

Allianz Global Corporate & Specialty SE Hong Kong Branch.

Travel Personal Accidental Insurance Clauses

GENERAL PROVISIONS

Article 1 The Constitution of the Contract

This Insurance Contract is composed of the Insurance Causes, Application Form, Insurance Policy, Insurance Certificates and Endorsements. All the terms and agreements relating to this Insurance Contract shall be in written form.

Article 2 Insured Person

The Insured person should be natural person who is within the eligible age stated in the Policy (see Definition 1), who is healthy and competent for normal work or life, whose legal residence or usual residence is in Hong Kong (see Definition 2), who travels outside of Hong Kong (see Definition 3), and whose journey begins and ends in Hong Kong.

Article 3 Policy holder/Applicant

1. The Policy holder/Applicant shall be the Insured person his/herself, who has full capacity for civil conduct, or other persons who have insurance interests in the Insured person.
2. The agency, enterprise, social organizations or social groups that have insurance interests in the Insured person.

Article 4 Beneficiary

1. Death Beneficiary

With the consent of the Insured person, the Insured person may, at the time of signing the Contract, designate one or more persons as the death beneficiary/beneficiaries. In the case of more than one death beneficiaries, the Insured person may determine the priority of the death beneficiaries and benefit proportions for the death benefits. If the benefit proportions are not specified, all death beneficiaries shall be entitled to an equal share of the death benefits. The designation of beneficiaries by the Policy holder/Applicant shall have the consent of the Insured person.

When the Insured person is deceased, the Insurance benefits shall be regarded as the legacy of the Insured person in the following cases, and be paid by the Company in accordance with the Law of Hong Kong.

(1) In case there is no designated beneficiary/beneficiaries, or the designation of beneficiary/beneficiaries is ambiguous and the designation cannot be confirmed;

(2) In case the beneficiary dies before the insured and there is no other eligible beneficiaries;

(3) In case the beneficiary is bereft of his/her right to the benefits by relevant law/laws, or gives up his/her right to the benefits voluntarily, and there is no other

beneficiaries.

In case the beneficiary/beneficiaries decease during the same incident with the Insured person, and sequence of their decease cannot be determined, the presumption shall be that the beneficiary/beneficiaries have deceased before the Insured person.

The Insured person or Policy holder may change the beneficiary/ beneficiaries of the death benefits with a written notice to the Company (see Definition 5), and the Insured person shall make notes to the Contract. The Company shall not be liable for any legal disputes resulting from any change(s) in the death beneficiary/beneficiaries.

In case the change(s) of death beneficiary/beneficiaries is designated by the Policy holder, the change(s) shall have the written consent of the Insured person. If the Insured person is of no capacity or limited capacity for civil conduct, the designation or change of death beneficiary/beneficiaries shall be determined by the guardian of the Insured person.

2. Beneficiary of disabilities or burns

Unless otherwise provided, the beneficiary of the disabilities or burns is the Insured person his/herself.

Insurance Coverage

Article 5 Insurance responsibility

Within the insurance duration of the Contract, if the Insured person, when traveling with effective credentials domestically or oversea, sustains accidental injury (see Definition 6) incident(s) (including accidents happened during elementary outdoor sports, see Definition 7) and the incident(s) shall lead to the death, disability or burns of the Insured person, the Company shall pay out the Insurance benefits in accordance with the following terms:

1. Responsibility for death benefits

If, within the insurance duration of the Contract, the Insured person, while traveling with effective credentials domestically or oversea, sustains an accidental injury which results in his/her death within 180 days since the date of the accident, the Company shall pay out the insured amount of death benefit, and Company's responsibility to the Insured terminates.

If, within the insurance duration of the Contract, the Insured person, while traveling with effective credentials domestically or oversea, sustains an accidental injury, disappears since the date of the accident, and later declared deceased by the People's Court, the Company shall pay out the insured amount of death benefit. However, if the Insured is later found to be alive, the recipient of death benefits shall return the paid amount of death benefit to the Company within 30 day as of the Insured Person being found alive.

If the Insured person has received disability or burn benefits payable under Article 2 and 3 (see Definition 8) before his/her death, the benefit payable for death benefit shall be the balance after deduction of any paid benefits.

2. Responsibility for disability benefit

If, within the insurance duration of the Contract, the Insured person, while traveling with effective credentials domestically or oversea, sustains an accidental injury which

results in any disability listed in the “Schedule of Benefits for Disability” (“Table 1”) within 180 days since the date of the accident, the Company shall pay the Insured person the disability benefit equal to an amount derived by applying the percentage specified in the said Table. If the treatment of such disability for the Insured is not completed on the 180th day since the date of the accident, physical conditions of the Insured person shall be appraised to determine the degree of disability on said day, and disability benefit shall be paid out accordingly.

- (1) If multiple disabilities occur to the body of the Insured person as a result of one Accident, the Company shall pay the percentage of sum insured for each such disability provided that total payments shall not exceed the highest percentage of the sum insured stated in the Table. If the disability only occurs to one part of the body, only one of the accidental disability benefits shall be paid, and that will be the higher or highest percentage of sum insured for that part of the body.
- (2) If the Insured person already has certain disability before the accident injury, the Company shall pay out the disability benefits of combined disability degree according to the amount stated in the Table 1, but the disability benefits of the original disability of the Insured person shall be deducted from the paid amount.

3. Responsibility for burns benefit

If, within the insurance duration of the Contract, the Insured person, while traveling with effective credentials domestically or oversea, sustains an accidental injury which results Third Degree Burns listed in the “Schedule of Benefits for Third Degree Burns” (“Table 2”) within one hundred and eighty (180) days from the date of Accident, the Company shall pay the Insured Person the burns benefit equal to an amount derived by applying the percentage specified in the said Table. If the treatment of such disability for the Insured is not completed on the 180th day after the date of Accident, physical conditions of the Insured person shall be appraised to determine the degree of disability on the said day, and burns benefit shall be paid out accordingly.

If multiple burns occur to the body of the Insured person as a result of one Accident, the Company shall pay the percentage of sum insured for each such disability provided that total payments shall not exceed the highest percentage of the sum insured stated in the said Table.

If the Insured Person suffers Burns to the body as a result of one Accident, and the combined burns of the said accident and previous accident(s) is eligible for higher percentage of sum insured in the said Table, the higher percentage of burns benefits shall be paid, but the benefits derived from previous burns shall be deducted from the paid amount.

Disclaimer of Liabilities

Article 6 Exclusions

Due to the following circumstances where the insured dies, gets disabled or burnt, the Company shall not shoulder responsibility for paying insurance benefits:

- 1. Policy holder intentionally murders or injures the Insured;**
- 2. The Insured person commits suicide or intentionally inflicts injury on himself**

or herself, Those who don not have civil capacity when committing suicide or intentional inflicting injuries are excluded.

3. The Insured person engages or intends to engage in law-breaching, criminal activities or resists arrest;

4. Fighting, being attacked or being murdered resulting from the provocative or intentional actions of the Insured Person;

5. Mental or nervous disorder of the Insured person, including but not limited to insanity;

6. Any form of terrorist attacks or attempted terrorist attacks;

7. Any explosion, burns, pollution or radiation resulted from any biological, chemical, atomic weapons, or any nuclear or atomic devices;

8. Direct or indirect results of the outbreak of epidemic (see Definition 10) or pandemic disease (see Definition 11).

9. Pregnancy, miscarriage, childbirth, medicine allergy, etc.

10. Cosmetic or plastic surgery, or other medical incidents or any Injuries caused by such events;

11. The Insured takes or injects medical drugs without doctor's permission;

12. Any bacterial or virus infection (except for infections caused by an Accident), or food poisoning;

13. Injuries or complications existed before the Insured enters into this Contract;

14. The Insured participates in high-risk sports such as rope-assisted mountain or rock climbing, scuba diving, hunting, parachuting, glider-riding, expedition (see Definition 12), martial art (see Definition 13), wrestling, stunting performance (see Definition 14), speed race (except on foot), horse-racing, polo, horsemanship performance, car-racing, water-boarding, winter sports, etc.

15. The Insured participates in any outdoor sports that are not authorized by the local government or without legal business license;

16. The Insured person participates in any occupational sports with payment or bonus;

17. The Insured person carries out duties as police officer or law-enforcement staff;

18. The Insured person is employed by commercial ship(s), or serve in the Navy or Air-force, or engage in occupational operation or testing of any transportation vehicle; or carries out occupational activities in petroleum or chemical industry, logging industry, transportation, excavation, mining, mid-air photographing, bomb-disarming, water-borne operation, high-altitude operation, etc.

19. The Insured person boards on illegal transportation vehicle or transportation vehicle that has not registered with the local authorities where the accident occurs.

20. The Insured person is a pilot or flight attendant carrying out flying duties, but it shall be excluded when the Insured takes on a passenger flight as a paid passenger.

21. The Insured is traveling for the purpose of receiving medical treatment or rehabilitation (see Definition 5); or the Insured person is traveling against medical advice or when the physical condition of the insured is not suitable for travel.

22. The Insured person is suitable for travel for the time-being but does not return to China as recommended by doctors, or further treatment at the resident place of the Insured person leads to the worsening of the illness.

Article 7 Excluded Period

The Company is not liable for paying insurance benefits when the insured person dies or sustains disability or burns during the following periods:

- 1. Any wars, military actions, riots, strikes or armed insurrection;**
- 2. The Insured person is under the influence of alcohol, drugs, or controlled drugs (see Definition 16);**
- 3. The Insured person drives after drinking, drives without legal license (see Definition 17), or drives a motor vehicle without legal registration number (see Definition 18);**
- 4. The Insured person is under arrest by the local law-enforcement or sentenced into prison.**

Article 8 Excluded Countries and Regions

The Company is not liable for the insured events happened in the following countries or regions:

Afghanistan, Burundi, Republic of Central Africa, Republic of Chad, Democratic Republic of Congo, East Timor, Eritrea, Guinea, Haiti, Iraq, Republic of Cote D'ivoire, Liberia, Solomon Islands, Sudan, Antarctica, Bouvet Island, Heard Island, McDonald Islands, South Georgia and South Sandwich Islands

If any of the above-mentioned disclaimed liabilities leads to the death of the Insured person, the Company shall return the cash value of the unearned net premium to the policy holder (see Definition 19).

Overseas Travel Assistance

Article 8 When the Insured person encounters emergency or necessity while travels domestically or overseas, the Insured person may dial the assistance hot-line number listed in the insurance policy or certificate. The following information will be provided for free by the assistance agency entrusted by the Company or its authorized representatives (hereafter as "assistant agency"). However, the expenses incurred by the use of assistance services shall be borne by the Insured person. The assistance agency cannot guarantee the service quality of the third party service provider, and the ultimate choice for the service lies with the Insured person.

I Medical assistance

1、 Call-in medical consultancy

24 hours call service to provide medical advice to the user.

2、Recommendation of medical service institutions

To Recommend doctors, hospitals, clinics, dentists, and the name, address, phone-number, office time of clinics, as requested by the Insured person. However, the assistance agency does not provide medical diagnosis or treatment.

3、Appointment with doctors

To arrange appointment with local doctors for the Insured, but any resulting fee shall be shouldered by the Insured person.

4、Arrangement for hospitalization permits

When the Insured person is seriously ill and requires hospitalized treatment, the assistant agency may help the Insured person to fulfill hospitalization procedures, but any resulting fee shall be shouldered by the Insured person.

5、Monitoring of physical conditions during and after the Insured person's hospitalization

The assistant agency is responsible for the monitoring of physical conditions during and after the Insured person's hospitalization before the Insured returns to Hong Kong, in accordance with confidentiality requirements and authorized responsibilities.

II Overseas travel services

1、Inoculation and visa related information

To provide inoculation and visa related information in relevant countries.

2、Recommendation of translation services

To provide the address, phone-number, office hour and other relevant information of translation services in the travel destination.

3、Assistance in finding lost luggage

To assist the Insured person who has lost luggage during overseas travel to contact relevant agencies to find the lost luggage.

4、Assistance in finding lost passport

To assist the Insured person who has lost passport during overseas travel to contact relevant agencies to find the lost passport or get a new passport.

5、Information of the Embassy or Consulate

To provide information such as the address, phone-number and office hour of the nearest Chinese Embassy or Consulate to the Insured person.

6、Emergency messenger service

To help the Insured person to pass on his/her emergent message to his/her family, friends or company, at the request of the Insured person who has been hospitalized during the overseas travel.

Insured Amount and Insurance Premium

Article 9 The Insured Amount is the maximum amount covered by the Company to each Insured person with the Insurance Policy for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the Contract. The Insured person and the Company may agree on restrictive terms such as deductibles.

Duration of the Contract

Article 10 The Duration of the Contract shall be negotiated and agreed on by the Insured person and the Company. The beginning and termination period of the Contract shall be specified in the Insurance Policy, based on Beijing Time, 24 hours as one day.

If the Insured person enters into the annul multiple journey insurance program, the insurance liability begins each time when the Insured person leaves his/her normal residence or work place and heads directly to the journey destination, and ends at the following dates whichever occurs the earliest: (1) The Insured person finishes the journey and returns to his/her normal residence or work place; (2) The expiration date of the insurance period stated in the Insurance Policy or Certificate; (3) The maximum days covered for each journey as agreed by the Insured person and the Company.

If the Insured person enters the single journey insurance program, the insurance liability begins at the following date whichever occurs latest: (1) The starting date of the insurance period stated in the Insurance Policy or Certificate; (2) when the Insured person leaves his/her normal residence or work place and heads directly to the journey destination. The insurance liability ends at the following dates whichever occurs the earliest: (1) The expiration date of the insurance period stated in the Insurance Policy or Certificate; (2) the Insured person finishes the journey and returns to his/her normal residence or work place.

Article 11 Extension of Insurance Period

If, during the duration of the Contract, the Insured person shall encounter accidents due to Force Majeure, which includes but not limits to severe weather, natural disaster and illness, and sustains severe physical injury and is hospitalized into the local hospital, leading to the extension of the journey while the Contract is expired, the Company shall automatically extend the Contract based on reasonable and necessary considerations, with the maximum extension to the end of journey by the Insured person.

Obligations of the Company

Article 12 Obligation to issue the Insurance Policy

When the Contract is signed, the Company shall issue the Insurance Policy and Certificate to the Insured person promptly.

Article 12 Notice for Additional Claim Certificate and Materials

If the Company regards the claimant evidence and information provided by the Insured person as insufficient, the Company shall give a one-off notification to the Policy Holder or Insured person for additional information.

Article 14 Timely Verification and Compensation

After receiving the Insured person's claimant request, the Company shall make timely verification regarding whether the claim is covered by the Insurance liability. If the situation is complex, the verification shall be made within 30 days nonetheless, unless otherwise

stated by the Contract.

The Company shall notify the verification results to the Insured person. If the claim is covered by the Insurance liability, the compensation shall be paid within 10 days after the compensation agreement is made. If the time of compensation payment is specified in the Contract, the Company shall make compensation according to the Contract. If the claim is determined not to be covered by the Insurance liability, the Company shall issue a declining letter to the Insured person within 3 days after the verification is made, and corresponding rationale for declining shall be stated.

Article 15 Compensation First Obligation

After receiving the claimant for compensation and relevant evidence and information, if the Company cannot determine the amount of compensation within 60 days, the Company shall effect payment of the minimum amount which can be determined by the evidence and information obtained. The Company shall pay the balance after the final amount of indemnity or payment of the insurance benefits is determined.

