



oona
insurance

Travel International - Individual / Family



Travel Insurance

INTERNATIONAL

INDIVIDUAL / FAMILY

POLICY BOOKLET

Policy Terms & Conditions
24-Hour Worldwide Emergency Assistance

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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 /
landline in provincial area



(02) 8876 4400

Using a landline within
Metro Manila:



8876 4400

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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 companies. It is ready at all times to render assistance in settling any controversy between Insurance Company and a policyholder relating to insurance matters.

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, bobsleighting, 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 Preexisting 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. Coverage under this circumstance shall be limited to five percent (5%) of the limit set under the purchased Medical Expense and Hospitalization benefit and five percent (5%) benefit of the actual costs that may be incurred under the repatriation benefit as a consequence of the same.

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

The Company will meet the cost for strictly necessary emergency dental treatment of natural teeth only for the immediate relief of pain and not occasioned by the previous deteriorated state of the teeth, gums or jaws up to the limit provided in the Policy Schedule.

In case of dental treatment of natural teeth necessary solely as a result of an accident which also caused bodily injury necessitating medical treatment and not occasioned by the previous deteriorated state of the teeth, gums or jaws, the Company will meet the cost up to the limit provided in the Policy Schedule.

Crowned teeth, crowns, bridges, dentures etc. are not to be understood as natural teeth.

3. Extension of period of stay by the Insured as a result of illness or accident

When, as a result of an Accident and Illness covered by these Travel Insurance General Conditions, an Insured has to extend his/her period of stay outside the Philippines, the Travel Assistance benefits granted by this section are automatically extended for that Insured person, once only and up to a maximum period of 10 days. The limits referring to benefits derived from the claim that have given rise to the extension are not increased or extended.

4. Delivery of medicines

The Company will take charge of delivering the medicines (including those medicines for preexisting illnesses) prescribed urgently by a doctor for the Insured during the trip and which

cannot be found in the place where he/she had travelled to or be replaced by medicines that have a similar composition.

Under no circumstances will the Company assume the cost of the medicines nor the doctor's consultation fees that may be incurred to get a prescription for the necessary maintenance medicines under this benefit.

5. 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.

6. 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.

7. Escort of Dependent Child

Should the Insured be hospitalized due to sudden illness or accident for more than five (5) days or is deceased, and accompanied by a minor under 18 years of age during the event and if no adult accompanies the said minor, the Company will provide a suitable person to look after him/her during the trip to the hospital where the former is hospitalized or the Company will meet the cost in respect of an economy roundtrip (inbound and outbound) transfer of one Immediate Family Member, having the

same Usual Place of Residence as the Insured to accompany the Insured and minor considering this minor is unable to travel by his/her own means of transport or the means of transport used for the initial trip.

8. Compassionate Visit (Travel of one immediate family member)

In the event that the Insured is admitted to a Hospital as an inpatient for more than five (5) consecutive days as a result of Injury or Sickness occurring during the Period of Insurance while the Insured is on a Trip and his/her medical condition does not allow evacuation and no adult member of the Insured's family is with him/her, the Insurer shall arrange for the transfer of a person chosen by the Insured or an Immediate Family Member from the Usual Place of Residence or Usual Country of Residence of the Insured. The Insurer shall meet the cost in respect of an economy round trip transfer to the place of hospitalization and shall reimburse a daily cash benefit for necessary and related accommodation, meals and transportation expenses until the Insured is medically fit for discharge, subject to the limits stated under Policy Schedule.

Important Condition:

ONLY one of these repatriation related benefits per trip may be claimed: Compassionate Visit or Escort of dependent child.

9. First Medical Assistance in case of pre-existing condition

Includes emergency medical, surgical and hospital treatment and ambulance cost. After this benefit and the final cause or diagnosis appears to be pre-existing, the Company will no longer cover any succeeding procedures and/or medical service that will be provided. Thus, all expenses thereof shall be for the account of the Insured/patient.

