirectly caused by quarantine, confiscation by the government or smuggling risk or illegal transport of trade.
11. Loss of or damage to property which is Insured by another insurance Policy or indemnified by another Public Air Transportation company, hotel or another party.
12. Loss of or damage to your luggage which is sent in advance or separately.
13. Failure by Insured to take ordinary and reasonable precautions for the safety of Insured's luggage, clothing and personal belongings that are checked in.
14. Insured's carelessness and lack of supervision when storing and securing such items.
15. Loss of or damage to merchandise or samples thereof.
16. Loss of or damage to data stored in a cassette, memory card, disk and other storage media.
17. Loss of or damage to pottery, glass or other items which are fragile or brittle other than photographic or telescopic lens.
18. Mysterious or illogical disappearance - The term 'mysterious disappearance' means a disappearance that is mysterious. To constitute a mysterious disappearance, the disappearance must be under unknown, puzzling, and baffling circumstances which stir up wonder, curiosity, or speculation, or under circumstances which are difficult to understand or explain.
19. Wear and tear, depreciation, loss or damage caused by moth or vermin, mechanical or electrical breakdown, any process of cleaning or restoration or alteration, atmospheric or climatic conditions or any gradually operating cause;
20. Breaking of china, pottery, glass or other brittle articles, other than photographic and telescopic lenses.

21. Breakage or scratching of fragile objects or breakage of sports equipment while being used.
22. Damage due to scratching or denting unless the item has become unusable as a result of this.
23. The Insured's property being legally delayed, held or confiscated by Customs, the police or other officials.
24. The Insured's baggage being delayed on his/her inward journey back to the Usual Place of Residence.
25. Loss of data or Losses caused by mechanical or electrical breakdown or damage caused by leaking powder or fluid carried within the Insured's baggage.
26. Loss, Robbery/Burglary or damage to contact lenses, sunglass, prescription glasses or spectacles, dentures, hearing aids, artificial limbs, paintings, household equipment, mobile phones (including prepaid minutes the Insured have not used, mobile rental charges or payments), bicycle and their accessories, motor vehicles and their accessories, marine craft and equipment or item of a perishable nature (meaning items that can decay or rot and will not last for long, for example, food) and property carried in connection with any business, profession or trade;.
27. Pick-pocket, snatching, trickery, hypnosis or when Insured was made gullible, looting, embezzlement, larceny, pilferage, purloin
28. Failure by Insured to take ordinary and reasonable precautions for the safety of Insured's baggage, clothing and personal effects. Loss or damage of baggage, when left unattended, other than when locked in secured premises (hotels, etc.) or locked out of sight, in the boot of a motor vehicle, but only during the hours of daylight. Except that Valuable Articles are not covered, at any time, when left unattended in a motor vehicle, whether in a locked boot or not.
29. Losses resulting from currency fluctuations.
30. Loss or damage to any article of a value greater than USD 200 if not accompanied by the original bills of purchase and proof of ownership.
31. An extra deduction of the value of any articles if not accompanied by the original bills of purchase and proof of ownership.
32. Loss of or damage to any articles not documented on the police report, or other official report, compiled at the time that the loss or damage is reported to the respective authority.
33. Loss or damage to accessories and subscriptions of mobile/satellite telephones.
34. Loss or damage to Valuable Articles, unless otherwise specifically included in this Policy.

35. Loss or damage to Valuable Documents
36. Lack of Ordinary care: Insured must handle his/her baggage with as much care as possible or use the safest storage space in order to prevent Theft, loss or damage as much as possible.
37. Ordinary care is lacking among other things in case of transportation with a motor vehicle:
 - a. If in case of transportation by a passenger transport during a stay, the Insured fails to take the remaining baggage practically packed in suitcases or bags to the accommodation address;
 - b. If during the flight or the journey by train, bus or boat Insured has not transported breakable goods, and as hand-baggage;
 - c. During a stay at the holiday destination: if Insured leaves luggage behind unattended in a not properly locked space. In all these situations, there is no right to indemnification if in the given situation Insured has failed to take the measures that could reasonably be expected of Insured in order to prevent or Limit any damage.