Obligation of the Policy Holder and Insured Person

Article 16 Obligation to Pay Insurance Premium

Unless otherwise stipulated, the Policy holder shall pay up the full amount of premium when signing the Contract.

Article 17 Truthful Informing Obligation

When signing the Contract, if the Company inquires after the Insurance Subject or relevant information about the Insured person, the Policy holder/ applicant shall provide truthful information.

If the Policy holder or applicant fails to fulfill the above clause intentionally or due to gross negligence, to such an extent that the outcome may affect the Company's decision to whether underwrite the Contract or raise the premium, the Company may choose to terminate the Contract.

When the Company is aware of cause(s) to terminate the Contract for over 30 days but choose not to exercise the termination right as specified above, the right shall be abolished. When an insured accident occurs, the Company shall shoulder the compensation responsibility.

If the applicant intentionally withholds information, the Company shall not be liable for any insured accident occurred before the contract is terminated, and shall not return the paid premium.

If the applicant fails to provide truthful information due to gross negligence, and the outcome have evident impact on the insured accident, the Company shall not be liable for any insured accident occurred before the contract is terminated, but shall return the paid premium.

If the Company is aware that the information provided by the applicant is insufficient at the time of signing the contract but chooses not to terminate the Contract, when any insured accident occurs, the Company shall shoulder the responsibility of compensation.

Article 18 Notice of Change of Residence or Correspondence Address

In case of any change of the Policyholder's residence or correspondence address, a written notice shall be given promptly to the Company, failing which all notices sent by the Company to the last known residence or correspondence address as shown in this Policy shall be deemed to have been duly served.

Article 19 Notice of Insured Accident

When the Policy holder, insured person or beneficiary knows about any occurrence of any insured accidents, prompt notification shall be given to the Company. **If failure to give prompt notice intentionally or due to gross negligence leads to difficulties in determining the nature, cause or damage of the insured accident, the Company shall not shoulder the compensation duty for the undetermined part of the liability,** unless the Company knows or should have know about the occurrence of the insured accidents from other channel(s).

The above clauses do not include delays caused by force majeure (see Definition 20).

Application and Payment of Insurance Benefits

Article 20 Application of Insurance Benefits

When applying to the Company for the benefits, the Applicant(s) for Insurance Benefits (see Definition 21) shall submit the following certification and documents. If the Applicant cannot provide the following documents due to specially reasons, other legally effective evidence shall be provided. **If the failure to provide relevant documents by the Applicant causes the Company cannot determine the authenticity of the Application, the Company shall not shoulder the liability to pay for the loss or expenses that cannot be verified.**

I Application for Death Benefit

- (1) Original copy of the Insurance Policy;
- (2) Legal identification of the Applicant; When the Policy is purchased along with the flight ticket(s), the legal identification refers to the boarding pass(es) and the flight ticket(s) for the flight(s) that is covered by the Policy. Should the insurer have any reasonable doubts about the identity supported by only those documents, it may request that insured present his/her ID card or Passport in the office of the insurer. If the insured declines this option, the insured may choose to provide a copy of his/her ID card/passport to the Insurer.
- (3) Certificate of Cancelling the Registered Residence of the Insured person issued by Public Security authorities, and the Death Certificate of the Insured person presented by medical institutions with Level II and above qualification or by medical institutions recognized by the Company. If the Insured is declared dead, the Applicant shall present the Death Declaration Certificate issued by the People's Court. If the Insured person dies outside China, the Death Certificate or Autopsy Report issued by Chinese embassy or

consulate or by local government of the accident place shall be presented.

(4) Relevant certification and documents required by the Company and to be provided by the Insured to confirm the nature and cause of the accidents;

(5) If the benefit is applied for by an agent, the original authorization letter, the legal identity certification of the agent and applicant shall also be provided.

(6) If the Insured person does not designate his/her death beneficiary when enters into the Contract, the Applicant shall provide the legal document of notarization of succession;

(7) If the journey is a business trip, the certificate of business travel with official seal presented by the Insured person's employer shall be provided.

II Application for Disability or Burns Benefits

(1) Original copy of the Insurance Policy;

(2) Legal identification of the Applicant; When the Policy is purchased along with the flight ticket(s), the legal identification refers to the boarding pass(es) and the flight ticket(s) for the flight(s) that is covered by the Policy. Should the insurer have any reasonable doubts about the identity supported by only those documents, it may request that insured present his/her ID card or Passport in the office of the insurer. If the insured declines this option, the insured may choose to provide a copy of his/her ID card/passport to the Insurer.;

(3) Documents or certification to prove the disability, or burns, or degrees of burns of the Insured by medical agencies or judicial organizations with Level II and above qualification or approved by the Company;

(4) Other relevant document presented by the Applicant;

(5) If the benefit is applied for by an agent, the original authorization letter, the legal identity certification of the agent and applicant shall also be provided.

(6) If the journey is a business trip, the certificate of business travel with official seal presented by the Insured person's employer shall be provided.

Article 21 Verification of the Physical Injury and Disability

If the Insured sustains physical disability due to accidental injury, the disability shall, after the completion of the injury treatment, be verified through the evaluation agency with Judicial License for Verification approved by Judicial and Administrative authorities and recognized by the Company.

If the Insured person fails to complete the injury treatment 180 days after the accident, the verification shall be made according to his/her physical conditions on the 180th day.

Article 22 Physical Check and Verification of Death

During the duration of claim period, the Company shall have the right to require the Insured person to undergo physical check or provide relevant report. If the Insured person is deceased, the Company shall have the right to request the evaluation of the insured accident.

Article 23 Compensation for Each Accident

The compensation for each Insured person shall not exceed the maximum amount for each accident stipulated in the Insurance Policy or Certificate. If the maximum amount for each accident cannot cover each Insured person in a Policy or Certificate, the compensation shall be made at a same lower proportion to each Insured person.

Article 24 Limits on Special Compensation

Each Insured person shall be entitled to one Insurance Contract for the same Insured risk. If an Insured person has multiple Contracts for one same Insured risk, the Company shall only shoulder the liability for the Contract with the highest insured amount. If the multiple contracts have the same maximum insured amount, the Company shall only make compensation for one contract, and return the premium of the rest contracts.

Time Limit for Action

Article 25 The time limit for action by the Applicant to seek compensation from the Company is 2 years, starting from the date of accident.

Termination of the Contract

Article 26 After conclusion of the Contract, the Policy holder may terminate the Contract through written document to the Company, unless the Company has already paid out the Insured benefit according to the Contract.

When terminates the Contract, the Policy holder shall provide the following documents and materials:

- (1) Application Letter for termination of Contract;
- (2) Original copy of the Insurance Policy;
- (3) Certificate of paid premium;
- (4) Legal identification of the Policy holder/Applicant. When the Policy is purchased along with the flight ticket(s), the legal identification refers to the boarding pass(es) and the flight ticket(s) for the flight(s) that is covered by the Policy. Should the insurer have any reasonable doubts about the identity supported by only those documents, it may request that insured present his/her ID card or Passport in the office of the insurer. If the insured declines this option, the insured may choose to provide a copy of his/her ID card/passport to the Insurer.

When the Policy holder applies to terminate the Contract, the Contract ceases its effect on the day when the Company receives the Application Letter for termination of Contract. The Company shall pay back the outstanding net unearned premium within 30 days after receiving the above mentioned documents and materials.

Disputes Settlement and Applicable Laws

Article 27 Disputes Settlement

If any dispute occurs in the execution of the Contract, the Parties shall seek to settle the dispute through consultation. If consultation fails to settle the dispute, the dispute shall be submitted to the Arbitration authority stated in the Contract. If there is no Arbitration

authority specified in the Contract or the Arbitration authority fails to settle the dispute, a lawsuit shall be filled to the court of Hong Kong.

Article 28 Governing Laws

This Contract and any dispute arising out of or in connection with this contract shall be governed and construed in accordance with laws of Hong Kong.

Article 29 Definitions

1、**Age** shall mean the age of the Insured person at the last birthday before the Contract takes into effect.

2、**Domestic** shall mean China's Hong Kong Special Administrative Region.

3、**Oversea** shall mean Countries and regions outside of China's Hong Kong Special Administrative Region.

4、**Travel /journey** shall mean the Insured person goes to place(s) outside of his/her legal or usual residential city on leisure, business or other purposes, and stays longer than 24 hours but not exceed one year.

5、**The Company** shall mean Hong Kong branch of Allianz Global Corporate & Specialty SE . that enters into Insurance Contract with a Policy holder/ Applicant.

6、**Accidental injury** shall mean physical injury caused directly by external, unexpected, unintentional and non-disease objective events.

7、**Elementary outdoor sports** shall Including outdoor travel, hiking, mountain climbing for leisure, camping, mountain or non-mountain orienteering, artificial rock-climbing and descending, boating, swimming, teambuilding, bicycling, roll-skidding, and skin dive.

8、**Burns** shall mean that the entire skin layer of an Insured Person was damaged by Accidental Burns, defined as 3rd degree burns, while the Policy is in force. Third degree burns damage the skin (epidermis and dermis), to muscle tissue, bone and subcutaneous fat, and result in scarring. The degree of burns and damaged area are determined by the evaluation of the authorized institution by the Company.

9、**Limbs** shall the four limbs of a human body, i.e. left up limb, right up limb, left lower limb, and right lower limb.

10、**Epidemic** shall mean sudden outbreak and rapid spread of certain contagious disease in a country or region.

11、**Pandemic:** Pandemic shall mean certain contagious disease spreading across a whole continent or in the whole human race.

12、**Expedition** shall mean voluntary engagement in certain knowingly dangerous natural environment that may leads to loss of life or body injury, e.g. river drifting, walking across a desert, or traveling in sparsely-populated primary forest.

13、**Marsh art competition** shall mean two people or above engage in confrontational race such as confrontational judo, karate, taekwondo, Sanda, boxing, or other tool-assisted competition.

14、**Stunt** shall mean special skills such as horsemanship, acrobatics, animal-training, etc.

15、**Doctor** shall mean any medical practitioner that is accredited and registered

according to the laws in the country where he/she practice medicine, unless the doctor is the Insured person himself/herself, or a family member of the Insured person, or has direct interest relations with the Insured person.

16、Controlled drugs shall mean the medicine listed as special administrated type by the Drug Administration Law of Hong Kong and other relevant laws, includes but not limits to narcotic drugs, psychotropic drugs, toxic drugs and radioactive drugs.

17、Drive without legitimate driving license

In case the Insured person

(1) shall have no driving license or the license is expired;
(2) shall drive a vehicle other than the vehicle type specified in his/her driving license;

(3) shall drive a bus or passenger coach with a learner's license, or drive a vehicle loaded with explosives, explosive and flammable chemicals, highly toxic or radioactive substance, or drives a motor trailer with a learner's license.

(4) shall driver with unauthorized license, or drive a motor vehicle when the driving license is detained, seized, suspended, or de-registered.

(5) shall have no state authorized permit when operation special purpose vehicles, or drive commercial passenger coach without state accredited qualification.

(6) shall drive when relevant laws or the transportation authorizes forbids the driving of motor vehicles.

18、Vehicle without legitimate registration, including:

- (1) The vehicle has been de-registered according to law;
- (2) The vehicle has no registration, or vehicle number, or provisional registration number issued by the transportation authority,
- (3) The vehicle does not pass the mechanical security check or did not pass the check in the required period.

19、Outstanding net unearned premium

Outstanding net unearned premium=premium * [1-(already covered days by the Policy/Policy Period)]*(1-25%)

Outstanding time less than one day shall be calculated as one day.

25% is the rate of procedure fee.

20、Force Majeure shall mean any external event which is unforeseen, unavoidable and cannot be overcome.

21、Benefit applicant shall mean successor(s) of the beneficiary or the Insured person, or other natural person(s) that have legal entitlement to the Insurance benefit.

22、Business travel/ trip shall mean the trip assigned by the Insured person's employer to the Insured person for business purposes. The trip does not include the travel between the Insured person's daily residence and work place, or the private travel undertook by the Insured person.

Table 1 :

Schedule of Life Insurance Disability Degree and Benefit Payment

Degree	Item	Degree of Disability	Percentage of Sum Insured

Level 1	1	Permanent total loss of sight of both eyes (note1)	100%
	2	Loss of both upper limbs at or above the wrist or both limbs at or above the ankle	
	3	Loss of one upper limb at or above the wrist and of one lower limb at or above ankle	
	4	Permanent total loss of sight of one eye and one upper limb at or above wrist	
	5	Permanent total loss of sight of one eye and one upper limb at or above ankle	
	6	Permanent total loss of function of joints of all the limbs (note 2)	
	7	Permanent total loss of function of chew and swallow (note 3)	
	8	Severe damage to the function of the central nervous system or the internal organs such as the abdomen and thorax resulting in the permanent loss of the ability to engage in any job occupation and independently perform daily activities that are essential to the maintenance of life (note 4)	
Level 2	9	Permanent total loss of function of two or more of the three great-joints of both upper limbs or of both lower limbs or of both an upper limb and a lower limb (note 5)	75%
	10	Total loss of all fingers (note 6)	
Level 3	11	Permanent total loss of one upper limb at or above the wrist or of function of the three great-joints of an upper limb	50%
	12	Permanent total loss of one lower limb at or above the ankle or of function of the three great-joints of a lower limb	
	13	Permanent total loss of hearing in both ears (note 7)	
	14	Permanent total loss of function of joints of all fingers (note8)	
	15	Loss of all toes (note 9)	
Level 4	16	Permanent total loss of sight of one eye	30%
	17	Permanent total loss of function of two great-joints of the three great-joints of an upper limb	
	18	Permanent total loss of function of two great-joints of the three great-joints of a lower limb	
	19	Loss of four or more fingers (including a thumb and a forefinger) of one hand	
	20	Permanent shortening of a leg by at least 5cm	
	21	Permanent total loss of speech (note 10)	
	22	Permanent total loss of function of all toes	
Level 5	23	Permanent total loss of function of one great-joint of the three great-joints of an upper limb	20%
	24	Permanent total loss of function of one great-joint of the three great-joints of a lower limb	
	25	Loss of both thumbs of both hands	
	26	Loss of all toes of one foot	
	27	Obvious defect of two eyelids (note 11)	

	28	Permanent total loss of hearing in one ear	
	29	Defect of nasal part and severe dysosmia (note 12)	
Level 6	30	Loss of forefinger and thumb of one hand, or of more than three fingers including thumb or forefinger	15%
	31	Permanent total loss of function of three or more fingers of one hand including thumb or forefinger	
	32	Permanent loss of function of five toes of one foot	
Level 7	33	Loss of a thumb or a forefinger of one hand, or two or more fingers of middle-finger, ring-finger or little finger	10%
	34	Permanent total loss of function of a thumb and a forefinger of one hand (note 13)	

Notes:

(1) Loss of sight of eye(s) shall include removal or loss of eyeball(s), or anopia, or only the ability for light sensation, or visual acuity after correction of lower than 0.02 of the international standard eyesight chart, or a visual field narrower than 5 degrees. Medical evidence must be provided by a qualified ophthalmologist appointed by the Company.

(2) Loss of function of joint(s) shall mean permanent total stiffness, or paralysis of the joints, or that the joints may not be able to move willfully.

(3) Loss of function to chew and swallow shall mean the organic or functional disturbance of such functions as chewing and swallowing by any means other than dental causes, and which renders the Insured Person incapable of eating or swallowing anything other than fluid diet.