In case the First Medical Assistance limit has already been exhausted but the doctor has yet to establish if the cause of Illness is pre-existing or not, the Company will still assist the client, until such time the diagnosis is known subject to the ff:

- If the cause of Illness is not pre-existing, the Medical Expense and Hospitalization Abroad benefit will apply.
- But if the cause of Illness is pre-existing, client will have to pay for the in excess of amount and any cost in excess of the First Medical Assistance limit as provided in the Policy Schedule.

The limit under this benefit is part of and not on top of the benefit under the Medical Expense & Hospitalization Abroad.

10. Medical referral / appointment of local medical specialist

Through our 24-hour worldwide emergency assistance center, the insured will be given access and be referred to any agreed medical center or medical practitioner of the Company's international network

**SPECIFIC EXCLUSIONS ON TRAVEL ASSISTANCE BENEFIT FOR
MEDICAL EXPENSE & HOSPITALIZATION ABROAD, EVACUATION
/ REPATRIATION BENEFITS, COMPASSIONATE VISIT AND
ESCORT OF DEPENDENT CHILD:**

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, such as when the Insured refuses to come back to the Usual Place of Residence when The Company 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 if 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.

2. Trip Curtailment

If the Insured needs to return home to the Usual Place of Residence in the Philippines earlier than planned and he/she wants the Company to pay, the Insured must contact/call the 24 hour worldwide emergency center for approval immediately.

Trip curtailment is when Insured's trip is cut short and Insured returns to the Usual Place of Residence earlier than planned due to unforeseen circumstances as enumerated under this benefit.

The benefits relating to a trip curtailment comes into force from the time the trip begins and terminates on the day when the travel object of the insure ends. (as defined on Start & End of Coverage).

The Company will provide this cover up to the Limit stated in the Policy Schedule for the proportional part of the value of the journey forfeited (which are non-refundable) if the cutting short of the Insured's trip is necessary and unavoidable as a result of the following:

- a. Serious illness, serious bodily accident or death sustained by the Insured, his/her travelling companion and/or the person in charge of the custody of Insured's under 15 years of age or disabled children in the Philippines, during Insured's trip object of insurance.
- b. When the Insured has to cut short his/her journey because of the death, accident or serious illness of a family member or relative, the Company will pay for the cost of the travel back to the Philippines, whenever he/she is unable to travel by his/her own means of transport or the means of transport hired for the trip.

The Insured shall furnish the necessary evidence, documents or certificates of the event, such as a death certificate, which caused the travel to be cut short.

- c. For emergency travel to the Usual Country of Residence, the Philippines, in the event of a burglary in which doors or windows were forced, fire or explosion in his/her Usual Place of Residence in the Philippines or owned or rented business premises which rendered the said premises uninhabitable or under serious risk of greater damage whenever he/she is unable to travel by his/her own means of transport or the means of transport hired for the trip.
- d. Serious damage caused by fire, explosion, robbery or by force of nature, in his/her Usual Place of Residence in the Philippines or in his/her own or rented business premises, which rendered the said premises uninhabitable or under serious risk of greater damage.

The Insured shall furnish the vouchers or certificate of the event that caused the journey to be cut short (firefighters' report, report to the police, insurance Insurer report).

This cover is subject to a limit provided by the plan in the Policy Schedule.

**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.

3. Flight Diversion (outbound and inbound)

The Company will pay up to the amount shown in the Table of Benefits for diverted flights from and returning to the Philippines.

All diverted flights in between are excluded.

If the flight contracted were diverted because of a technical failure, Poor Weather Conditions, Intervention By The Authorities or by other people using force, 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, transport, meals and hotel accommodation or 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's scheduled flights are rerouted due to the above named unforeseen circumstances outside the Insured's control.

Flight diversion 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.