Safe measures include among other things, storage in a safe of baggage.

SPECIFIC EXCLUSIONS ON GUARANTEED BAGGAGE COVER:

In addition to the General Exclusions to all the benefits of this Policy cover, shall not be provided for the following:

- a. Merchandise, material of a professional nature, collections, securities of any kind, identity documents and, in general, any paper documents and share instruments, credit cards, any contents stored on electronic and/or computer media, documents recorded on magnetic strips or filmed, prostheses, spectacles and contact lenses. For these purposes, personal computers shall not be considered professional material.
- b. Any Losses resulting from an object not delivered into the safekeeping of a carrier or simply being misplaced or forgotten.
- c. Damages due to normal usage or wear and tear, inherent vice or the effects of the elements.
- d. Robbery while staying at a camping or caravan site, or in any non-permanent accommodation.
- e. Damage suffered by baggage that is not adequately packaged or identified, as well as fragile or perishable goods

II. ACCIDENTAL DEATH AND PERMANENT DISABILITY

The Company shall pay the maximum benefit amount should the Insured sustain Bodily Injury as a result of an accident which injury shall solely and independently of any other cause result in his death within twelve calendar months of the said accident.

With respect to this Section, coverage shall commence one hour before the scheduled departure and terminate one hour upon arrival or scheduled arrival on the designated return date whichever comes first.

In case of Permanent Disability of the Insured occurring within twelve calendar months of the said accident and not followed by death of the Insured, the Company shall pay the percentage of the maximum benefit amount corresponding to the Insured's disability in the Table of Benefits at the end of this Policy.

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

Where the injury is not specified the Company will adopt a percentage of disablement, which in its option is not inconsistent with the provisions of the said Table.

The aggregate of all percentages payable in respect of any one accident shall not exceed 100%

Termination Clause:

This contract shall terminate only in the event of accidental death as provided herein or upon expiry.

In any policy year, the aggregate benefits payable under this contract in respect of any one accident resulting in loss(es) within 180 days from date of accident (s) shall not exceed the principal sum (e.g.) loss of life, loss of both hands or feet, loss of sight of both eyes and either hand or foot).

In any policy year, the aggregate benefits payable under the Dismemberment/Disability Benefit of this contract in respect of one or more accident (s) resulting in loss (es) within 180 days from date of accident(s) shall not exceed the principal sum, i.e., for subsequent accident resulting in any loss(es) which would make the aggregate benefits exceed the principal sum, the amount(s) payable under the Dismemberment/Disability Benefit shall be the principal sum less the amount(s) paid for such loss(es) shall not terminate the contract in so far as accidental death benefit is concerned.

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

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

TABLE OF BENEFITS

Permanent Disablement

Description of Disablement	Percentage
Total and permanent disablement from engaging in or attending to employments or occupations of any kind and every kind	100 %
Total and permanent loss of sights in both eyes	100 %
Total loss by physical severance or total and permanent loss of use of:	
Two Limbs	100 %
Both hands	100 %
Arm above the elbow	100 %
Arm below the elbow	50 %
One hand at wrist	50 %
Leg above the knee	50 %
Leg at or below the knee but above ankle	50 %
Sight of one eye except perception of light	50 %
Lens of one eye	50 %
Thumb and four fingers of one hands	50 %
Four fingers of one hand	40 %
Thumb (both phalanges)	25 %
(one phalanx)	10 %
Index finger (three phalanges)	15 %
(two phalanx)	10 %
(one phalanx)	6 %
Middle finger (three phalanges)	10 %
(two phalanx)	6 %
(one phalanx)	3 %
Ring finger (three phalanges)	8 %
(two phalanges)	5 %
(one phalanges)	3 %
Little finger (three phalanges)	6 %
(two phalanges)	4 %
(one phalanges)	2 %
Metacarpals	