(4) Inability to perform independently the daily activities that are essential to life shall mean complete and continuous inability of the Insured Person to perform such activities independently as eating, going to the toilet, dressing, walking, bathing, etc., and must rely on the assistance of others.

(5) The three great-joints of upper limb include shoulder joint, elbow joint, and wrist joint; three great-joints of lower limb include hip joint, knee joint, and ankle joint.

(6) Total loss of finger shall mean complete severance through or above the proximal phalangeal joints (interphalangeal joints of thumb).

(7) Total loss of hearing shall mean the average frequency hearing loss is above 90 dB where speech frequencies are at 500, 1,000, 2,000 Hz.

(8) Total loss of function of joints of fingers shall mean complete severance through the distal phalangeal joints, or stiffness of proximal phalangeal joints or moving disturbance of the phalangeal joints.

(9) Total loss of toes shall mean complete severance through or above the metatarsophalangeal joints.

(10) Total loss of speech shall mean the loss of articulating ability of any three of the four sounds which contribute to the speech (from the labial sounds, alveolar sounds, palatal sounds, and the velar sounds) or total loss of vocal cord or damage of speech center in brain resulting in aphasia. However, all psychiatric related causes are excluded. Medical evidence must be supplied by a qualified otorhinolaryngology specialist.

(11) Obvious defect of two eyelids shall mean eyelids incapable of covering corneas

completely when the Insured Person closes his/her eyes.

(12) Defect of nasal part and severe dysosmia shall mean the irrecoverable defect of total or one half nasal cartilage and nasal atresia, nasal dyspnea or anosmia of both sides.

(13) Permanent total loss shall mean bodily injury beyond hope of improvement at the expiry of at least one hundred eighty (180) days medical treatment from the date of Accident, but exclude the irrecoverable status such as removing the eyeball.

TABLE 2 Schedule of Benefits for Third Degree Burns

Body Part	No.	Percentage of Damaged Area to Total Body Surface	Maximum Percentage of Sum Insured
Head and Hand	1	Less than 8%	100%
	2	5% or more but less than 8%	75%
	3	2% or more but less than 5%	50%
Body (excluded head and hand surface)	4	20% or more	100%
	5	15% or more but less than 20%	75%
	6	10% or more but less than 15%	50%

Note: Third degree burns means the burnt damage in all level of the skin, the under skin tissue, or even deeper.

Allianz Global Corporate & Specialty -SE Hong Kong Branch.

Supplementary Medical Expense Insurance Clauses

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Global Corporate & Specialty SE Hong Kong Branch.

Article 2 Insurance Liability

I. During the Insured period, if the Insured person sustains accidental injury or acute disease (see definition 1) when traveling overseas with effective documents, and goes to hospitals (see definition 2) or medical institutions approved by the Company for treatment within 5 days after the occurrence of the accident or the onset of the acute disease, the Company shall be liable for the following expenses as stipulated by the supplementary clauses:

If the accidental injury or acute disease occurs overseas, the expenses incurred within 90 days after the injury or disease occurs for the treatment of the said injury or disease in the overseas hospital shall be covered by the Company, provided the expenses are consistent with the supplementary clauses, reasonable, conventional and necessary, including diagnosis cost, operational cost, hospitalization cost, medical cost (the prescript medicine only), X ray examination cost, medical appliances cost, ambulance cost, etc..

If the Insured person sustains accidental injury or acute disease when traveling overseas, receives diagnosis and treatment by qualified overseas doctor, and the injury or disease covered by the Contract directly leads to further treatment after the Insured person returns to China, then the expenses incurred within 30 days (but no more than 90 days since the date of sustaining accidental injury or acute disease) after the Insured person returns to China for the treatment of the said injury or disease in the domestic hospital shall be covered by the Company, provided the expenses are consistent with the supplementary clauses and the medical insurance regulation of the local authorities, reasonable, conventional and necessary.

The medical expense incurred during the further domestic treatment and covered by the Company shall not exceed 10% of the total insured amount stipulated in the Insurance Policy or certificate.

The dental treatment cost covered by the supplementary clauses shall only limits to treatment of dental injury caused by the accident. After the diagnosis by doctors in hospital or medical institutions approved by the Company, the cost of necessary emergency dental treatment to relieve severe pain, including diagnosis cost, operation cost and medicine cost (only limits to the prescript medicine for pain alleviation), shall be covered by the Company.

Article 3 Disclaimer of Liabilities

The company shall not be liable for the following expenses incurred by the Insured

person:

1. Any compensation the Insured person already received from the state-covered medical service, basic social medical insurance, supplementary commercial medical insurance, and compensation from other government agencies or social welfare institutions.

2. The expense incurred by the Insured person for rehabilitation treatment, physiotherapy, vaccination, miscarriage prevention and child-delivery (including caesarean birth, miscarriage or induced labor).

3. The treatment or operation expense for prolapse or dislocation of lumbar intervertebral disc, contraception or sterilization, tonsil, adenoid, hernia, female genital disease, and drug allergy. However, if emergency treatment or operation is performed to avoid life risk or permanent physical damage of the Insured person, the expenses shall not be disclaimed by the Company.

4. The expense for nursing, heating, boarding, charge of loss of work time, hiring private nurse, or the insured person installs artificial eyes, false teeth, artificial limbs or buys instrumentalities for the disabled;

5. The expenses of psychological counseling, plastic surgery, orthopedic surgery or other operations that are NOT urgently required.

6. Expenses of general physical check, health check, rehabilitation or recovery treatment, or organ donation related medical expenses.

7. Teeth cleaning, Teeth whitening, orthodontics, porcelain veneer, dental implanting or dental crown fitting done by the insured but not caused by the accidental injuries.

8. The treatment and rehabilitation costs for congenital malformations, hereditary diseases, deformations or chromosomal abnormalities of the Insured.

9. The treatment and rehabilitation costs for pre-existing conditions or symptoms of the Insured, including mental diseases, schizophrenia, congenital disease, sexually transmitted diseases, etc.

10. The expense resulted from treatment or operation that the attending doctor or medical institution suggests may be reasonably postponed to the return of the Insured to his/her original place (see definition 4), but insisted by the Insured person to be performed in the overseas local hospital.

11. Expenses that covered by local assistance agency or the third party service provider that are not required of the Insured person, or the expenses that already covered in travel fees.

12. The expense incurred due to performing or choosing unauthorized assistance by the Insured person before arriving at the hospital.

13. Expenses that without original invoice, receipt or treatment certificate issued by the local hospital.

14. If the Insured sustains accidental injury or acute disease when traveling oversea but does not get diagnosis from local doctors, any expense resulted from emergency clinic or hospitalized treatment for the Insured person when he/she return to the original place shall not be covered by the Company.

15. If the Insured sustains accidental injury or acute disease when traveling

oversea and get diagnosis from local doctors, any expense resulted from emergency clinic or hospitalized treatment for any irrelevant injury or disease for the Insured person when he/she returns to the original place shall not be covered by the Company.

16. Expenses resulted from medicine, examination, treatment or materials other than those covered in the domestic basic medical insurance.

17. Other matters of disclaimed liabilities as set forth in the Principal Contract.

Article 4 Assistance of medical guarantee deposit

When the Insured sustains accidental injury or acute disease when traveling overseas, the Insured person or his/her travel companion shall inform the assistance agency designated by the Company or its representative (hereafter as "assistance agency") to seek medical consultancy service or arrange hospitalization procedure. As for the medical guarantee deposit for the hospitalized period, under the authorization of the Company, the assistance agency shall provide medical guarantee deposit for the Insured person during the hospitalization period within the total insured amount. If the assistance agency fails to provide medical guarantee deposit for the hospitalization expenses, the Company shall pay the compensation to the Insured person after verifying and recognizing the expenses.

Article 5 Insured Amount and Premium

The Insured Amount is the maximum amount covered by the Company to the Insured person for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the supplementary clauses. The Insured person and the Company may agree on restrictive terms such as deductibles in the supplementary clauses.

Article 6 Insured Period

Unless otherwise stipulated, the insured period of the supplementary clauses is the same as that of the Principal Contract.

Article 7 Claim of Insurance Benefits

I. If the Insured person files Claimant Paper for Insurance Benefits as the Claimant, the following document and information shall be provided to the Company:

- 1、Original copy of the Insurance Policy or Certificate;
- 2、Legal identification of the Applicant: When the Policy is purchased along with the flight ticket(s), the legal identification refers to the boarding pass(es) and the flight ticket(s) for the flight(s) that is covered by the Policy. Should the insurer have any reasonable doubts about the identity supported by only those documents, it may request that insured present his/her ID card or Passport in the office of the insurer. If the insured declines this option, the insured may choose to provide a copy of his/her ID card/passport to the Insurer.;
- 3、The medical diagnosis (including pathological examination, analysis certificate and other examination reports), medical records, original medical expense receipts,

original hospital discharge papers and relevant other documents presented by the hospital.

4、Proof document of the accident recognized by the Company.

5、If the journey is a business trip, the certificate of business travel with official seal presented by the Insured person's employer shall be provided.

6、Other evidence or documents which are relevant in determining the nature, cause or losses of the accident.

II. The above stated evidence and documents are important basis for claiming Insurance Benefits. **If the failure to provide relevant documents by the Claimant causes the Company cannot determine the authenticity of the Application, the Company shall not shoulder the liability to pay for the loss or expenses that cannot be verified.**

III. When the calculation and payment of the Insurance benefits of the supplementary clauses involves foreign currency, the amount shall be converted to Hong Kong Dollar, and any compensation shall be made in Hong Kong Dollar. The conversion shall be based on the mid-day price pronounced by the Bank of China on the occurrence date of the insured accident.

IV. If the Insured has already been compensated by other insurance companies or from other channels, the Company shall, based on the evidence or payment certificates presented by other insurance companies or channel, deduct the already paid amount by other insurance companies or other channels from stipulated compensation amount in the supplementary clauses when making compensation to the Insured person.

V. If the compensated amount is less than the actual paid hospitalization expenses, the Claimant may send a written request to the Company for the return of original documents. The Company shall return the original documents after stamping seals and notes that the compensation has been paid.

Article 8 Termination of Supplementary Clauses

When the Principal Clauses terminates, the supplementary clauses shall also terminate. If the Principal Clauses are invalid, the supplementary clauses are also invalid.

Article 9 Definitions

1、**Acute disease** shall mean the sudden onset of certain disease or symptom by the Insured person during the insured period of the supplementary clauses, not including any disease or symptom sustained before the inclusion of this Contract or any chronic diseases of the Insured person.

2、**Hospital** shall mean public hospitals with level II or above qualifications as determined by the health authorities of PRC in China (not including Hong Kong, Macao, and Tai Wan), or hospitals or institutions jointly designated by the Company and the Insured person.

Hospital outside China (including Hong Kong, Macao, and Tai Wan) shall mean medical institutions that are recognized by the Company, established and operated according to local laws and meet the following requirements:

1) The main operation purpose is to provide medical care and treatment to hospitalized patients.

2) The patient is treated by one or several doctors, and at least one of the doctors is a qualified resident doctor.

3) The hospital has sufficient and appropriate equipment for the diagnosis and treatment of the patient, and relevant medical equipment and devices for various operations.

4) There are qualified nurses providing 24-hour care service and guidance.

The hospital in the supplementary clauses shall not include the following or similar medical institutions:

(1) mental hospital;

(2) nursing house for the senior, rehabilitation institutions, detoxification center, or alcoholic centre;

(3) health center, natural resort, or recreation and recover center.

3、 Congenital Disease shall mean the disease or symptom the Insured person displaces since his/her birth. Such disease is caused by congenital malformations, deformations or chromosomal abnormalities, which may be resulted from harmful physical, chemical or biological factors to the fetus.

4、 Original Place: shall mean the regular residence of the Insured person in Hong Kong.

If certain definition is not provided in the supplementary clauses, please refer to the definitions of the Principal Clauses.

Article 10 Application of other Clauses

If the supplementary clauses shall be inconsistent with the Principal Clauses, the supplementary clauses shall prevail. In case certain issues cannot be settled by the supplementary clauses, the Principal Clauses shall be applied.

Allianz Global Corporate & Specialty SE Hong Kong Branch.

Supplementary Medical Evacuation and Repatriation Insurance Clauses

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Global Corporate & Specialty SE Hong Kong Branch.

Article 2 Insurance Liabilities

During the Insured period, if the Insured person suffers serious accidental injury (see definition 1) or serious acute disease (see definition 2) when traveling overseas with effective documents, and requires the following assistance service as recognized by the assistance agency entrusted by the Company or its representative (hereafter as the “assistance agency”), the Company shall pay the following transfer and repatriation expenses to the assistance agency as stipulated by the supplementary clauses.

I. Emergency medical transfer

1、To transfer the Insured person to the nearest and properly equipped local hospital in the accident-occurred place.

2、If the assistance agency considers the local hospital to which the Insured person is sent after the accident is not well equipped to ensure sufficient and timely treatment to the Insured person, the Insured person shall be transferred to other proper local hospitals or hospitals in the neighboring countries. The insurance obligation of the supplementary clauses shall terminate after the transfer.

3、During the transfer, the assistance agency shall send medical staff to escort the Insured person if necessary.

4、The emergency transportation means for the Insured person shall be the best means available in the accident-occurred place. If air service is required for the transfer, conventional flight shall be used in normal cases. In cases as deemed necessary by the assistance agency and approved by the Company, the Insured person may be transferred by chartered flight or chartered medical flight.

II. Emergency medical repatriation

1、If the assistance agency considers the injury or condition of the Insured person to be stabilized, the assistance agency shall arrange conventional flight for the Insured person to return to the original place (see definition 3). In cases as deemed necessary by the assistance agency, medical escort may be provided for the Insured person during the repatriation to the original place.

2、If the injury or condition of the Insured person permits as deemed by the assistance agency, arrangements will be made to send the Insured person to the airport of the original place as designated by the Insured person. If the airport is not or cannot be designated by the Insured person, the Insured person shall be sent to the nearest airport to the original place. If the assistance agency considers it is necessary for the Insured person to have hospitalized treatment when he/she arrives at the original place, the Insured person shall be sent to any hospital in the said airport location as designated by

the Insured person. If the airport is not or cannot be designated by the Insured person, the Insured person shall be sent to the nearest and properly equipped hospital in the original place, and the liability of medical repatriation terminates.

3、As recognized by the assistance agency, if the physical condition of the Insured person permits the Insured person to take conventional flight to return to the original place, the Insured person shall use the original return ticket or electronic ticket bought in the beginning of the journey. If the original return ticket or electronic ticket bought by the Insured person is expired due to the rescue, the assistance agency shall cover the return ticket for the Insured person, provided that the Insured person shall hand over the original return ticket or electronic ticket to the assistance agency, or provide the evidence of his/her purchase of return ticket. If the Insured person has no original return ticket or electronic ticket, or cannot provide relevant evidence thereof, the return ticket to the original place shall be shouldered by the Insured person.

4、As recognized by the local doctor of the accident-occurred place, if the Insured person is unable to return to the original place on himself/herself alone, the assistance agency may send an escort to accompany the Insured person to return to the original place. The escort to the Insured person shall use the original return ticket or electronic ticket bought in the beginning of the journey. If the original return ticket or electronic ticket bought is expired due to the rescue, the assistance agency shall cover the return ticket for the escort, provided that the Insured person shall hand over the original return ticket or electronic ticket to the assistance agency, or provide the evidence of his/her purchase of return ticket. If the Insured person has no original return ticket or electronic ticket, or cannot provide relevant evidence thereof, the flight ticket of the escort from the said place to the original place shall be shouldered by the Insured person.