Important Condition:

The Insured may claim only once for each of the delayed travel benefits above (1 to 3) for every single trip from the Philippines to Country of Final Destination and vice versa

4. Aircraft Hijacking

Aircraft Hijacking means any seizure or exercise of control by force or violence or threat of force of violence and with wrongful intent of an Aircraft.

This section will pay the Insured person the amount per day indicated on the Policy Schedule (every 24 hours; maximum of 10 days) for delay or interruption of the journey in excess of waiting period of 12 hours which prevents the Insured Person from reaching the scheduled destination of the aircraft on which he or she is the passenger as a result of an act of Aircraft Hijacking.

The Company will pay up to the Limit provided in the Policy Schedule.

For the Purpose of this Section only, a covered day is the 24 hours period commencing 12 hours after the aircraft was scheduled to reach its destination plus the duration time if any, by which it was late in departing from the airport immediately preceding the first act of Aircraft Hijacking.

Coverage including the 12 hours deductible period, applies to the same time commencing as stated above and running continuously thereafter until the earliest time the Insured Person actually proceeds to such destination.

SECTION D - PERSONAL BELONGINGS & BAGGAGE

1. Loss of Travel Documents abroad

In the event that the Insured should lose his/her passport and other travel-related documents while travelling abroad due to theft or robbery or burglary (within the hotel rooms), the Company will meet the cost to replace the documents plus the costs of expenses from travel needed to obtain the temporary Passport or other travel-related documents, as well as the accommodation expenses until it has been obtained should the trip have to be extended past the return date planned, up to the limit stated in the Policy Schedule.

This benefit does not include the maintenance expenses (i.e., meals) of the Insured.

The cost of replacing the Insured's Passport includes the necessary and reasonable cost the Insured pays overseas associated with getting a replacement Passport to allow the Insured to return to the Philippines.

This benefit is subject to Policy General Exclusions.

2. 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.

e. Sports Equipment Checked-In

This cover will only be included when the Insured has paid the sports equipment surcharge.

The Company shall inform the Insured of their rights and the steps to be taken towards the airline company responsible, in the event of the definitive loss or deterioration of sports equipment checked-in for a flight, and shall complement the indemnity received from the airline company up to the Limit duly established in the specific or special conditions.

In order to claim indemnity under this benefit, the Insured must furnish the following documentation:

- Property Irregularity Report (PIR)
- Final settlement letter from the airline company certifying the definitive loss or deterioration of the sports equipment.
- List of the sports equipment checked in, with the Insured's assessment of its economic value.

In the event of claiming indemnity for the deterioration of duly checked-in sports equipment, it is only necessary to present the property Irregularity Report (PIR)

Any indemnities received under this benefit are complementary to those that might correspond under the Compensation for in-flight loss, Robbery or destruction of baggage checked-in benefit.

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. 35
- 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

SECTION E - PRE-TRAVEL ASSISTANCE

The Company shall provide the following travel-related information to Insured and Insured's companion:

1. Weather and Foreign Exchange Information Services

The Insurer will provide travel information on weather and foreign exchange of a particular territory, as requested by the Insured.

2. Interpreter Referral

The Insurer will provide referrals to interpreter services in the event of an emergency. A fee will be charged if personal presence or customized services are required.

3. Embassy and Consular Information

The Insurer will provide information on locations of embassies in the Philippines and/or in other territories as requested by the insured.

4. Inoculation and Visa Requirement Information

The Insurer will provide travel information on Inoculation and Visa Requirements of a particular territory, as requested by the Insured.

SECTION F - OTHER BENEFITS

1. Car Rental Excess Protection

The Company will reimburse any excess or deductible that the Insured becomes legally liable to pay in respect of loss or damage caused by Accident to the rented vehicle during the rental period, not exceeding the Policy sub-limit under the Policy Schedule, but subject to the following conditions:

- a. The Rental Vehicle must be rented from a licensed rental agency
- b. The hiring agreement must incorporate comprehensive motor insurance against loss or damage to the Rented Vehicle
- c. The Insured must comply with all the requirements of the rental organization under the hiring agreement and of the Insurer under such insurance.