First or second (additional)	3 %
Third, fourth and fifth (additional)	2 %
One foot ankle	50 %
Toes – all of one foot	17 %
Great toe (two phalanges)	5 %
(one phalanx)	3 %
Any other toe	3 %
Total and permanent loss of	
Hearing in both ears	75 %
Hearing in one ear	38 %
Speech	50 %

LIABILITY CONDITIONS

1. In the event of any claim, the liability of the Company shall be conditional on the Insured claiming indemnity or benefit having complied with and continuing to comply with the terms of this Policy.
2. In the event of a claim under this Policy the Insured shall:
 - a. Take all reasonable precautions to minimize the loss.
 - b. As soon as possible telephone the Company to notify the claim stating the Benefits required.
 - c. Freely provide the Company with all relevant information.
 - d. Make no admission of liability or offer promise or payment of any kind.
3. The Company shall not be liable in respect of any Benefit which would otherwise be payable under this Policy should there be another insurance in force covering the same benefits which predates this Policy.
4. **The Company will not reimburse or consider reimbursing any expenses which were not previously approved, but such conditions must be reasonable withheld.**

Previously approved expenses will have to include the claim number obtained from Oona Insurance through our **24-HOUR WORLDWIDE EMERGENCY ASSISTANCE CENTER** prior to sending the official receipts, and a letter explaining the reason and circumstances of why the Travel Assistance Services for which expenses are claimed were not obtained from **OUR 24-HOUR WORLDWIDE EMERGENCY ASSISTANCE CENTER** directly.

INTERVENTION CONDITIONS

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

OUR 24-HOUR WORLDWIDE EMERGENCY ASSISTANCE CENTER contact details are:

Telephone number for assistance:

- Out of the country: **+00 632 8459 4727**
- In the Philippines:
Using a mobile phone / landline in provincial area:
(02) 8459 4727
Using a landline within Metro Manila
8459 4727

Email: **travelassist@oona-insurance.com.ph**

GENERAL EXCLUSIONS

1. On a general basis for all the benefits and coverage, the consequences of the following are excluded from the benefit object of this Policy:
 - Those caused directly or indirectly by the bad faith of the Insured, by his/her participation in criminal acts, or as a result of his/her fraudulent, seriously negligent or reckless actions. The consequences of the actions of the Insured in a state of derangement or under psychiatric treatment are not covered either.
 - Extraordinary natural phenomena such as floods, earthquakes, landslides, volcanic eruptions, atypical cyclonic storms, falling objects from space and aerolites, and in general any extraordinary atmospheric, meteorological, seismic or geological phenomenon.
 - Events arising from terrorism, mutiny or crowd disturbances.
 - Events or actions of the Armed Forces or Security Forces in peacetime.
 - Wars, with or without prior declaration, and any conflicts or international interventions using force or duress.
 - Those derived from radioactive nuclear energy.
 - Those caused when the Insured takes part in bets, challenges or brawls, save in the case of legitimate defense or necessity.
 - Illness or injuries existing prior to the claim, unless expressly included in the Private or Special Conditions and subject to payment of the relevant surcharge premium.
 - Unless expressly included in the Specific Policy Conditions and subject to payment of the relevant surcharge premium:

- a. Those that occur as a result of the participation by the Insured in competitions, sports, and preparatory or training tests.
- b. Engaging in the following sports: motor racing or motorcycle racing in any of its modes, big game hunting outside European Territory, underwater diving using artificial lung, navigation in international waters in craft not intended for the public transport of passengers, horse riding, climbing, pot holing, boxing, wrestling in any of its modes, martial arts, parachuting, hot air ballooning, free falling, gliding and, in general, any sport or recreational activity that is notoriously dangerous.
- c. Participation in competitions or tournaments organized by sporting federations or similar organizations, excluding Mind Sports and non-physical sports.
- d. Dangerous, Hazardous and Extra Hazardous Sports
 - Skiing and / or similar sports, unless coverage for it has been expressly agreed.
 - The use, as a passenger or crew, of means of air navigation not authorized for the public transport of travelers, as well as helicopters.
 - The Accident deemed legally to be work or manual labor Accident, consequence of a risk inherent to the work performed by the Insured such as: driving vehicles with use of machinery, loading and unloading working at heights or in Confined spaces, assembly of machinery, working on floating or underwater platforms, mines or quarries, use of mechanical substances, laboratory work of any kind and any other hazardous activities.