III. The assistance agency may determine the means and destination of the transfer or repatriation based on the physical condition or treatment needs of the Insured person. The means and destination of the transfer or repatriation include arrangement of qualified doctor(s), nurse(s) and necessary transportation vehicle. The insurance liability for the Company is only limited to the expenses of the above stated medical transfer and repatriation, including the transfer, medical service during the transfer and necessary medical equipment and appliances arranged by the assistance agency.

The Company shall not be liable for any expenses that is not designated or approved by the assistance agency. If the Policy holder, the Insured person and his/her travel companion fails to notify the assistance agency in time under emergent medical circumstances, the Company may make compensation based on the Insurance Plan selected by the Insured person, and on the necessary and reasonable expense standards for the assistance agency to provide or arrange relevant services under such circumstances.

Article 3 Disclaimer of Liabilities

The company shall not be liable for the expenses incurred if the Insured person requires medical transfer or repatriation due directly or indirectly to any of the following causes:

- 1. The Insured undertakes recovery treatment, physiotherapy, miscarriage**

prevention and child-delivery (including caesarean birth, miscarriage or induced labor);

2. The Insured person receives psychological counseling, plastic surgery, orthopedic surgery or other operations that are NOT urgently required.

3. Expenses of general physical check, health check, rehabilitation or recovery treatment, or organ donation related medical expenses.

4. Teeth cleaning, Teeth whitening, orthodontics, porcelain veneer, dental implanting or dental crown fitting done by the insured but not caused by the accidental injuries.

5. The treatment and rehabilitation costs for congenital malformations (see definition4), hereditary diseases, deformations or chromosomal abnormalities of the Insured.

6. The treatment and rehabilitation costs for pre-existing conditions or symptoms of the Insured, including mental diseases, schizophrenia, congenital disease, sexually transmitted diseases, etc.

7. Expenses that without treatment certificate issued by the doctor or local hospital.

8. Expenses incurred due to medical transfer or repatriation that deemed unnecessary by the assistance agency but insisted by the Insured person.

9. Expenses that covered by local assistance agency or the third party service provider that are not required of the Insured person, or the expenses that already covered in travel fees.

10. Any expenses incurred due to medical transfer or repatriation that is not arranged or approved by the assistance agency.

11. Rescue and assistance caused directly or indirectly by the outbreak of any epidemic or pandemic disease.

12. Other matters of disclaimed liabilities as set forth in the Principal Contract.

13. The Insured person shall strictly follow the rescue and assistance protocol set by the Company and the assistance agency. Otherwise, the Company may disclaim all liabilities set forth in the supplementary clauses, suspend all assistance service, and refuse to pay any expenses resulted from disobedience or ignorance of the assistance agency's advice by the Insured person. If the Insured person refuse to follow the assistance protocol suggested by the assistance agency, the Company shall not be liable for any consequences thereof.

Article 4 Insured Amount and Insurance Premium

The Insured Amount is the maximum amount covered by the Company to the Insured person for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the Contract. The Insured person and the Company may agree on restrictive terms such as deductibles.

Article 5 Insured Period

The insured period of the supplementary clauses is the same as that of the Principal Contract.

Article 6 Obligations of the Insured person

I. During the Insured period, if the Insured person requires emergent medical transfer and repatriation service due to any Insured accident, the Insured person shall contact the assistance agency immediately by dialing the designated assistance telephone number.

II. The Insured person shall pay back to the assistance agency any expenses pre-paid by the assistance agency but not included in the liability of the supplementary clauses.

Article 7 Claim of Insurance Benefits

If the Insured person encounters any Insured accident covered in the supplementary clauses, the Insured person shall make timely notification to the assistance agency according to Article 6 of the supplementary clauses. The Company shall provide the obligated service and shoulder the obligated expenses stipulated in the supplementary clauses through the assistance agency. The Company shall not accept any claim of benefits unless the claim is raised through the assistance agency.

Article 8 Termination of Supplementary Clauses

When the Principal Clauses terminates, the supplementary clauses shall also terminate. If the Principal Clauses are invalid, the supplementary clauses are also invalid.

Article 9 Miscellaneous

I. The Company shall not be liable for any failure of providing the emergency assistance service due directly or indirectly to the causes which are out of the control of the Company or the assistance agency. The causes out of the control of the Company or the assistance agency include (but not limit to) any natural disaster, strike, flight condition, war, the government or international action at the accident-occurred place, or other force majeure.

II. The Company shall make emergency assistance arrangements based on the assistance agency's advice, and may reject any request by the Insured person that may harm his/her physical well-being or safety. If the Company or assistance agency shall consider the expenses to be unreasonable, the Company shall limit the expenses to a conventionally reasonable amount.

III. Any assistance or services to the Insured person shall abide by relevant international agreements, and laws and regulations of relevant countries and regions.

Article 10 Definitions

1、Serious injury shall mean any injury that is sustained by the Insured person and determined by the doctor as life-threatening and it is inappropriate for the Insured person

to continue the pre-arrange journey.

2、Acute serious disease shall mean any acute disease or symptom that is sustained or displayed by the Insured person during a Insured journey, and determined by the doctor as life-threatening and it is inappropriate for the Insured person to continue the pre-arrange journey, but NOT including any disease, symptom or chronic illness that the Insured person already sustained before entering into the supplementary clauses.

3、Original Place: shall mean the regular residence of the Insured person in Hong Kong.

4、Congenital Disease shall mean the disease or symptom the Insured person displaces since his/her birth. Such disease is caused by congenital malformations, deformations or chromosomal abnormalities, which may be resulted from harmful physical, chemical or biological factors to the fetus.

If certain definition is not provided in the supplementary clauses, please refer to the definitions of the Principal Clauses.

Article 11 Application of other Clauses

If the supplementary clauses shall be inconsistent with the Principal Clauses, the supplementary clauses shall prevail. In case certain issues cannot be settled by the supplementary clauses, the Principal Clauses shall be applied.

Allianz Global Corporate & Specialty SE Hong Kong Branch.

Supplementary Compassionate Visit Insurance Clauses

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Global Corporate & Specialty SE Hong Kong Branch.

Article 2 Insurance Liabilities

During the Insured period, if the Insured person suffers accidental injury (see definition 1) or acute disease (see definition 2) when traveling overseas, and requires in-hospital treatment as recognized by the local doctor of the accident-occurred place, and if the in-hospital treatment exceeds 7 days for the overseas travel, and the Insured person is unable to take care of him/herself and there is no other adult to take care of him/her, the Company shall cover the following reasonable and necessary expenses for one immediate family member of the Insured person to visit and take care of the Insured, and shoulder the following one of or both liabilities as stipulated by the supplementary clauses below:

- 1、The direct economic flight, ship or boat ticket for the visitor to travel from his/her regular residence to the place of the Insured person; and/or
- 2、The reasonable boarding expenses (as limited to the standard room of a three star hotel) and public transportation expenses.

Article 3 Disclaimer of Liabilities

The company shall not be liable if the insured accident is due directly or indirectly to any of the following causes:

- 1. The Insured undertakes recovery treatment, physiotherapy, miscarriage prevention and child-delivery (including caesarean birth, miscarriage or induced labor);**
- 2. Treatment for chronic or pre-existed diseases;**
- 3. Medical prevention or treatment for any epidemic or pandemic disease;**
- 4. The treatment for prolapse or dislocation of lumbar intervertebral disc;**
- 5. The treatment or operation for contraception or sterilization;**
- 6. The treatment for drug allergy;**
- 7. The treatment for tonsil, adenoid, hernia, female genital disease, and drug allergy. However, if emergency treatment or operation is performed to avoid life risk or permanent physical damage to the Insured person, the expenses shall not be disclaimed by the Company.**
- 8. The Insured person is diagnosed before the travel by qualified professional doctors as suffering from any terminal disease;**
- 9. The Insured person receives psychological counseling, plastic surgery, orthopedic surgery or other operations that are NOT urgently required.**

10. Expenses of general physical check, health check, rehabilitation or recovery treatment, or organ donation related medical expenses.
11. Teeth cleaning, Teeth whitening, orthodontics, porcelain veneer, dental implanting or dental crown fitting done by the insured but not caused by the accidental injuries.
12. The treatment and rehabilitation costs for congenital malformations (see definition4), hereditary diseases, deformations or chromosomal abnormalities of the Insured.
13. The treatment and rehabilitation costs for pre-existing conditions or symptoms of the Insured, including mental diseases, schizophrenia, congenital disease, sexually transmitted diseases, etc.
14. he expense resulted from treatment or operation that the attending doctor or medical institution suggests may be reasonably postponed to the return of the Insured to his/her original place (see definition 4), but insisted by the Insured person to be performed in the overseas local hospital.
15. Expenses that without original invoice or treatment certificate presented by the local hospital.
16. The Insured person refuses to heed the suggestion by the assistance agency;
17. Other matters of disclaimed liabilities as set forth in the Principal Contract.

Article4 Insured Amount and Premium

The Insured Amount is the maximum amount covered by the Company to the Insured person for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the supplementary clauses. The Insured person and the Company may agree on restrictive terms such as deductibles in the supplementary clauses.

Article 5 Insured Period

The insured period of the supplementary clauses shall be the same as that of the Principal Contract.

Article 6 Claim of Insurance Benefits

I. If the Insured person files Claimant Paper for Insurance Benefits as the Claimant, the following document and information shall be provided through the Policy holder to the Company:

- 1、 Original copy of the Insurance Policy or Certificate;
- 2、 Legal identification of the Applicant. When the Policy is purchased along with the flight ticket(s), the legal identification refers to the boarding pass(es) and the flight ticket(s) for the flight(s) that is covered by the Policy. Should the insurer have any reasonable doubts about the identity supported by only those documents, it may request that insured present his/her ID card or Passport in the office of the insurer. If the insured declines this option, the insured may choose to provide a copy of his/her ID card/passport to the

Insurer.

;

3、 The original copy or duplicated copy of the written document certifying the relationship between the Insured person and the visitor;

4、 The original list and invoice of the visitor's boarding and public transportation expenses;

5、 The original invoice, receipt or boarding pass of the flight, ship or train ticket for the round trip of the visitor;

6、 The medical diagnosis (including pathological examination, analysis certificate and other examination reports), medical records, original medical expense receipts, original hospital discharge papers and relevant other documents presented by the hospital.

7、 Written proof document of the accident recognized by the Company;

8、 If the journey is a business trip, the certificate of business travel with official seal presented by the Insured person's employer shall be provided;

9、 Other evidence or documents which are relevant in determining the nature, cause or losses of the accident.

II. The above stated evidence and documents are important basis for claiming Insurance Benefits. **If the failure to provide relevant documents by the Claimant causes the Company cannot determine the authenticity of the Application, the Company shall not shoulder the liability for the loss or expenses that cannot be verified.**

III. When the calculation and payment of the Insurance benefits of the supplementary clauses involves foreign currency, the amount shall be converted to Hong Kong Dollar, and any compensation shall be made in Hong Kong Dollar. The conversion shall be based on the mid-day price pronounced by the Bank of China on the date of the insured accident.

IV. If the Insured has already been compensated by other insurance companies or from other channels, the Company shall, based on the evidence or payment certificates presented by other insurance companies or channel, deduct the already paid amount by other insurance companies or other channels from the stipulated compensation amount in the supplementary clauses when making compensation to the Insured person.

Article 7 Termination of Supplementary Clauses

When the Principal Clauses terminates, the supplementary clauses shall also terminate. If the Principal Clauses are invalid, the supplementary clauses are also invalid.

Article 8 Definitions

1、 **Acute disease** shall mean the sudden onset of any disease or symptom by the Insured person during the insured period of the supplementary clauses, not including any disease or symptom sustained before the conclusion of this Contract or any chronic diseases of the Insured person.

2、 **Hospitalization** shall mean the Insured person is committed to hospitalized

treatment based on doctor's clinic diagnosis. The hospitalized treatment requires formal hospitalization procedure and stay in hospital for over 24 hours, but shall exclude clinic observation, family sickbed or other types of unqualified in-patient treatment. If the Insured person shall leave the in-patient ward for over 12 hours on other than medical purposes, the case shall be determined as automatic discharge of hospitalization.

3、 Days of hospitalization shall mean the days during which the Insured person stays in the in-patient section of the hospital for treatment, 24 hours as one day, excluding the days during which the Insured person leaves the hospital without authorization.

4、 Congenital Disease shall mean the disease or symptom the Insured person displaces since his/her birth. Such disease is caused by congenital malformations, deformations or chromosomal abnormalities, which may be resulted from harmful physical, chemical or biological factors to the fetus.

If the definition of the supplementary clauses conflicts with that in the Principal Clauses, the definitions in the Principal Clauses shall prevail.

Article 9 Application of other Clauses

If the supplementary clauses shall be inconsistent with the Principal Clauses, the supplementary clauses shall prevail. In case certain issues cannot be settled by the supplementary clauses, the Principal Clauses shall be applied.

Allianz Global Corporate & Specialty SE Hong Kong Branch.

Supplementary Return of Minors Insurance Clauses

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Global Corporate & Specialty SE Hong Kong Branch.

Article 2 Insurance Liabilities

During the Insured period, if the Insured person suffers accidental injury or acute disease (see definition 1) when traveling overseas with effective documents, which leads to un-attendance of his/her accompany minor child(ren) (see definition 2), the Insured person may request the assistance agency entrusted by the Company or its representative (hereafter as the “assistance agency”) to repatriate his/her accompany minor child(ren) to the regular residence in Hong Kong. The Company shall cover the assistance agency’s expense for the repatriation as stipulated in the supplementary clauses.

The accompanying minor child(ren) of the Insured person shall use the original return ticket or electronic ticket bought in the beginning of the journey. If the original return ticket or electronic ticket bought by the Insured person is expired due to the rescue, the assistance agency shall cover the return ticket for the accompanying minor child(ren), provided that the Insured person shall hand over the original return ticket or electronic ticket to the assistance agency, or provide the evidence of his/her purchase of return ticket. If the Insured person has no original return ticket or electronic ticket, or cannot provide relevant evident thereof, the return ticket of the accompanying minor child(ren) to the original place shall be shouldered by the Insured person.

Article 3 Disclaimer of Liabilities

The Company shall not be liable for the expenses incurred if the repatriation of the accompanying minor child(ren) of the Insured person is due directly or indirectly to the following causes:

- 1. The Insured undertakes recovery treatment, physiotherapy, miscarriage prevention and child-delivery (including caesarean birth, miscarriage or induced labor);**
- 2. The Insured person receives psychological counseling, plastic surgery, orthopedic surgery or other operations that are NOT urgently required.**
- 3. Expenses of general physical check, health check, rehabilitation or recovery treatment, or organ donation related medical expenses.**
- 4. Teeth cleaning, Teeth whitening, orthodontics, porcelain veneer, dental implanting or dental crown fitting done by the insured but not caused by the accidental injuries.**
- 5. The treatment and rehabilitation costs for congenital malformations (see**

definition 3), hereditary diseases, deformations or chromosomal abnormalities of the Insured.

6. The treatment and rehabilitation costs for pre-existing conditions or symptoms of the Insured, including mental diseases, schizophrenia, congenital disease, sexually transmitted diseases, etc.

7. The expense resulted from treatment or operation that the attending doctor or medical institution suggests may be reasonably postponed to the return of the Insured to his/her original place (see definition 4), but insisted by the Insured person to be performed in the overseas local hospital.