2. Connection Services

Whilst travelling abroad, the Insured person will be entitled to contact the 24-hour worldwide emergency assistance center in order to obtain miscellaneous services in the country where he is located and in particular rental car referral and reservation and legal and administrative information and referral.

3. Relay of Urgent Messages

The Company will take charge of relaying the urgent messages of the Insured, relating to any of the events covered in the Policy.

4. Long distance Medical Information Service

The medical information will be provided to the Insured by Company's doctor upon request from the Insured. The service is not to be considered in any case as a diagnosis but it is a connection service.

5. Advance of Bail Bonds

The Company will advance funds for any legal bond required on behalf of an Insured up to the maximum benefit limit as stated in the Policy Schedule.

Valid credit authorization will be required prior to any fund advance.

The Insured will be required to repay any sum advanced within 45 days. Any delay of repayment to the Company will imply an interest of 0.5% per month.

II. PERSONAL LIABILITY ABROAD

The Company will indemnify the Insured, up to the maximum benefit amount stated in the Policy Schedule, in respect of legal liability occurring during the Insured trip as a result of Bodily Injury or death of, or actual loss or damage to property of a Third Party.

This guarantee does not apply with respect to:

- a. Any deliberate and wrongful damage or harm caused by the insured.
- b. Any willful, malicious, or unlawful act by the insured.
- c. Any non-pecuniary benefits
- d. Any liability arising directly or indirectly by or through or in consequence with any mechanically propelled vehicle, aircraft or watercraft.
- e. Damage to goods, properties belonging to or held in trust by the insured.
- f. Damage to buildings or part of buildings owned, rented or occupied by the insured.
- g. Liability arising from the insured's practice of his profession or trade or by reason of any contract.
- h. Any claim arising from the Insured being insane or under the influence of drugs, intoxicating liquor or solvents.
- i. Liability for which indemnity is provided under any other contract of insurance.

The total amount payable under this section shall in no case exceed the maximum benefit amount stated in the Policy Schedule in respect of liabilities of all Insureds covered under this policy.

III. 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.

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 8876 4400**
- In the Philippines:
Using a mobile phone / landline in provincial area:
(02) 8876 4400
Using a landline within Metro Manila
8876 4400

Email: **travelclaims@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 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.

FIVE-DAY FREE LOOK PROVISIO
(Applicable for 30 days to 6 months Policies Only)

If the Policyholder decides to cancel the cover during the five (5) day Free Look period, the Policyholder may return the original Policy document to the Insurance Company. In such an event, the Policyholder will receive the full refund of the premium paid to the Insurance Company. However, the Policyholder will not receive a refund if the Policyholder has made a claim and benefit is payable or paid during the 5-day Free Look period.

FIFTEEN-DAY FREE LOOK PROVISIO
(Applicable for more than 6 months Policies Only)

If the Policyholder decides to cancel the cover during the fifteen (15) day Free Look period, the Policyholder may return the original Policy document to the Insurance Company. In such an event, the Policyholder will receive the full refund of the premium paid to the Insurance Company. However, the Policyholder will not receive a refund if the Policyholder has made a claim and benefit is payable or paid during the 15-day Free Look period.

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 & Personal Liability)

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.

NOTICE OF CLAIM (For Travel Assistance)

In case of Travel Assistance claims, please immediately call/email our 24-hour worldwide emergency assistance center. The following are the required documents:

- a. Original invoices, receipts and other vouchers relating to Insured's loss or expenses. (It is the responsibility of the Insured person to provide proof of ownership, receipted proof of value for any lost, stolen or damaged items and we are under no obligation to make payment without this proof of ownership.) Please refer to page 51 for the list of claim documents required.
- b. Policy Schedule.
- c. All information is required in English or officially translated into English.

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.