Work/Labor Accident are not covered, except in the performance of activities that represent no risk for the physical integrity

- Any claim relating to:
 - a. any form of racing other than on foot.
 - b. any sport or activity unless you have purchased Sport & Activities Insurance and sport or activity is covered under the Table of Covered Sports and Activities section of this Policy Wording but only to the extent that cover is provided under that Table.
 - c. any sport or activities listed under the Table of Excluded Sports and Activities of this Policy Wording.
 - d. The Insured participating in any professional sports, competition and preparatory or training tests
 - e. Participation in competition or tournaments organized by sporting federation or similar organizations
- Any claim resulting from the Insured travelling in, to or through a country or area where the Philippine Government has issued a "DO NOT TRAVEL" warning.

- Any Losses, liability or expenses that are for, related to or as a result of any consequential loss, economic or otherwise, loss of enjoyment or other loss not mentioned in this Policy.
- Any claim involving the Insured taking part in:
 - a. Missionary work and related travel.
 - b. Humanitarian work and related travel.
- Any claim arising from government authority seizing, withholding or destroying anything of yours, any prohibition by or regulation or intervention (including but not Limited to interference with the Insured's travel plans) of any government, or the operation of legal processes, law enforcement officers or immigration officials acting in the course of their duties unless intervention of authority is covered under some specific benefits.
- Any claim for which the Company are prohibited by legislation from providing cover or making payments in respect of claims made under this Policy, including but not Limited to any legislation which requires us to be registered in the Insured person's country of citizenship or residence where the event occurs and/or payments are to be made.
- Anyone below the minimum or over the maximum insurable age at the start date of the Policy.
- The Insured:
 - a. The Insured travelling, or acting in any other way, where it is against the advice of a medical practitioner; or
 - b. The Insured travelling to receive medical treatment, medical advice or any kind of elective surgery; or
 - c. Insured or any relative, Travelling Companion or other person for whom the Insured may cancel or alter his/her travel plans, have been given a terminal prognosis at the time of taking out this insurance.
- Any claim relating to an incident which the Insured was aware of at the time he/she took out this insurance and which could reasonably be expected to lead to a claim.
- Any claim in relation to any psychological or psychiatric disorder, anxiety, depression, nervous or stress related disorder of the Insured, or any other person whose condition may give rise to a claim.
- Any costs which the Insured would have been expected to pay had the reason for the claim not occurred (for example, the cost of food which you would have paid for in any case).
- Any claim arising from government authority seizing, withholding or destroying anything of the Insured's, any prohibition by or regulation or intervention (including but not limited to interference with the Insured's travel plans) of any government, or the operation of legal processes, law enforcement officers or immigration officials acting in the course of their duties. unless intervention of authority is covered under some specific benefits

- The refusal, failure or inability of any person, company or organization, including but not limited to any airline, other transportation provider, hotel, car rental agency, tour or cruise operator, travel wholesaler, booking agent or other provider of travel or tourism related services, facilities or accommodation, to provide services, facilities or accommodation, by reason of their own financial default or the financial default of any person, company or organization with whom or with which they deal.
 - Any claim arising from the Insured knowingly making travel arrangements through an unlicensed travel agent.
 - Any claim arising from the Insured tour being cancelled due to insufficient numbers.
 - Any claim for which the Company is prohibited by legislation from providing cover or making payments in respect of claims made under this Policy, including but not limited to any legislation which requires us to be registered in the Insured person's country of citizenship or residence where the event occurs and/or payments are to be made.
 - Any claim arising from errors or omissions in the Insured's booking arrangements by the Insured, his/her travel agent or any other person acting on his/her behalf.
 - Any loss, injury, damage or legal liability sustained directly or indirectly by the Insured if he/she is:
 - a. a terrorist;
 - b. a member of a terrorist organization;
 - c. a narcotics trafficker; or
 - d. a purveyor of nuclear, chemical or biological weapons.
2. In addition to the previous exclusions, the following benefits are not covered by this Insurance:
- a. The services arranged by the Insured on his/her own behalf, without prior communication or without the consent of the Company through Pacifico Assistance, except in the case of urgent medical necessity (a life threatening condition based on Physician's assessment) In that event, the Insured must notify the Insurer PRIOR to being discharged from the hospital. Non advice to the Insurer prior to Insured being discharged is a ground for denial of the claim. Insured must furnish the Insurer with the vouchers and original copies of the official receipt / or proof of payment made.
 - b. Illnesses or injuries arising from chronic or pre-existing Illness.
 - c. Death as a result of suicide and the injuries or after-effects brought about by attempted suicide.
 - d. Those derived from Illnesses or pathological states caused by the voluntary consumption of alcohol, drugs, toxic