8. Any contagious disease, epidemic or pandemic disease.

9. Expenses that covered by local assistance agency or the third party service provider that are not required of the Insured person, or the expenses that already covered in travel fees.

10. Any repatriation expenses that are not authorized or arranged by the assistance agency.

11. Other matters of disclaimed liabilities as set forth in the Principal Contract.

Article 4 Insured Amount and Premium

The Insured Amount is the maximum amount covered by the Company to the Insured person for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the supplementary clauses.

Article 5 Insured Period

The insured period of the supplementary clauses shall be the same as that of the Principal Contract.

Article 6 Obligations of the Insured person

III. During the Insured period, if the Insured person requires emergent medical transfer and repatriation service due to any Insured accident, the Insured person shall contact the assistance agency immediately by dialing the designated assistance telephone number.

IV. The Insured person shall pay back to the assistance agency any expenses pre-paid by the assistance agency but not included in the liability of the supplementary clauses.

Article 7 Claim of Insurance Benefits

If the Insured person encounters any Insured accident covered in the supplementary clauses, the Insured person shall make timely notification to the assistance agency according to Article 6 of the supplementary clauses. The Company shall provide the obligated service and shoulder the obligated expenses stipulated in the supplementary clauses through the assistance agency. The Company shall not accept any claim of benefits unless the claim is raised through

the assistance agency.

Article 8 Termination of Supplementary Clauses

When the Principal Clauses terminates, the supplementary clauses shall also terminate. If the Principal Clauses are invalid, the supplementary clauses are also invalid.

Article 9 Definitions

1、 Acute disease shall mean the sudden onset of any disease or symptom by the Insured person during the insured period of the supplementary clauses, not including any disease or symptom sustained before the conclusion of the supplementary clauses or any chronic diseases of the Insured person.

2、 Minor child(ren) shall mean any son/daughter, or grandson/daughter that is under 18 years of age, legally related to and travels together with the Insured person, and is specified in the Policy.

3、 Congenital Disease shall mean the disease or symptom the Insured person displaces since his/her birth. Such disease is caused by congenital malformations, deformations or chromosomal abnormalities, which may be resulted from harmful physical, chemical or biological factors to the fetus.

If certain definition is not provided in the supplementary clauses, please refer to the definitions of the Principal Clauses.

Article 10 Application of other Clauses

If the supplementary clauses shall be inconsistent with the Principal Clauses, the supplementary clauses shall prevail. In case certain issues cannot be settled by the supplementary clauses, the Principal Clauses shall be applied.

Allianz Global Corporate & Specialty SE Hong Kong Branch.

Supplementary Return of Remains Insurance Clauses

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Global Corporate & Specialty SE Hong Kong Branch.

Article 2 Insurance Liabilities

During the Insured period, if the Insured person suffers accidental injury or acute disease when traveling overseas with effective documents, which directly and alone causes the decease of the Insured person within 30 days of the occurrence of the accident or onset of the disease, the assistance agency entrusted by the Company shall, according to the behest of the Insured or the wishes of his/her family, arrange the body reservation or cremation within the permit of the local laws and regulations, and repatriate the body or ashes to the original place of the Insured, or arrange local burial.

1、 If the body is to be repatriated to the original place, the assistance agency shall transport the body of the Insured person from the deceased place to the nearest airport of the original place, the coffin expense shall be subject to the conventional local coffin standards of the deceased place;

2、 If the body is to be cremated, the assistance agency shall cremate the body of the Insured person in the deceased place, and repatriate the ashes to the original place (the repatriation fare is subject to conventional flight fare), the cremation expense shall be subject to the conventional local cremation standards of the deceased place.

3、 If the body is to be buried locally, the assistance agency shall arrange local burial for the deceased Insured person, the burial expense shall be subject to the conventional local burial standards of the deceased place.

4、 If the assistance agency has not been informed of the behest of the Insured or the wishes of his/her family in time, or the behest of the Insured violates local laws and the wishes of Insured person's family member has not been informed to the assistance agency in time, the assistance agency shall, within the permit of the local laws and regulations, cremate the body locally and repatriate the ashes to the original place (the cremation expense shall be subject to the conventional local cremation standards of the deceased place), and the repatriation fare is subject to conventional flight fare.

5、 If the behest of the Insured or the wishes of his/her family violate local laws and regulation, and remains unchanged despite of the advice of the assistance agency, the Contract and the Insurance liabilities shall terminate, and the Company shall repay the unearned premium to the Policy holder.

The Company shall not be liable for any expenses that is not designated or approved by the assistance agency. If the Policy holder, Insured person and his/her travel companion fails to notify the assistance agency in time under emergent medical

circumstances, the Company may make compensation based on the Insurance Plan selected by the Insured person, and on the necessary and reasonable expense standards for the assistance agency to provide or arrange relevant services under such circumstances.

Article 3 Disclaimer of Liabilities

The Company shall not be liable for the expenses if the body repatriation of the Insured person is due directly or indirectly to any of the following causes:

- 14. The Insured undertakes recovery treatment, physiotherapy, miscarriage prevention and child-delivery (including caesarean birth, miscarriage or induced labor);**
- 15. The Insured person receives psychological counseling, plastic surgery, orthopedic surgery or other operations that are NOT urgently required;**
- 16. Expenses of general physical check, health check, rehabilitation or recovery treatment, or organ donation related medical expenses;**
- 17. Teeth cleaning, Teeth whitening, orthodontics, porcelain veneer, dental implanting or dental crown fitting done by the insured but not caused by the accidental injuries;**
- 18. The treatment and rehabilitation costs for congenital malformations (see definition4), hereditary diseases, deformations or chromosomal abnormalities of the Insured;**
- 19. The treatment and rehabilitation costs for pre-existing conditions or symptoms of the Insured, including mental diseases, schizophrenia, congenital disease, sexually transmitted diseases, etc;**
- 20. Without relevant certificate presented by the hospital or doctor;**
- 21. Expenses that covered by local assistance agency or the third party service provider that are not required of the Insured person, or the expenses that already covered in travel fees;**
- 22. Any expenses incurred for body repatriation that is not authorized or arranged by the assistance agency;**
- 23. The rescue operation directly or indirectly caused by outbreak of epidemic disease or pandemic disease;**
- 24. Other matters of disclaimed liabilities as set forth in the Principal Contract;**
- 25. The Insured person shall strictly follow the rescue and assistance protocol set by the Company and the assistance agency. Otherwise, the Company may disclaim all liabilities set forth in the supplementary clauses, suspend all assistance service, and refuse to pay any expenses resulted from disobedience or ignorance of the assistance agency's advice by the Insured person. If the Insured person refuse to follow the assistance protocol suggested by the assistance agency, the Company shall not be liable for any consequences thereof.**

Article 4 Insured Amount and Premium

The Insured Amount is the maximum amount covered by the Company to the Insured

person for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the supplementary clauses. The Insured person and the Company may agree on restrictive terms such as deductibles in the supplementary clauses.

Article 5 Insured Period

The insured period of the supplementary clauses shall be the same as that of the Principal Contract.

Article 6 Obligations of the Insured person

V. During the Insured period, if the Insured person requires emergent medical transfer and repatriation service due to any Insured accident, the Insured person shall contact the assistance agency immediately by dialing the designated assistance telephone number.

VI. The Insured person shall pay back to the assistance agency any expenses pre-paid by the assistance agency but not included in the liability of the supplementary clauses.

Article 7 Claim of Insurance Benefits

If the Insured person encounters any Insured accident covered in the supplementary clauses, the Insured person shall make timely notification to the assistance agency according to Article 6 of the supplementary clauses. The Company shall provide obligated service and shoulder the obligated expenses stipulated in the supplementary clauses through the assistance agency. The Company shall not accept any claim of benefits unless the claim is raised through the assistance agency.

Article 8 Termination of Supplementary Clauses

When the Principal Clauses terminates, the supplementary clauses shall also terminate. If the Principal Clauses are invalid, the supplementary clauses are also invalid.

Article 9 Miscellaneous

IV. The Company shall not be liable for any failure of providing the emergency assistance service directly or indirectly due to the causes which are out of the control of the Company or the assistance agency. The causes out of the control of the Company or the assistance agency include (but not limit to) any natural disaster, strike, flight condition, war, the government or international action at the accident-occurred place, or other force majeure.

V. The Company shall make emergency assistance arrangements based on the assistance agency's advice, and may reject any request by the Insured person that may harm his/her physical well-being or safety. If the Company or assistance agency shall consider the expenses to be unreasonable, the Company shall limit the expenses within a conventionally reasonable range.

VI. Any assistance or services to the Insured person shall abide by relevant international agreements, and laws and regulations of relevant countries and regions.

Article 10 Definitions

1、 Serious injury shall mean any injury that is sustained by the Insured person and determined by the doctor as life-threatening and it is inappropriate for the Insured person to continue the pre-arrange journey.

2、 Acute serious disease shall mean any acute disease or symptom that is sustained or displayed by the Insured person during a Insured journey, and determined by the doctor as life-threatening and it is inappropriate for the Insured person to continue the pre-arrange journey, but NOT including any disease, symptom or chronic illness that the Insured person already sustained before entering into the supplementary clauses.

3、 Original Place: shall mean the regular residence of the Insured person in Hong Kong.

4、 Congenital Disease shall mean the disease or symptom the Insured person displaces since his/her birth. Such disease is caused by congenital malformations, deformations or chromosomal abnormalities, which may be resulted from harmful physical, chemical or biological factors to the fetus.

If certain definition is not provided in the supplementary clauses, please refer to the definitions of the Principal Clauses.

Article 11 Application of other Clauses

If the supplementary clauses shall be inconsistent with the Principal Clauses, the supplementary clauses shall prevail. In case certain issues cannot be settled by the supplementary clauses, the Principal Clauses shall be applied.

Allianz Global Corporate & Specialty SE Hong Kong Branch.

Supplementary Baggage Loss or Damage Insurance Clauses

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Global Corporate & Specialty SE Hong Kong Branch

Article 2 Insurance Liabilities

During the Insured period, in case of loss of or damage to the personal effects of an Insured person including baggage (see definition 1), personal belongings in the baggage and articles legally owned by the Insured Person as a result of theft, robbery, attempted theft by any third party or caused by common carriers or any third parties, occurring during travel period, and report the incident to local customs, police or relevant authorities with 24 hour after the accident occurs, the Company shall pay, after deduction of any deductible (if any), the costs for the replacement or repair whereof up to the lesser of following:

- 1) the cost of repair at the time of loss or damage;
- 2) the cost of replacement at the time of loss or damage;
- 3) the limit mount stated in the Schedule applicable to the Insured person.

In the event of damage to personal effects of the Insured person due to any causes above-mentioned which is proven to be beyond reasonable and economical repair, the articles shall be deemed as have been lost and the Company shall pay the Insured person for the Replacement Costs for the said personal effects, up to the limit as stated in the Schedule.

During the repair or replacement of the Insured article, the Company shall not be liable to compensate the extra expense due to any changes to, or functional improvement or enhancement of the Insured article.

When calculating the payable amount of the compensation, the Company shall consider depreciation of the Insured object according to the time of use and normal wear and tear. The depreciated amount shall be determined by the Company or agreed on by both parties. The depreciation shall be calculated based on the total year limits of use for the property. The Schedule for calculating depreciation is as follows:

Table for Calculation of Property Depreciation

Item	Percentage of deduction
Clothes	20% per year
Shoes	30% per year
Cosmics	50% per year

sports appliances	30% per year
travel cases, boxes or bags	10% per year
audio device, video device, computer, laptop and other electronic devices and accessories	30% per year, or the price of the product of same model at that time (whichever with the lower price)

If the loss of personal effects by the Insured person can be compensated from the common carrier or any other third part, the Company shall only shoulder the remaining outstanding amount of the loss.

Article 3 Disclaimer of Liabilities

I. The Company shall not be liable for any loss of or damage to the personal effects of the Insured person directly or indirectly as a result of:

- 1. loss or damaged caused by intentional fabrication of any accident, conceit, fraud, or law-breaching activities by the Insured person;**
- 2. loss as a consequence of confiscation, detention, quarantine, inspection, capture or destroy by the Customs or other administrative authorities;**
- 3. loss or damage caused by normal wear and tear, depreciation, vermin, mould, erosion, gradual deterioration, light, or undergoing any process involving the application of heat, dehumidifying, cleaning, dyeing, replacement or maintenance, or scratch, dent, mechanical or electrical breakdowns, misuse, faulty craftsmanship or design, or use of defective materials;**
- 4. loss or damage caused by the inherent defect of the article, lack of proper packaging, care or safekeeping, improper use, or the provocation by the Insured person;**
- 5. loss or damage caused by scratch, tear or stain;**
- 6. loss due to the theft by any business partner, relative, or travel companion of the Insured person;**
- 7. loss by lack of due care of the Insured person, or left unattended in public place, or lost by the Insured person;**
- 8. any loss due to unknown causes or any mysterious disappearance;**
- 9. Other matters of disclaimed liabilities as set forth in the Principal Contract.**

II. The Company shall not be liable for the loss of the following articles:

- 1. gold, silver, jewelry or accessories, mounted or un-mounted precious stone or semi-precious stone ;**
- 2. Lap-Top computer (only for non-business travel);**
- 3. Portable digital devices (only for business travel);**
- 4. mobile phones, or Personal Digital Assistant (PDA);**
- 5. glass articles, porcelain, pottery, furniture, antique, art work, and other fragile articles;**
- 6. audio-video products, computer software, seal/stamp, documents;**
- 7. breakage or damage to fragile articles, such as glass or crystal;**

8. inflammable, explosive or dangerous objects;
9. any daily consumables, animals or plants or foods;
10. business goods, samples or mails;
11. loss of cash, bonds, instruments, stamps, coupons, title deeds, stocks, plastic money (including credit cards) or other payment tools, or travel documents;
12. loss of data recorded on tapes, cards, CDs, DVDs, memory disc or otherwise;
13. loss of or damage to baggage sent or souvenirs and articles those are not mailed or shipped at the same time of traveling
14. bicycles, motor vehicles (including accessories), motorcycles, boats, motors or other conveyances
15. hired or leased equipment;
16. the loss, theft or damage to valuables that are not in the custody of the Insured person, unless the said valuables is kept in the residence, safe box or other save keeping places, and there is evidence that someone has violently intruded and got the said valuables.
17. loss, theft or damage of personal effects or valuables that are left in the hotel or motel by the Insured person when he/she checks out of the hotel or motel; or loss, theft or damage of any articles left by the Insured person in any air transportation, boat, train, taxi or bus;
18. smuggling or illegal transportation or trade;
19. articles which operate normally or recover normal functions after repair by a carrier, hotel, or any other parties liable.
20. the Insured Person does not report to the local customs, police or relevant authorities, and obtain a written report therefrom within twenty-four (24) hours as of the insured accident;
21. loss that can be compensated from the common transportation carrier, travel agency, hotel, or other insurance policy;
22. loss due to depreciation;
23. loss, theft or damage occurred in the original place of the Insured person (see definition 2);
24. baggage sent or souvenirs and articles those are not mailed or shipped at the same time of traveling
25. Other matters of disclaimed liabilities as set forth in the Principal Contract.

Article 4 Insured Amount and Premium

The Insured Amount is the maximum amount covered by the Company to the Insured person for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the supplementary clauses. The Insured person and the Company may agree on restrictive terms such as deductibles in the supplementary clauses.