UNPROVOKED MURDER AND ASSAULT

It is hereby declared and agreed that this policy extends to cover death if the Insured was intentionally injured, assaulted, and killed by another person provided that such incident shall not have been provoked by the Insured and shall not have occurred in any of the following geographical areas, including their cities, towns, barrios and barangays:

- a. South Basilan
- b. Entire Samar
- c. Sultan Kudarat
- d. Sulu Archipelago
- e. Lanao del Norte/Sur
- f. North/South Cotobato
- g. Zamboanga Peninsula

Nothing contained herein shall be held to vary, alter, waive, or change any of the terms, limits, or conditions of the policy.

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.

MOTORCYCLING COVERAGE ENDORSEMENT

IT IS HEREBY DECLARED AND AGREED that this Policy shall extend to cover accidental death or permanent disablement sustained by the Insured Person while riding any two-wheeled motorized vehicle provided not as a sports-related activity.

Furthermore, Motorcycle related injuries or fatality are excluded if the insured person was established to have:

- been under the influence of prohibited drugs, substance or alcohol;
- been in violation of traffic laws and regulations;
- been overloading or exceeding the maximum riding capacity of the motorcycle

HAZARDOUS SPORTS INCLUSION CLAUSE

It is hereby declared and agreed that this policy, if declared covered in the policy schedule, shall extend to cover medical expenses sustained by the Insured Person happening or occasioned by whilst the Insured is participating in: Abseiling, offroad mountain biking, canyoning, ballooning (as an organized excursion), and any sport involving an extra risk of accident. Participation in competitions or tournaments organized by sporting federations or similar organizations is not included. Coverage for Accidental Death & Disablement and Personal Liability abroad arising out of the mentioned sports is excluded.

SPORTS EQUIPMENT CLAUSE

It is hereby declared and agreed that this policy, if declared covered in the policy schedule, shall extend to cover breakage or scratches of Sports Equipment whilst checked-in and declared to the Airlines. Subject to declaration of sports items upon issuance of the Travel Policy.

INTERNATIONAL CRUISE ENDORSEMENT

It is hereby declared and agreed that this Policy, upon declaration and subject to additional premium, shall extend to cover the following International Travel Cruise Assistance benefits:

Benefits	Limit of Indemnity
Emergency Medical Expenses including Cabin Confinement	Included in Limit of Indemnity specified under Medical expense & hospitalization abroad benefit as stated in the Policy Schedule

Emergency Medical Repatriation	Actual Cost
Repatriation of Mortal Remains	Actual Cost
Cruise Cancellation Reimbursement of unused and non-refundable cruise expenses due to cancellation of the cruise trip prior to start of voyage from the same perils as indicated under Trip Cancellation benefit	Same as the Limit of Indemnity specified under Trip Cancellation benefit in the Policy Schedule
Cruise Curtailment Reimbursement of unused and non-refundable cruise expenses due to cutting short of the cruise trip from the same perils as indicated under Trip Curtailment	Same as the Limit of Indemnity specified under Trip Curtailment benefit as stated in the Policy Schedule
Cruise Delay Departure Reimbursement of any additional expenses incurred as a result of delay in departure of cruise trip of at least six (6) hours. Excluded are delays due to Technical Failure, Poor Weather Condition and Acts of Nature.	Same as the Limit of Indemnity specified under Delayed Departure benefit as stated in the Policy Schedule
Compensation for cabin checked-in lost baggage Baggage shall be considered lost if not found within 21 consecutive days from date advised	Same as the Limit of Indemnity specified under Compensation for in-flight loss of checked-in baggage benefit as stated in the Policy Schedule

International cruise trips may start from the Philippines via cruise or may commence via commercial airline.

Benefits under the International Cruise Trip that commence via Commercial Airline shall exclude coverage while engaged in side trips or any trip deviation from the airport to the international cruise Port in the Philippines.

This endorsement further excludes any missed cruise departure due to delay in the arrival of the Insured traveler at any Cruise port.