substances, narcotics or medicines acquired without medical prescription, as well as any kind of mental illness or mental imbalance.

- e. Any claim arising where the Insured is affected by sexually transmitted diseases of any sort, Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC) or Human Immunodeficiency Virus (HIV) including venereal diseases.
- f. Any costs that are as a result of an Epidemic or Pandemic
- g. Those derived from renunciation of or delay, on the part of the Insured or persons responsible for him / her, in the transfer proposed by the Company and agreed by its medical service.
- h. Rehabilitation treatments.
- i. Experimental or investigative procedures;
- j. Mental and nervous disorders, including but not limited to insanity;
- k. Any treatment or surgical operation for congenital deformities and circumcision
- l. Treatment arising from any geriatric, psycho-geriatric or psychiatric condition, stress, anxiety and depression, psychoanalytic treatment, stays in rest homes, physiotherapy and detoxification, care provided by a chiropractor or osteopath;
- m. Vaccinations and their complications
- n. Ophthalmological care, eyeglasses, contact lenses, hearing aids, dental care (unless such treatment is necessarily incurred to sound and natural teeth) and dentures, unless they are the direct consequence of a covered Accident;
- o. Treatment for obesity, weight reduction or weight improvement; or
- p. Any further expenses incurred by the Insured if the Company wishes to evacuate the Insured to another location or return the Insured to his place of residence but the Insured refuses (where in the opinion of the attending Physician and the Authorized Company the Insured is fit to travel).
- q. Any claim arising from the dispersal or application of pathogenic or poisonous biological or chemical materials; or the release of pathogenic or poisonous biological or chemical materials.
- r. Any claim arising from the use of a two-wheeled or three-wheeled motor vehicle unless the Insured
 - i. as the driver or a passenger are wearing a crash helmet, and
 - ii. as the driver:
 - a. Holds a driving license appropriate for the country he/she is in, and
 - b. If using a motorcycle rated 55cc or higher, he/she holds a current and valid license

required for driving an equivalent rated motorcycle.

- s. Alternative medicines & procedures such as chiropractic procedures, acupuncture, herbal medicines and other similar procedures and treatment.
 - t. Any aesthetic and beautification treatments.
 - u. Prostheses, Orthopaedic Material or Orthosis and osteosynthesis material, as well as spectacles.
 - v. Those derived from pregnancy and childbirth, or for a complication therefore or voluntary termination of pregnancy.
 - w. Dental expenses in excess of peso equivalent of US\$ 50, unless another Limit is expressly indicated in the Specific or Special Conditions.
 - x. Baggage that is not sufficiently well packed or identified, as well as fragile baggage or perishable products.
 - y. Assistance or compensation for events that occurred during a trip that had commenced, in any of the following circumstances:
 - i. Before this insurance comes into force.
 - ii. With the intention of receiving medical treatment
 - iii. After the diagnosis of a terminal illness.
 - iv. Without prior medical authorization, after the Insured had been under treatment or medical supervision during the twelve months prior to the start of the trip.
 - z. Expenses that arise once the Insured is at his/her usual country of residence, those incurred beyond the scope of application of the benefits of the insurance, and, in any case, after the dates of the travel object of this insurance have elapsed or for annual policies, after 90 days has elapsed since the start thereof, notwithstanding what is provided for in the Additional Clauses or in the Private or Special Conditions.
3. The Company is exempt of liability when, as a result of force majeure, it is unable to put into effect any of the benefits specifically envisaged in this policy.