Article 5 Insured Period

The insured period of the supplementary clauses shall be the same as that of the Principal Contract.

Article 6 Obligations of Insured person

I. The Insured Person must take due care of his/her baggage and other personal belongings during the travel period.

II. In the event of loss of or damage to the baggage or personal belongings covered by the supplementary clauses, the Insured person must take immediate actions to search, protect or recover the said baggage or belongs to mitigate the loss.

III. Once any loss or damage is realized, the Insured Person shall report immediately to the local customs, police or relevant authorities, and obtain a written report therefrom within twenty-four (24) hours as of the incident;

IV. If the baggage and other personal belongings of the Insured person are lost or damaged in a public transportation vehicle, hotel or travel agency, the Insured person shall provide a written proof of the insured accident presented thereof.

Article 7 Claim of Insurance Benefits

I. If the Insured person files Claimant Paper for Insurance Benefits as the Claimant, the following document and information shall be provided to the Company:

- 1、 Original copy of the Insurance Policy or Certificate;
- 2、 the list and the invoices for articles lost;
- 3、 Legal identification of the Applicant: When the Policy is purchased along with the flight ticket(s), the legal identification refers to the boarding pass(es) and the flight ticket(s) for the flight(s) that is covered by the Policy. Should the insurer have any reasonable doubts about the identity supported by only those documents, it may request that insured present his/her ID card or Passport in the office of the insurer. If the insured declines this option, the insured may choose to provide a copy of his/her ID card/passport to the Insurer.;
- 4、 the written accident proof issued by relevant local authorities and the police thereto the Insured person reported the insured accident;
- 5、 If the baggage and other personal belongings of the Insured person are lost or damaged in a public transportation vehicle, hotel or transportation vehicle arranged by a travel agency, the Insured person shall provide a written proof of the insured accident presented thereof, including the date and situation of the accident.
- 6、 Original invoice of repair or recover of the said articles;
- 7、 If the journey is a business trip, the certificate of business travel with official seal presented by the Insured person' s employer shall be provided.
- 8、 Other evidence or documents which are relevant in determining the nature, cause or losses of the accident.

II. The above stated evidence and documents are important basis for claiming Insurance Benefits. **If the failure to provide relevant documents by the Claimant causes the Company cannot determine the authenticity of the Application, the Company shall not shoulder the liability to pay for the loss or expenses that cannot be verified.**

III. When the calculation and payment of the Insurance benefits of the supplementary clauses involves foreign currency, the amount shall be converted to Hong Kong Dollar, and any compensation shall be made in Hong Kong Dollar. The conversion shall be based on the mid-day price pronounced by the Bank of China on the occurrence date of the insured accident.

IV. If the loss of the Insured person can be compensated from the common carrier, hotel, travel agency, other channels, or any other insurance company, the Insured shall first seek compensation from those other parties. The Company shall, based on the evidence or payment certificates presented by other insurance companies or channel, deduct the already paid amount by other insurance companies or other channels from the stipulated compensation amount in the supplementary clauses when making compensation to the Insured person. In the event of discovery or return of the lost, stolen, or robbed articles, the Insured person shall notify the Company immediately and refund the said payment to the Company.

V. The ultimate compensation amount shall deduct the already paid baggage delay compensation to the Insured person in the said Insured incident.

Article 8 Indemnity by Subrogation

When a third party is liable for any Insured loss under the Policy, the Company may be subrogated into the insured person's right of indemnity against the third party up to the amount of indemnity from the date when the amount of indemnity is made. When the insurer exercises the right of indemnity by subrogation against a third party, the insured shall provide the insurer with all relevant and pertinent documents and information known to him/her.

The Company may, at the time of making indemnity, deduct therefrom a corresponding amount which the Insured person has received as indemnity from the third party.

If the Insured waives the right of indemnity against the third party after the occurrence of the insured event and before the Company making the indemnity, the Company shall bear no obligation for indemnity. If the Insured person, without the Company's consent, waives the right of indemnity against the third party after indemnity is made by the Company, the waiver of the Insured person shall be regarded as invalid. The Company may deduct a corresponding sum from the amount of indemnity or demand the repay of a corresponding amount of indemnity paid if it is not able to exercise the right of indemnity by subrogation due to the fault of the insured.

Article 9 Termination of Supplementary Clauses

When the Principal Clauses terminates, the supplementary clauses shall also terminate. If the Principal Clauses are invalid, the supplementary clauses are also invalid.

Article 10 Definition

1、Luggage/Baggage shall mean the necessary and proper articles that carried by the Insured person during the travel for dressing, using or convenience purposes and other personal belongings.

2、Original Place: shall mean the regular residence of the Insured person in Hong Kong.

If certain definition is not provided in the supplementary clauses, please refer to the definitions of the Principal Clauses.

Article 11 Application of other Clauses

If the supplementary clauses shall be inconsistent with the Principal Clauses, the supplementary clauses shall prevail. In case certain issues cannot be settled by the supplementary clauses, the Principal Clauses shall be applied.

Allianz Global Corporate & Specialty SE Hong Kong Branch.

Supplementary Baggage Delay Insurance Clauses

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Global Corporate & Specialty SE Hong Kong Branch.

Article 2 Insured Liabilities

When the Insured person travels overseas with effective documents during the Insured period, if the consigned luggage (see definition 1) of the trip does not arrive within the stated time in the Contract after the arrival of the Insured person at the destination by means of any common carrier (see definition2), the Company shall be liable for compensation in accordance with the agreement.

For the delay of consigned luggage, the duration of delayed based on the real time of arrival compared with the stated time of arrival.

Article 3 Disclaimer of Liabilities

The Company shall not be liable for any of the following luggage delay or loss by the Insured person directly or indirectly as a result of:

- 1. circumstances which has been known to the Insured person when he/she starts the travel which may lead to the luggage delay;**
- 2. loss as a consequence of confiscation, detention, quarantine, inspection, capture or destroy by the Customs or other administrative authorities;**
- 3. the consigned personal luggage of the Insured person is left with the common carrier or its agency;**
- 4. the failure of the Insured person to notify the common carrier of the destination of the luggage delay in time, and to obtain the written proof of the luggage delay;**
- 5. personal luggage that is not consigned with the said trip;**
- 6. prohibited article in the consigned luggage;**
- 7. luggage delay occurred during the return trip to the original place (see definition 3);**
- 8. luggage delay due to the announced or occurred strike or labor protest that existed before the start of the Insured person’s travel which may disrupt normal operation of the common carrier, but no other reasonable alternative arrangement has been made;**
- 9. luggage delay due to the failure of Insured person to get on-board after the check-in procedures;**
- 10. the failure of the Insured person to fulfill the scheduled travel registration procedure, or t to obtain the written proof of the delayed hours and causes from the common carrier;**

11. delay as a direct or indirect consequence of the outbreak of any epidemic or pandemic disease;
12. Other matters of disclaimed liabilities as set forth in the Principal Contract.

Article 4 Insured Amount and Premium

The Insured Amount is the maximum amount covered by the Company to the Insured person for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the supplementary clauses.

Article 5 Insured Period

The insured period of the supplementary clauses shall be the same as that of the Principal Contract.

Article 6 Claim of Insurance Benefits

I. If the Insured person files Claimant Paper for Insurance Benefits as the Claimant, the following document and information shall be provided to the Company:

1. Original copy of the Insurance Policy or Certificate;
2. Legal identification of the Applicant: When the Policy is purchased along with the flight ticket(s), the legal identification refers to the boarding pass(es) and the flight ticket(s) for the flight(s) that is covered by the Policy. Should the insurer have any reasonable doubts about the identity supported by only those documents, it may request that insured present his/her ID card or Passport in the office of the insurer. If the insured declines this option, the insured may choose to provide a copy of his/her ID card/passport to the Insurer.
3. Original written proof the accident presented by the common carrier, including the date and cause of the accident, and the time of luggage claim.
4. Original and copy of the ticket or receipt of the common carrier;
5. Original and copy of the consignment ticket of the luggage;
6. If the journey is a business trip, the certificate of business travel with official seal presented by the Insured person's employer shall be provided.
7. Other evidence or documents which are relevant in determining the nature, cause or losses of the accident.

II. The above stated evidence and documents are important basis for claiming Insurance Benefits. **If the failure to provide relevant documents by the Claimant causes the Company cannot determine the authenticity of the Application, the Company shall not shoulder the liability to pay for the loss or expenses that cannot be verified.**

Article 7 Termination of Supplementary Clauses

When the Principal Clauses terminates, the supplementary clauses shall also terminate. If the Principal Clauses are invalid, the supplementary clauses are also invalid.

Article 8 Definitions

1. Consigned luggage shall mean the luggage that has been entrusted to the common carrier by the Insured person when taking a public transportation service, with a properly filled luggage ticket, but NOT including any consigned commercial goods. Luggage/baggage shall mean the necessary and proper articles that carried by the Insured person during the travel for dressing, using or convenience purposes and other personal belongings.

2. Common Carrier shall mean any public transportation carrier that is duly licensed for the regular transportation of fare-paying passengers, including:

- 1) any bus, long-distance coach, ferry, hovercraft, hydrofoil, ship, train, tram or rail train (inclusive of subway, light train and maglev train),
- 2) any fixed-wing aircraft provided and operated by an airline or an air charter company;
- 3) any helicopter provided and operated by an airline and operating only between established commercial airports or licensed commercial heliports;
- 4) any regularly scheduled airport limousine operating on fixed routes and schedules.

Common Carrier shall NOT include taxi.

The aforesaid vehicles not used for public transportation purpose shall not be included in the definition of Common Carrier herein the supplementary clauses. Nor shall the carted flight by any governmental agency, business or individual shall be included in the definition of Common Carrier.

3. Original Place: shall mean the regular residence of the Insured person in Hong Kong.

If certain definition is not provided in the supplementary clauses, please refer to the definitions of the Principal Clauses.

Article 9 Application of other Clauses

If the supplementary clauses shall be inconsistent with the Principal Clauses, the supplementary clauses shall prevail. In case certain issues cannot be settled by the supplementary clauses, the Principal Clauses shall be applied.

Allianz Global Corporate & Specialty SE Hong Kong Branch.

Supplementary Loss of Personal Money Insurance Clauses

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Global Corporate & Specialty SE Hong Kong Branch.

Article 2 Insurance Liability

During the Insured period, when the Insured person travels overseas with effective documents, the Company shall shoulder the following Insurance liabilities:

1、 If the Insured person deposits his/her personal cash in the safe box of the stay-in hotel and the cash is stolen, after the Insured person obtains the written loss proof from the management of the said hotel, the Company shall make compensation to the Insured person as stipulated by the supplementary clauses.

2、 If the carry-on personal cash by the Insured person is lost due to theft or robbery, the Insured person shall report immediately to the local customs, police or relevant authorities, and obtain a written accident report and personal cash loss therefrom within twenty-four (24) hours as of such incident. The Company shall perform the agreed obligation as stated in the supplementary clauses.

Article 3 Disclaimer of Liabilities

The Company shall not be liable for compensating the lost cash of the Insured person directly or indirectly arising as a result of the following:

- 1. Any cash due to the carelessness or negligence of the Insured person;**
- 2. the loss is due to currency exchange or currency devaluation;**
- 3. any loss of plastic money, credit cards or traveler’s check;**
- 4. any cash loss that does not cause the Insured person to take immediate actions to search or recover;**
- 5. any loss may be compensated by the hotel, any other channels or any other insurance agency;**
- 6. any cash loss due to lack of due care of the Insured person, or left unattended in public place;**
- 7. the cash is not carried-on or locked-up by the Insured person;**
- 8. any loss of personal carry-on cash due to unknown causes or any mysterious disappearance**
- 9. personal cash loss occurred in the original place (see definition 2);**
- 10. for the Insured person who is studying or working overseas, any personal cash loss that occurred in his/her regular residence where he/she have been staying for over 6 months;**
- 11. smuggling or illegal transportation or trade;**
- 12. Other matters of disclaimed liabilities as set forth in the Principal Contract.**

Article 4 Insured Amount and Premium

The Insured Amount is the maximum amount covered by the Company to the Insured person for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the supplementary clauses. The Insured person and the Company may agree on restrictive terms such as deductibles in the supplementary clauses.

Article 5 Insured Period

The insured period of the supplementary clauses shall be the same as that of the Principal Contract.

Article 6 Obligations of Insured person

- 1、 The Insured Person must take due care of his/her cash.**
- 2、 In the event of loss of cash covered by the supplementary clauses, the Insured person must take immediate actions to search the said cash to mitigate the loss.**
- 3、 Once any loss is realized, the Insured Person shall report immediately to the local police or relevant authorities, and obtain a written report therefrom within twenty-four (24) hours as of such incident;**
- 4、 If the personal cash of the Insured person is lost in any hotel, a written proof for the Insured accident shall be presented by the said hotel.**

Article 7 Claim of Insurance Benefits

I. If the Insured person files Claimant Paper for Insurance Benefits as the Claimant, the following document and information shall be provided to the Company:

- 1、 Original copy of the Insurance Policy or Certificate;
- 2、 Legal identification of the Applicant. When the Policy is purchased along with the flight ticket(s), the legal identification refers to the boarding pass(es) and the flight ticket(s) for the flight(s) that is covered by the Policy. Should the insurer have any reasonable doubts about the identity supported by only those documents, it may request that insured present his/her ID card or Passport in the office of the insurer. If the insured declines this option, the insured may choose to provide a copy of his/her ID card/passport to the Insurer.;
- 3、 the written accident proof issued by relevant local authorities and the police thereto the Insured person reported the insured accident, and the list of lost amount;
- 4、 If cash of the Insured person is lost in a hotel, the Insured person shall provide a written proof of the insured accident presented thereof, including the date and situation of the accident;
- 5、 If the journey is a business trip, the certificate of business travel with official seal presented by the Insured person's employer shall be provided.
- 6、 Other evidence or documents which are relevant in determining the nature,

cause or losses of the accident.

II. The above stated evidence and documents are important basis for claiming Insurance Benefits. **If the failure to provide relevant documents by the Claimant causes the Company cannot determine the authenticity of the Application, the Company shall not shoulder the liability to pay for the loss or expenses that cannot be verified.**

III. When the calculation and payment of the Insurance benefits of the supplementary clauses involves foreign currency, the amount shall be converted to Hong Kong Dollar, and any compensation shall be made in Hong Kong Dollar. The conversion shall be based on the mid-day price pronounced by the Bank of China on the occurrence date of the insured accident.

IV. If the loss of the Insured person can be compensated from the common carrier, hotel, travel agency, other channels, or any other insurance company, the Insured shall first seek compensation from those other parties. The Company shall, based on the evidence or payment certificates presented by other insurance companies or channel, deduct the already paid amount by other insurance companies or other channels from the stipulated compensation amount in the supplementary clauses when making compensation to the Insured person. In the event of discovery or return of the lost, stolen, or robbed articles, the Insured person shall notify the Company immediately and refund the said payment to the Company.

Article 8 Indemnity by Subrogation

When a third party is liable for any Insured loss under the Policy, the Company may be subrogated into the insured person's right of indemnity against the third party up to the amount of indemnity from the date when the amount of indemnity is made. When the insurer exercises the right of indemnity by subrogation against a third party, the insured shall provide the insurer with all relevant and pertinent documents and information known to him/her.

The Company may, at the time of making indemnity, deduct therefrom a corresponding amount which the Insured person has received as indemnity from the third party.