COVID-19 TRAVEL BENEFIT

The Terms and conditions of this Covid-19 Travel Indemnified Rider Package are as follows:

COVID-19 Benefit	Limits
Medical Treatment/ Expenses due to COVID 19	100% of the respective plan
Repatriation of Mortal Remains	100% of the respective plan
Medical Evacuation /Transport and/or Repatriation in case of Illness	Not Covered
Trip Cancellation due to COVID 19	50% of the benefit limit but not exceeding USD 1,000
Trip Curtailment due to COVID 19	50% of the benefit limit but not exceeding USD 1,000
Rebooking Charges, Meals, and Accommodation IF STRANDED	Not Covered

COVERAGES

- a. **DEFINITION COVID-19:**
 Coronavirus disease 2019 or COVID-19: infectious disease caused by the virus called severe acute respiratory syndrome coronavirus 2 (SARS-Cov-2) in any of its variants.

b. **MEDICAL EXPENSES**

In the event of contagion of Covid-19 by the Insured Beneficiary, which occurs while they are displaced outside their usual place of habitual residence, the Company will be responsible for hospitalization expenses, surgical interventions, medical fees, nursing expenses; as well as the pharmaceutical products and the Covid-19 detection tests prescribed by the doctor who treats the Insured until stabilization is achieved that allows the trip or transfer to Insured's usual home or hospital near it; all this up to the limits established in this article.

The Company's medical team will maintain the necessary telephone contacts with the center and with the physicians who attend to the Insured to supervise that the health care is adequate.

SPECIFIC EXCLUSIONS COVID-19 HEALTH EXPENSES

In addition to the General Exclusions to all the guarantees of the General Conditions, the benefits required for the care of the Covid-19 disease will not be covered when it is pre-existing to the contracting of this Covid-19 coverage, that is, in said at the moment the Insured has tested positive in a Covid-19 detection test or already presents the symptoms of this disease.

TERMS AND CONDITIONS

- a. RT PCR Tests is part of the medical expenses limit and is **ONLY** covered for symptomatic patients
- b. Hospitalization due to COVID 19 will only be covered **IF** medically required and necessary as determined by a medical practitioner based on the condition of the Insured patient.
- c. Any quarantine expenses are **NOT** covered either as a requirement upon arrival at their destination (i.e., known risk) or as a requirement for a covid positive Insured.
- d. We do not cover any medical evacuation / repatriation of people with the active virus.
- e. We do **NOT** cover the hospitalization expenses **IF** the quarantine facility for an asymptomatic or mild case patient happens to be in a hospital.
- f. Medical check-ups due to COVID 19 for symptomatic patients that do not require hospitalizations (i.e., mild cases) **IS NOT** covered; Only the RTPCR Tests are covered for **MILD** cases that would not require hospitalization
- g. For Trip Cancellation coverage (Prior to commencing on the scheduled domestic trip or prior to leaving the Philippines): "Serious illness understood as any unexpected alteration of the Insured's state of health that involves risk of death or implies hospitalization and makes it impossible to start the contracted trip". If the reason for cancellation is due to Covid-19, the insured is obliged to submit a positive Covid-19 test performed 14 days before the start of the trip. [Contracting Covid-19 would require a positive Covid-19 test to validate that Insured has Covid-19, and would not rely on self-diagnosis or unsubstantiated doctors report.
- h. **EXCLUDES** coverage on expenses due to prolonging the stay of a positive COVID 19 who cannot travel but is asymptomatic and has not required medical attention and carrying out COVID 19 tests as a preventive measure or in

asymptomatic policy holders, expenses related to mandatory quarantines without medical criteria. For those who have undergone hospitalization, our policy has a standard wording that only allows allow automatic extension of up to 10 days only from the initial expiry date if extension is due to a covered illness.