OTHER CLAUSES & ENDORSEMENTS

PAYMENT OF BENEFITS

All benefits payable under this Policy other than for the death of the Principal Named Insured shall be payable to the Principal Named Insured. In the event of the death of the Principal Named Insured, all sums of money payable under this policy shall be paid to the designated beneficiary/ies. In the absence of designated named beneficiary, the

beneficiary of an Insured shall be the first surviving class in the following classes of beneficiaries, otherwise the Estate of the Insured.

Class:

1. Insured's Spouse
2. Insured's Children
3. Insured's Parents
4. Insured's Brothers and/or Sisters

If any indemnity of this Policy shall be payable to the estate of the Insured, or to a Beneficiary who is a minor or otherwise not competent to give a valid release, the Company may pay such indemnity to any relative by blood or connection by marriage of the Insured who is deemed by the Company to be equitably entitled thereto. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of such payment.

CHANGES IN POLICY CLAUSE

None of the provisions, conditions and terms of this policy shall be waived or altered except by endorsements signed or initialed by any authorized official of the Company and issued in accordance with the provisions of Section 50 of the Insurance Code, as amended.

PREMIUM PAYMENT CLAUSE

It is hereby agreed, declared and warranted that this policy shall be deemed effective, valid and binding upon the Company only when the premiums therefore have actually been paid and duly acknowledged in a receipt signed by any authorized official or representative/agent of the Company.

CANCELLATION CLAUSE

The policy shall not be cancelled by or on behalf of the Company except in accordance with and pursuant to the provisions of Section 64 and 65 of the Insurance Code or upon written request of the insured and approval of the Company at least 3 days prior to the scheduled trip in the event the insured is unable to undertake the said trip due to failure to obtain the required visa. In the event of cancellation, the insured shall be required to return all original copies of policy documents issued by the Company and pay a corresponding fee.

NOTICE OF CLAIM (For Personal Accident)

Written notice of injury must be given to the Company within thirty (30) days after the date of the accident causing such injury on which claim is based. In the event of accidental death, immediate notice thereof must be given to the Company.

Such notice by or in behalf of the Insured given to the Company at any of its branches or to any authorized agent of the Company, with particulars sufficient to identify the Insured shall be deemed to be notice to the Company.

Failure to give notice within the time provided in this Policy shall not invalidate any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably possible.

PROOFS OF LOSS

The Company, upon receipt of such notice, will furnish to the claimant such forms, as are usually furnished by it for filing proofs of loss. If such forms are not so furnished within fifteen (15) days after the receipt of such notice, the claimant shall be deemed to have complied with the requirements of this Policy as to proof of loss upon submitting within the time fixed in the Policy for filing proofs of loss, written proof covering the occurrence, character and extent of the loss for which claim is made.

For Personal Accident and Personal Liability, Affirmative proof of loss must be furnished to the Company at its said office within ninety (90) days after the termination of the period for which the Company is liable.

ALTERNATIVE DISPUTE RESOLUTION

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

SUIT AGAINST THE COMPANY

If a claim be made and rejected and an action or suit be not commenced within twelve (12) months after such rejection, then the claim shall for all purposes be deemed to have been abandoned and shall not hereafter be recoverable hereunder.

ARTICLE 1250 – WAIVER CLAUSE

IT IS HEREBY DECLARED AND AGREED that the provision of Article 1250 of the Civil Code of the Philippines (Republic Act No. 386) which reads:

“In case an extraordinary inflation or deflation of the currency stipulated should supervene, the value of the currency at the time of the establishment of the obligation shall be the basis of payment...” shall not apply in determining the extent of liability under the provisions of this Policy.