If the Insured waives the right of indemnity against the third party after the occurrence of the insured event and before the Company making the indemnity, the Company shall bear no obligation for indemnity. If the Insured person, without the Company's consent, waives the right of indemnity against the third party after indemnity is made by the Company, the waiver of the Insured person shall be regarded as invalid. The Company may deduct a corresponding sum from the amount of indemnity or demand the repay of a corresponding amount of indemnity paid if it is not able to exercise the right of indemnity by subrogation due to the fault of the insured.

Article 9 Termination of Supplementary Clauses

When the Principal Clauses terminates, the supplementary clauses shall also terminate. If the Principal Clauses are invalid, the supplementary clauses are also invalid.

Article 10 Definition

1、Personal cash shall mean the private cash belonged to the Insured person personally at the occurrence of the accident, NOT including the properties or cash of the Policy holder or others temporarily under the custody of the Insured person, or the cash, traveler's check or bill of exchange for business purposes carried by the Insured person.

2、**Original Place:** shall mean the regular residence of the Insured person in Hong Kong.

If certain definition is not provided in the supplementary clauses, please refer to the definitions of the Principal Clauses.

Article 11 Application of other Clauses

If the supplementary clauses shall be inconsistent with the Principal Clauses, the supplementary clauses shall prevail. In case certain issues cannot be settled by the supplementary clauses, the Principal Clauses shall be applied.

Allianz Global Corporate & Specialty SE Hong Kong Branch.

Supplementary Loss of Travel Document Insurance Clauses

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Global Corporate & Specialty SE Hong Kong Branch.

Article 2 Insured Liabilities

During the Insured period, when the Insured person travels overseas with effective documents, if the travel document(s) (see definition 1) of the Insured person is lost, stolen or robbed and the following loss is incurred, the Company shall shoulder the reasonable and necessary expenses in accordance the Contract:

- 1、 the cost of replacement of the lost travel document;
- 2、 The cost of boarding (as limited to standard room of a three star hotel) and extra common carrier service (see definition 2) due to the prolonged overseas stay of the Insured person caused by the loss of travel document;

Article 3 Disclaimer of Liabilities

The Company shall not be liable for any cost or replacement of the lost travel document of the Insured person directly or indirectly as result of the following:

- 1. loss or damaged caused by intentional fabrication of any accident, conceit, fraud, or law-breaching activities by the Insured person;**
- 2. loss as a consequence of confiscation, detention, quarantine, inspection, capture or destroy by the Customs or other administrative authorities;**
- 3. The Insured Person does not report to the local customs, police or relevant authorities, and obtain a written report therefrom within twenty-four (24) hours as of the insured accident;**
- 4. The travel document is lost when the document is placed under the custody of the travel agency or travel guide by the Insured person;**
- 5. Loss due to the use of traveler’s check;**
- 6. Failure of the Insured person to provide the original evidence or proof for the replacement cost of the lost travel document and relevant transportation and boarding cost.**
- 7. The Insured person does not actively investigate or search for the lost or missing travel document;**
- 8. The loss, theft or damage occurred in the original place of the Insured person (see definition 3);**
- 9. Loss by lack of due care of the Insured person, or left unattended in public place, or lost by the Insured person; any loss due to unknown causes or any mysterious disappearance;**
- 10. Replacement cost of any travel document which is not necessary for the**

said trip;

11. Any fines or arrears;

12. Inherent defects or expiration of the travel document of the Insured person;

13. Other matters of disclaimed liabilities as set forth in the Principal Contract.

Article 4 Insured Amount and Premium

The Insured Amount is the maximum amount covered by the Company to the Insured person for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the supplementary clauses.

Article 5 Insured Period

The insured period of the supplementary clauses shall be the same as that of the Principal Contract.

Article 6 Obligations of Insured person

1. The Insured person must take due care of his/her travel documents during the travel period.
2. In the event of loss of travel documents during the travel, the Insured person must take immediate actions to search the said document to mitigate the loss.
3. Once any loss realized, the Insured Person shall report immediately to the local customs, police or the local Chinese embassy or consulate, and obtain a written report therefrom within twenty-four (24) hours as of such incident;

Article 7 Claim of Insurance Benefits

I. If the Insured person files Claimant Paper for Insurance Benefits as the Claimant, the following document and information shall be provided to the Company:

1. Original copy of the Insurance Policy or Certificate;

Legal identification of the Applicant. When the Policy is purchased along with the flight ticket(s), the legal identification refers to the boarding pass(es) and the flight ticket(s) for the flight(s) that is covered by the Policy. Should the insurer have any reasonable doubts about the identity supported by only those documents, it may request that insured present his/her ID card or Passport in the office of the insurer; If the insured declines this option, the insured may choose to provide a copy of his/her ID card/passport to the Insurer.

2.

3. Insured Person shall report immediately to the local customs, police or the local Chinese embassy or consulate, and obtain a written report therefrom within twenty-four (24) hours as of such incident;

4. The list, invoice or original receipt of the replacement costs of the lost travel document;

5. The list, invoice or original receipt of the boarding cost and extra common carrier costs of the prolonged overseas stay of the Insured person;

6. If the journey is a business trip, the certificate of business travel with official seal presented by the Insured person's employer shall be provided;

7. Other evidence or documents which are relevant in determining the nature, cause or losses of the accident.

8.

II. The above stated evidence and documents are important basis for claiming Insurance Benefits. **If the failure to provide relevant documents by the Claimant causes the Company cannot determine the authenticity of the Application, the Company shall not shoulder the liability to pay for the loss or expenses that cannot be verified.**

III. When the calculation and payment of the Insurance benefits of the supplementary clauses involves foreign currency, the amount shall be converted to Hong Kong Dollar, and any compensation shall be made in Hong Kong Dollar. The conversion shall be based on the mid-day price pronounced by the Bank of China on the occurrence date of the insured accident.

IV. If the loss of the Insured person can be compensated from the common carrier, hotel, travel agency, other channels, or any other insurance company, the Insured shall first seek compensation from those other parties. The Company shall, based on the evidence or payment certificates presented by other insurance companies or channel, deduct the already paid amount by other insurance companies or other channels from the stipulated compensation amount in the supplementary clauses when making compensation to the Insured person.

Article 8 Termination of Supplementary Clauses

When the Principal Clauses terminates, the Supplementary clauses shall also terminate. If the Principal Clauses are invalid, the Supplementary clauses are also invalid.

Article 9 Definitions

1、Travel documents shall mean necessary cross-board travel documents such as visa, passport, etc, and domestic travel document such identification card, but NOT including any check, negotiable securities, or cash.

2、Common Carrier shall mean any public transportation carrier that is duly licensed for the regular transportation of fare-paying passengers, including:

5) any bus, long-distance coach, ferry, hovercraft, hydrofoil, ship, train, tram or rail train (inclusive of subway, light train and maglev train),

6) any fixed-wing aircraft provided and operated by an airline or an air charter company;

7) any helicopter provided and operated by an airline and operating only between established commercial airports or licensed commercial heliports;

8) any regularly scheduled airport limousine operating on fixed routes and

schedules .

Common Carrier shall NOT include taxi.

The aforesaid vehicles not used for public transportation purpose shall not be included in the definition of Common Carrier herein the Supplementary clauses. Nor shall the carted flight by any governmental agency, business or individual shall be included in the definition of Common Carrier.

3、Original Place: shall mean the regular residence of the Insured person in Hong Kong.

If certain definition is not provided in the Supplementary clauses, please refer to the definitions of the Principal Clauses.

Article 10 Application of other Clauses

If the Supplementary clauses shall be inconsistent with the Principal Clauses, the supplementary clauses shall prevail. In case certain issues cannot be settled by the supplementary clauses, the Principal Clauses shall be applied.

Allianz Global Corporate & Specialty SE Hong Kong Branch.

Supplementary Travel Delay Insurance Clauses

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Global Corporate & Specialty SE Hong Kong Branch.

Article 2. Insurance Liabilities

During the insured period, when the Insured person travels overseas with effective documents, in the event if the insured person encounters natural disaster, tempest, mechanical breakdown, air traffic control, strikes, protests, hijack, lazy strikes and air transport, or provisional protests of the workers that lead to a delay in the public vehicles (see definition 1) of the original transportation plans and a delay in the original time of arrival, the Company is obliged to pay the benefits in accordance to the agreement.

In the event the insured person encounters terrorist activities during the duration of the insurance coverage that leads to a delay in the public vehicles of the original transportation plans and a delay in the original time of arrival, the Company is obliged to pay the benefits in accordance to the agreement if the following conditions are met:

1. The terrorist attack has to take place within 150km of the travel destination.
2. The terrorist attack has to take place within 30 days prior to the departure.
3. The local government has issued the official travel warning.
4. All the three conditions listed above must be satisfied after the purchase of the insurance.

For overseas travel, the duration of delay begins from the time of scheduled arrival to the final arrival time of the original destination after the boarding of the most cost-effective public vehicle.

Article 3. Exemptions of Liabilities

The Company assumes no responsibilities in the occurrence of the following circumstances that may lead to delays or losses to the insured person’s scheduled travel plan:

1. If the insured person is aware of any circumstances that might cause a delay before the purchase of the travel insurance, including but not limited to ongoing or publicized strikes or protests, and natural disasters or undesirable weather conditions.
2. If the insured person does not board the mode of transportation at its scheduled time of departure after the necessary check-in (unless it involves the liabilities contracted in the Additional Contract).
3. If the insured person does not check-in according to the original plan or fails to obtain the necessary certifications for the duration of time delays and reasons from the travel carrier.

4. If the insured person fails to board the first replacement mode of transportation scheduled by the travel carrier.
5. If the insured person fails to make other alternative travel arrangements prior to the scheduled departure after the announcements of strikes or protests that will impede the normal traffic.
6. The expenses obligated, or have been compensated, by the travel carrier but are not part of the respective travel delay benefits clauses stipulated in the agreement.
7. Delays caused by direct or indirect diseases or epidemics.
8. Other disclaimed liabilities as set forth in the Principal Contract.

Article 4. Insured Amount and Premium

The Insured Amount is the maximum amount covered by the Company to the Insured person for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the supplementary clauses.

Article 5. Duration of Insurance Coverage

The Supplementary Contract is valid for the same duration of insurance coverage as the Principal Contract.

Article 6. Insurance Claims

1. To file an insurance claim, the applicant must provide the following valid documentation:
 - 1) The original copy of the insurance policy

Legal identification of the Applicant. When the Policy is purchased along with the flight ticket(s), the legal identification refers to the boarding pass(es) and the flight ticket(s) for the flight(s) that is covered by the Policy. Should the insurer have any reasonable doubts about the identity supported by only those documents, it may request that insured present his/her ID card or Passport in the office of the insurer. If the insured declines this option, the insured may choose to provide a copy of his/her ID card/passport to the Insurer.

- 2)
- 3) Documentation of the occurrence by the travel carrier or its agent that explains the cause of the delay, including the dates of the occurrence, reason and duration of delay and the earliest replacement available to the insured person.
- 4) Original copies of the mode of transportation's receipts.
- 5) For business travels, the applicant must provide documentation with the employer's official seal showing validity of the business trip.

- 6) Other relevant documentation that confirms the nature, circumstances and the extent of losses during the trip.
2. The above documentation and receipts are important proof for insurance claims. If the insured person does not provide the relevant documents on a timely manner, leaving the company unable to verify the validity of the claim, the company is not obliged to provide any compensation.

Article 7. Termination of Supplementary Contract

The Supplementary Contract is effective for the same period as the Principal Contract. When the Principal Contract expires, the Supplementary Contract will also expire.

Article 8. Definitions

1. Public vehicles: Motor vehicles that are fully registered with a permit issued under the authority of a local government, and are authorized to carry passengers for a fee:
 - 1) Public buses, long-distance coach buses, ferries, hydrofoils, hovercrafts, steamships, trains, trams, railway trains (including subway trains, soft rail and magnetic suspension trains)
 - 2) Authorized airplanes for commercial usage by airline carriers with regular scheduled flights;
 - 3) Helicopters owned by airline carriers for commercial airports or that carry a commercial permit authorized to fly between helicopter stations.
 - 4) Airport shuttles with designated routes and timetables.

If the public vehicles listed above are not used for the purposes listed in the above provision, it does not satisfy the meaning of “public vehicle.” The renting of public vehicles by governments, enterprises and for personal use does not meet the definition of “public vehicle.”

For terms not stipulated in the Supplementary Contract, the terms defined in the Principal Contract shall prevail.

Article 9. Supplementary Clauses

If the clauses of the Supplementary Contract are in conflict with the Principal Contract, the Principal Contract shall prevail. If the Supplementary Contract falls short on certain Clauses, the Principal Contract shall prevail.

Allianz Global Corporate & Specialty SE Hong Kong Branch.

Supplementary Trip Curtailment Insurance Clauses

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Global Corporate & Specialty SE Hong Kong Branch.

Article 2. Insurance Liabilities

During the policy term, in the event if the insured person encounters any of the following circumstances that lead to an early return to the original place of departure, in which travel and accommodation fees are deemed nonrefundable, the Company is obliged to pay the benefits in accordance with the agreement:

1. If the insured person encounters an accident leading to a severe injury (refer to Definition 1) or a sudden onset of acute diseases (refer to Definition 2) and is determined by an authorized doctor to be unsuitable for further travels, and in need of immediate medical treatment or medical transport by the hospital;
2. If the spouse (refer to Definition 3), parent(s), son or daughter, business partner (refer to Definition 4) or travel partner (refer to Definition 5) of the insured person encounters an accident leading to a severe injury or a sudden onset of acute diseases;
3. Sudden strikes or protests by the workers of the travel carrier;
4. If the planned destination has a sudden outbreak of political unrest or natural disaster that forbids travel.
5. If the aircraft or motor vehicle in which the insured person has boarded is hijacked.
6. The travel destination announced official warnings for travelers (refer to Definition 7).

In the event the insured person is traveling overseas during the policy term and must return to original place of departure due to terrorist activities, the Company is obligated to compensate for any nonrefundable travel and accommodation expenses if the following conditions are met:

1. The terrorist attack has to take place within 150km of the travel destination.
2. The terrorist attack has to take place within 30 days prior to the departure.
3. The local government has issued the official travel warning.
4. All the three conditions listed above must be satisfied after the purchase of the insurance.

At the time when the insurance policy becomes effective, the insured person's

personal health shall be deemed suitable for travel and not have any prior knowledge of any other health conditions that might potentially shorten or cease travels.