- i. This Covid Rider is specific to Covid 19 ONLY and will not extend to cover any other epidemic, pandemic and any communicable disease declared by any government agency, entity or in an executive order causing a state of emergency in any area and necessitating the setting up of appropriate quarantine measures therein.
- j. Maximum Days of Coverage allowed:
 - For Two Way continuous leisure / business trips - COVID 19 is covered up to a maximum 90 days for ages up to 60 years old. While for 61 years old and above, up to maximum of 90 days.
 - For Two Way Annual Multi Trip - COVID 19 is covered up to a maximum of 90 days per Trip Only except as herein amended, all other terms, conditions and provisions on the existing policy shall remain the same.

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 %

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

Out of the country	+00 632 8876 4400
In the Philippines	Using a mobile phone / landline in Provincial Area 02- 8876 4400 Using a landline within Metro Manila: 8876 4400
Email: travelclaims@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 AND ACCIDENTAL DENTAL EXPENSES
 - a. Original Dental Report
 - b. Laboratory and Test Results
 - c. Dentist or Clinic Statement of Account and/or Receipts
 - d. Police Report (applicable if due to accident)
3. EXTENSION OF PERIOD OF STAY BY THE INSURED AS A RESULT OF ILLNESS OR ACCIDENT (ACCOMMODATION EXPENSES ONLY)
 - a. Original Medical Report and/or Medical Abstract
 - b. Hospital Notes or Confirmation letter confirming days as an in-patient
4. DELIVERY OF MEDICINES (EXCLUDING COSTS OF MEDICINES)
 - a. Original Medical Report and/or Medical Abstract
 - b. Copy of Prescription
5. EMERGENCY MEDICAL EVACUATION & REPATRIATION
(To be arranged by Oona Insurance through our Emergency Assistance Provider, Please call +632 8876-4400 immediately)

6. REPATRIATION OF MORTAL REMAINS

(To be arranged by Oona Insurance through our Emergency Assistance Provider, Please call +632 8876-4400 immediately)

7. ESCORT OF DEPENDENT CHILD AND COMPASSIONATE VISIT

- a. Original Medical Report and/or Medical Abstract
- b. Original Receipts of the Transportation and Accommodation expenses of the companion
- c. Copy of flight itinerary of the companion

CANCELLATION EXPENSES

8. 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 nonrefundable 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).

9. TRIP CURTAILMENT

- a. Reason for Cutting the Trip Short (Certification)
 - Medical (Medical Report and/or Medical Abstract)
 - Death (Death Certificate)
 - 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 nonrefundable 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).
- e. Original Receipts or Tax Invoice for the additional fees paid for the return ticket to home country such as no show fee, rebooking fees, penalties, etc. with a copy of the new travel itinerary

TRAVEL INCONVENIENCES

10. 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.
11. AIRCRAFT HIJACKING
 - a. Certification from the airline regarding the Incident.
12. CAR RENTAL EXCESS PROTECTION
 - a. Confirmation letter from Rental Company confirming the damage or theft was result of your control
 - b. Confirmation letter advising the excess which the customer has made payable and the outstanding amount

PERSONAL BELONGINGS AND BAGGAGE

13. LOSS OF TRAVEL DOCUMENTS
 - a. Original Police report from the place where incident occurred
 - b. Essential costs to replace the passport.

- Travel cost to embassy (Original receipts)
 - Accommodation if required to wait (Original receipts)
 - c. Original receipts for costs or fees to obtain new travel document
14. **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.
15. **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.
16. **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 LIABILITY AND PERSONAL ACCIDENT

17. **PERSONAL LIABILITY**
- a. Original Police report from the place where incident occurred

- b. Should be reported to the Emergency Assistance Provider. Please call +632 8876-4400
 - c. Incident Letter which contains the following information:
 - Name, personal circumstances and address of third party claimant(s)
 - On bodily injury, the nature of injury sustained, details of hospital confinement was treated/or confined, submit related documents to support claim
 - On property damage, nature of loss, submit photos and estimate of damage and/or related documents to support claim
18. 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

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