DOCUMENTARY STAMPS CLAUSE

Documentary Stamps in the amount indicated in the policy schedule have been affixed to the premium register.

It is understood that upon issuance of the policy, no payment for Documentary Stamp Tax will be refunded as a result of the cancellation or endorsement of the policy or a reduction in the premium due for whatever reason.

TERRORISM EXCLUSION ENDORSEMENT

Notwithstanding any provision to the contrary within this insurance or any endorsement thereto, it is agreed that this insurance excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this endorsement, an act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

This endorsement also excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to any act of terrorism.

If the Insurer allege that by reason of this exclusion, any loss, damage, cost or expense is not covered by this insurance, the burden of proving the contrary shall be upon the Assured. In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

DISCLOSURE OF MATERIAL FACTS CLAUSE

Every proposer or insured when seeking new insurance or amending or renewing an existing policy must disclose any information which might influence the insurer in deciding whether or not to accept the risk, what insuring terms to apply, or what premium to charge. The proposer or insured should also disclose all material facts relevant to any claim filed under the policy. If the proposer or insured fails to disclose all material facts may it be known or unknown to him at the time of application, amendment or renewal of an insurance policy, this may render the insurance contract void as of inception (from the start of the contract) and enable the insurer to disclaim any liability (entitles the insurer not to pay your claims). If uncertain whether a fact is material, the proposer or insured should disclose it.

TERMINATION OF POLICY

This Policy shall automatically end on the earliest of the following dates:

- a. On the first premium due date on which no person occupies the status of the Insured; or
- b. On the expiration of the grace Period for any premium not paid when due; or
- c. On the latest date of expiration of coverage of all Insureds when applicable; or
- d. On the termination of the Nominated Account, if applicable.

Insurance in respect of an eligible Family Member shall terminate upon his death, upon his ceasing to be an Eligible Family Member as defined, or on the termination of this Policy in accordance with this provision, whichever is earlier.

Termination or cancellation of this Policy or expiration of individual insurance coverage shall not affect any valid claim or loss before such termination, cancellation or expiration. The payment to or acceptance by the Company of any premium after such termination, cancellation or expiration shall not create any liability on the part of the Company except to return the premium paid after the termination, cancellation or expiration of this policy of individual insurance coverage.

It is the obligation of the group policyholder to inform the insured-members of the intended termination of the group policy by the insurer or by the policyholder.

For Claims Support or Medical Assistance,
Please call/ Email our 24-hour worldwide emergency assistance center:

Out of the country	+00 632 8459 4727
In the Philippines	<p>Using a mobile phone / landline in Provincial Area 02- 8459 4727</p> <p>Using a landline within Metro Manila: 8459 4727</p>
Email: travelassist@oona-insurance.com.ph	

LIST OF CLAIMS DOCUMENTS REQUIRED (WHEN FILING AN *INTERNATIONAL* TRAVEL INSURANCE CLAIM)

I. COMPULSORY DOCUMENTS FOR ALL CLAIMS

1. Completed Claims Form
2. Letter of request or Incident Letter
3. Copy of Travel Insurance Policy
4. Original Receipts or tax invoices for the cost incurred
5. Copy of Flight Itinerary & Boarding Passes
6. Copy of Passport (Pages with biographical data and entry-exit stamps)

II. OTHER SUPPORTING DOCUMENTS FOR EACH BENEFIT

MEDICAL AND EMERGENCY EXPENSES

1. MEDICAL EXPENSE & HOSPITALIZATION ABROAD
 - a. Original Medical Report and/or Medical Abstract.
 - b. Laboratory and Test Results
 - c. Operative and/or Histopathology Reports
 - d. Hospital Statement of Account and/or Receipts
 - e. Police Report (applicable if due to accident)
2. EMERGENCY MEDICAL EVACUATION & REPATRIATION

(To be arranged by Oona Insurance through our Emergency Assistance Provider, Please call +632 8459-4727 immediately)

3. REPATRIATION OF MORTAL REMAINS

(To be arranged by Oona Insurance through our Emergency Assistance Provider, Please call +632 8459-4727 immediately)

CANCELLATION EXPENSES

4. TRAVEL CANCELLATION EXPENSES

- a. Reason Unable to Travel (Affidavit stating the Reason of cancelling the trip)
 - Medical (Medical Report and/or Medical Abstract)
 - Death (Death Certificate)
 - Accident (Police Report)
 - Jury (copy of Court Order or Jury Notice)
 - Damage to Insured's Home (Police Report)
 - Emergency (Confirmation letter if part of armed forces activity, fire nursing, notification from the employer, etc)
- b. Proof of relationship between Insured Person and the Immediate family member (if needed)
- c. Original Receipts or Tax invoice for proof of advance payment made for transportation and accommodation expenses issued by the agency or directly by the wholesaler (airline or hotel) and a copy of the travel voucher.
- d. Original cancellation document proving the non-refundable portion specified (e.g. travel agency's certification, letter from the airline to the travel agency or client stating that the carrier can't refund the airfare, and statement from the hotel regarding cancellation policies).

TRAVEL INCONVENIENCES

5. DELAY DEPARTURE / MISSED CONNECTING FLIGHT / FLIGHT DIVERSION

- a. Original Certification from Airline
- b. Original Receipts of expenses incurred due to incident.
- c. Copy of the flight itinerary of the actual time and date of departure.

PERSONAL BELONGINGS AND BAGGAGE

6. **BAGGAGE DELAY**
 - a. Original Property Irregularity Report (P.I.R.) from airline
 - b. Written confirmation from the airline regarding the length of the delay
 - c. Original Receipts of essential items purchased due to delay of luggage.

7. **COMPENSATION FOR IN-FLIGHT LOSS OR DAMAGE OF CHECKED-IN BAGGAGE**
 - a. Original Property Irregularity Report (P.I.R) from airline
 - b. Written confirmation from the airline company about the loss or damage of the checked-in baggage
 - c. List of contents of the luggage with estimated price and date of purchase of each item.
 - d. Photograph of the damaged item and the original receipt and/or quotation for the repair.
 - e. Original certification of settlement of the compensation payment by the carrier.

8. **INDEMNITY FOR THEFT OF LUGGAGE OR PERSONAL BELONGINGS NOT CHECKED-IN**
 - a. Original Police report from the place where incident occurred duly listing the contents of the luggage and their economic value.
 - b. Original purchase receipts & warranty cards (if applicable) for the items claimed (Proof of ownership)
 - c. Certification from hotel or any other party that the loss was not indemnified, or if settlement was made, certification specifying amount settled.
 - d. Picture of locks that were forcibly opened (if applicable).
 - e. Notarized affidavit for an official statement on what happened.

PERSONAL ACCIDENT

9. **ACCIDENTAL DEATH AND PERMANENT DISABILITY CLAIM**
 - a. Original Copy of Police Report or Affidavit
 - b. Proof of Beneficiary's identity like, NSO Authenticated Marriage Certificate, Birth Certificate
 - c. Two (2) valid IDs of the Insured and the beneficiary/ies
 - d. For accidental death claim:

- Original Copy of NSO Authenticated Death Certificate
- Copy of Coroner's report on postmortem examination
- e. For disability claim due to accident:
 - Hospital Records (Medical Abstract, Record of Operation, X-ray plate)
 - Original copy of Medical Certificate
 - Hospital Statement of Account (original or certified true copy)
 - Other documents to support claim

IMPORTANT NOTICE

Advice of Loss for **Personal Accident and Personal Liability** should be made at least 30 days from date of the incident.

Submission of all relevant documents must be within 60 days from expiry of the Travel Policy.

For **Travel Assistance**, Claim Form, together with the required claims documents, must be submitted within 90 days from the day of notification to our 24-hour worldwide emergency assistance center.



Oona Insurance

1220 Acacia Avenue, Madrigal Business Park

Ayala Alabang, Muntinlupa City 1770

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E: info@oona-insurance.com.ph

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