Article 3. Exemptions of Liabilities

The Company assumes no responsibilities in the occurrence of the following circumstances that may lead to delays or losses to the insured's scheduled travel plan:

1. If the insured person is aware of any circumstances that might cause a shortening of the travel plans before the purchase of the travel insurance, including but not limited to ongoing or publicized strikes or protests, and natural disasters or undesirable weather conditions;
2. Prior to purchasing this policy, the local government of the intended destination has announced official warnings pertaining to travel;
3. Compensation or refunds from other insurance policies, government programs, hotels, travel carriers or travel companies and agents;
4. Losses arising from governmental or legal requirements;
5. Losses arising from the negligence or breach of contracts by hotels, travel carriers, travel agency or other travel companies;
6. Losses arising from the insured person or his/her family's desire to discontinue the trip;
7. Losses arising from the insured person's personal economic problems to continue the trip;
8. If the insured person or his/her family members or accompanied travel partners engage in unlawful acts;
9. If the insured person fails to notify the travel agency, tour guides, hotel and travel carriers of a cancellation or a shortening of the trip.
10. If the travel destination has a sudden outbreak of diseases and epidemics that cause a shortening of the trip.
11. If the insured person engages in medical recovery, physical therapy, miscarriage prevention therapy, delivery (Cesarean section, abortion and induction of childbirth);
12. If the insured person engages in plastic surgery, orthopedic surgery, surgical procedures deemed unnecessary, psychological consultation and corneal transplant and surgery;
13. General health examinations (including body checks, health exams, special recovery treatments) that are not therapeutic and are unable to verify ailing health and treatments for organ transplants;
14. Organ transplants, teeth cleaning, teeth whitening, orthodontics, X-rays, dental implants or dental crown procedures, with the exception of oral surgery in the aftermath of an accident;
15. If the insured person engages in therapy and recovery from congenital diseases and symptoms (refer to Definition 8), hereditary disease, congenital abnormalities or congenital malformation;

16. If the insured person is suffering from a disease and symptoms, mental diseases, schizophrenia or sexually transmitted diseases prior to the purchase of this insurance policy;
17. The insured person insistence to engage in medical treatment and medical surgery overseas despite the recommendations of authorized medical assistance groups to operate in China;
18. Any services provided by a third party in which the insured person does not have to pay a fee or is included in travel expenses;
19. Disclaimers on liabilities stipulated in Principal Contract.

Article 4. Insured Amount and Premium

The Insured Amount is the maximum amount covered by the Company to the Insured person for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the supplementary clauses.

Article 5. Duration of Insurance Coverage

The Supplementary Contract is valid for the same duration of insurance coverage as the Principal Contract.

Article 6. Insurance Claims

1. When filing an insurance claim, the applicant must provide the following valid documentation:
 - 1) The original copy of the insurance policy
 - 2) Legal identification of the Applicant. When the Policy is purchased along with the flight ticket(s), the legal identification refers to the boarding pass(es) and the flight ticket(s) for the flight(s) that is covered by the Policy. Should the insurer have any reasonable doubts about the identity supported by only those documents, it may request that insured present his/her ID card or Passport in the office of the insurer. If the insured declines this option, the insured may choose to provide a copy of his/her ID card/passport to the Insurer.
 - 3) Autopsy report or death certificate and a copy of the cancellation of the deceased's household registry, or written proof provided by an authorized doctor of the accidental injuries acquired by the insured person's spouse, parent(s) or children.
 - 4) A copy of written proof detailing the relationship of the insured person and the deceased.
 - 5) An original doctor's report detailing the insured's inability for travel.
 - 6) Original receipts of travel, accommodation and relevant travel product expenses.

- 7) Original copies showing paid expenses by travel agencies, travel carriers and hotels that have not been fully used.
 - 8) Airplane tickets, train tickets, ferry tickets that have been paid but not used due to unexpected shortening of travels.
 - 9) Written proof provided by the governments of travel destination showing the sudden strikes or protests by employees of travel carriers.
 - 10) Written proof of the accident approved by the insured person;
 - 11) For business travels, the applicant must provide documentation with the employer's official seal showing validity of the business trip.
 - 12) Other relevant documentation that confirms the nature, circumstances and the extent of losses during the trip.
2. The above documentation and receipts are important proof for insurance claims. If the insured person does not provide the relevant documents on a timely manner, leaving the company unable to verify the validity of the claim, the company is not obliged to provide any compensation.
 3. If the insured is able to seek compensation by other insurance companies or other means, he/she shall first obtain compensation from these sources. The insured can subsequently provide the necessary documentation showing the amount of compensation from these sources to this insurance company. As stipulated by the policy agreement, the company is only responsible for covering the remaining portion of the compensation after the initial amount paid by other policies.

Article 7. Termination of Supplementary Contract

The Supplementary Contract is effective for the same period as the Principal Contract. When the Principal Contract expires, the Supplementary Contract will also expire.

Article 8. Definitions

1. Severe injury: The insured person is confirmed by an authorized hospital or doctor to be unsuitable for the continuation of original plans for travel.
2. Sudden acute disease: The insured person is confirmed by an authorized hospital or doctor to suffer a sudden onset of acute disease and symptoms during the effective period of this Supplementary Contract and is verified to be unsuitable for the resumption of the original travel plan. This is not applicable for any acute diseases or symptoms prior to the effective date of the Supplementary Contract.
3. Spouse: A legal marriage partner under law prior to the insurance accident.

4. Close business partner:
 - 1) A business partner that has a share in the insured person's source of income.
 - 2) Participate in the insurance covered trip and have decision-making privileges.
5. Travel partner: A person that has made 75% of the travel arrangements with the insured person prior to the signing of the insurance agreement.
6. Public vehicles: Motor vehicles that are fully registered with a permit issued under the authority of a local government, and are authorized to carry passengers for a fee:
 - 1) Public buses, long-distance coach buses, ferries, hydrofoils, hovercrafts, steamships, trains, trams, railway trains (including subway trains, soft rail and magnetic suspension trains)
 - 2) Authorized airplanes for commercial usage by airline carriers with regular scheduled flights;
 - 3) Helicopters owned by airline carriers for commercial airports or that carry a commercial permit authorized to fly between helicopter stations.
 - 4) Airport shuttles with designated routes and timetables.

If the public vehicles listed above are not used for the purposes listed in the above provision, it does not satisfy the meaning of "public vehicle." The renting of public vehicles by governments, enterprises and for personal use does not meet the definition of "public vehicle."
7. Warnings related to the travel destination: Departures within Mainland China must adhere to the advice and the country and regional warnings from the State Tourism Office and the Chinese Foreign Ministry. Departures from Hong Kong (SAR) must adhere to the red and black warnings of countries and regions from the Hong Kong Safety Bureau.
8. Congenital diseases: The insured is born with a disease (or symptoms) caused by genetics (including chromosomes and the genes within) that is lethal for the human body, or the exposure of chemicals and other environmental elements during a mother's pregnancy that affects the fetus's development and leads to an abnormality in organ structure. For terms not stipulated in the Supplementary Contract, the terms defined in the Principal Contract shall prevail.

Article 9. Supplementary Clauses

If the clauses of the Supplementary Contract are in conflict with the Principal Contract, the Principal Contract shall prevail. If the Supplementary Contract falls short on certain Clauses, the Principal Contract shall prevail.

Allianz Global Corporate & Specialty SE Hong Kong Branch.

Supplementary Trip Cancellation Insurance Clauses

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Global Corporate & Specialty SE Hong Kong Branch.

Article 2. Insurance Liabilities During the policy term, in the event if the insured person encounters any of the following circumstances that lead to a cancellation of the trip, in which travel and accommodation fees and deposits are deemed nonrefundable, the Company is obliged to pay the benefits in accordance with the agreement:

1. If the insured person encounters an accident leading to a severe injury (refer to Definition 1) or a sudden onset of acute diseases (refer to Definition 2) and is determined by an authorized doctor to be unsuitable for further travels, and in need of immediate medical treatment or medical transport by the hospital;
2. If the spouse (refer to Definition 3), parent(s), son or daughter, business partner (refer to Definition 4) or travel partner (refer to Definition 5) of the insured person encounters an accident leading to a severe injury or a sudden onset of acute diseases;
3. The following circumstances that leads to the cancellation of the trip fifteen days prior to the departure date:
 - 1) Sudden strikes or protests by the workers and employees of the public vehicle/travel carrier (refer to Definition 6);
 - 2) If the planned destination has a sudden outbreak of political unrest unforeseen by the insured person.
 - 3) The travel destination announced official warnings for travelers (refer to Definition 7).

In the event the insured person is traveling overseas during the policy term and must cancel the trip due to terrorist activities, the Company is obligated to compensate for any nonrefundable travel and accommodation expenses if the following conditions are met:

1. The terrorist attack has to take place within 150km of the travel destination.
2. The terrorist attack has to take place within 30 days prior to the departure.
3. The local government has issued the official travel warning.
4. All the three conditions listed above must be satisfied after the purchase of the insurance.

At the policy's effective date, the insured person's personal health shall be deemed suitable for travel where there shall be no prior knowledge of any other health conditions that induce trip cancellation.

Article 3. Disclaimer of Liabilities

The Company assumes no responsibilities in the occurrence of the following circumstances that may lead to delays or losses to the insured's scheduled travel plan:

1. If the insured person is aware of any circumstances that might cause a shortening of the travel plans before the purchase of the travel insurance, including but not limited to ongoing or publicized strikes or protests, and natural disasters or undesirable weather conditions;
2. Prior to purchasing this policy, the local government of the intended destination has announced official warnings pertaining to travel;
3. Compensation or refunds from other insurance policies, government programs, hotels, travel carriers or travel companies and agents;
4. Losses arising from governmental or legal requirements;
5. Losses arising from the negligence or a breach of contracts by hotels, travel carriers, travel agency or other travel companies;
6. Losses arising from the insured person or his/her family's desire to discontinue the trip;
7. Losses arising from the insured person's personal economic problems to continue the trip;
8. If the insured person or his/her family members or accompanied travel partners engage in unlawful acts;
9. If the insured person fails to notify the travel agency, tour guides, hotel and travel carriers of a cancellation or a shortening of the trip;
10. If the insured person or his/her spouse, parent(s), son or daughter deceases due to congenital diseases (refer to Definition 8), congenital malformations and its complications;
11. If the insured person or his/her spouse, parent(s), son or daughter suffers from preexisting congenital diseases (refer to Definition 8), congenital malformations and abnormalities at the effective date of this Supplementary Contract;
12. Any services provided by a third party in which the insured person does not have to pay a fee or is included in travel expenses;
13. If the insured person fails to provide documentation by a doctor verifying injury or illness;
14. If the insured person and travel partner(s) make changes to original travel plan;
15. Governmental ban or regulation on the insured;
16. Transmittable diseases or a spreading disease that directly or indirectly prevent travel or to make changes to the travel itinerary;
17. If the insured person or travel partners are quarantined causing the travel plans to be directly or indirectly cancelled;

18. If the tour agency has insufficient amount of people to form a tour group;
19. Losses arising directly or indirectly from terrorist attacks or terrorist hijacking;
20. If the deceased, injured, or the ill person(s) resides outside of Hong Kong;
21. If the insured person fails to provide original proof of nonrefundable deposits and expenses from travel agencies, travel carriers or hotels;
22. If the insured person fails to provide original receipts proving penalties or deposits;
23. Disclaimers on liabilities stipulated in Principal Contract.

Article 4. Insured Amount and Premium

The Insured Amount is the maximum amount covered by the Company to the Insured person for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the supplementary clauses.

Article 5. Duration of Insurance Coverage

The Supplementary Contract is valid for the same duration of insurance coverage as the Principal Contract.

Article 6. Insurance Claims

1. When filing an insurance claim, the applicant must provide the following valid documentation:
 - 1) The original copy of the insurance policy

Legal identification of the Applicant. When the Policy is purchased along with the flight ticket(s), the legal identification refers to the boarding pass(es) and the flight ticket(s) for the flight(s) that is covered by the Policy. Should the insurer have any reasonable doubts about the identity supported by only those documents, it may request that insured present his/her ID card or Passport in the office of the insurer. If the insured declines this option, the insured may choose to provide a copy of his/her ID card/passport to the Insurer.

- 2)
- 3) Autopsy report or death certificate and a copy of the cancellation of the deceased's household registry, or written proof provided by an authorized doctor of the accidental injuries acquired by the insured person's spouse, parent(s) or children.
- 4) A copy of written proof detailing the relationship of the insured person and the deceased.

- 5) An original doctor's report detailing the insured's inability for travel.
 - 6) Original receipts of travel, accommodation and relevant travel product expenses.
 - 7) Original copies showing paid expenses by travel agencies, travel carriers and hotels that have not been fully used.
 - 8) Airplane tickets, train tickets, ferry tickets that have been paid but not used due to unexpected shortening of travels.
 - 9) Written proof of the accident approved by the insured person;
 - 10) For business travels, the applicant must provide documentation with the employer's official seal showing validity of the business trip.
 - 11) Other relevant documentation that confirms the nature, circumstances and the extent of losses during the trip.
2. The above documentation and receipts are important proof for insurance claims. If the insured person does not provide the relevant documents on a timely manner, leaving the company unable to verify the validity of the claim, the company is not obliged to provide any compensation.
 3. If the insured is able to seek compensation by other insurance companies or other means, he/she shall first obtain compensation from these sources. The insured can subsequently provide the necessary documentation showing the amount of compensation from these sources to the Company. As stipulated by the policy agreement, the company is only responsible for covering the remaining portion of the compensation after the initial amount paid by other policies.

Article 7. Termination of Supplementary Contract

The Supplementary Contract is effective for the same period as the Principal Contract. When the Principal Contract expires, the Supplementary Contract will also expire.

Article 8. Definitions

1. Severe injury: The insured person is confirmed by an authorized hospital or doctor to be unsuitable for the continuation of original plans for travel.
2. Sudden acute disease: The insured person is confirmed by an authorized hospital or doctor to suffer a sudden onset of acute disease and symptoms during the effective period of this Supplementary Contract and is verified to be unsuitable for the resumption of the original travel plan. This is not applicable for any acute diseases or symptoms prior to the effective date of the Supplementary Contract.
3. Spouse: A legal marriage partner under law prior to the insurance accident.

4. Close business partner:
 - 1) A business partner that has a share in the insured person's source of income.
 - 2) Participate in the insurance covered trip and have decision-making privileges.
5. Travel partner: A person that has made 75% of the travel arrangements with the insured person prior to the signing of the insurance agreement.
6. Public vehicles: Motor vehicles that are fully registered with a permit issued under the authority of a local government, and are authorized to carry passengers for a fee:
 - 1) Public buses, long-distance coach buses, ferries, hydrofoils, hovercrafts, steamships, trains, trams, railway trains (including subway trains, soft rail and magnetic suspension trains)
 - 2) Authorized airplanes for commercial usage by airline carriers with regular scheduled flights;
 - 3) Helicopters owned by airline carriers for commercial airports or that carry a commercial permit authorized to fly between helicopter stations.
 - 4)
 - 4) Airport shuttles with designated routes and timetables.

If the public vehicles listed above are not used for the purposes listed in the above provision, it does not satisfy the meaning of "public vehicle." The renting of public vehicles by governments, enterprises and for personal use does not meet the definition of "public vehicle."
7. Warnings related to the travel destination: Departures within Mainland China must adhere to the advice and the country and regional warnings from the State Tourism Office and the Chinese Foreign Ministry. Departures from Hong Kong (SAR) must adhere to the red and black warnings of countries and regions from the Hong Kong Safety Bureau.
8. Congenital diseases: The insured is born with a disease (or symptoms) caused by genetics (including chromosomes and the genes within) that is lethal for the human body, or the exposure of chemicals and other environmental elements during a mother's pregnancy that affects the fetus's development and leads to an abnormality in organ structure. For terms not stipulated in the Supplementary Contract, the terms defined in the Principal Contract shall prevail.

Article 9. Supplementary Clauses

If the clauses of the Supplementary Contract are in conflict with the Principal Contract, the Principal Contract shall prevail. If the Supplementary Contract fall short on certain Clauses, the Principal Contract shall prevail.

Allianz Global Corporate & Specialty SE Hong Kong Branch.

Supplementary Personal Liability Insurance Clauses

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Global Corporate & Specialty SE Hong Kong Branch.

Article 2. Insurance Liabilities

During the duration of policy coverage, if the insured person is traveling overseas with valid documentation, causes the death, physical injury, property loss or damage of a third party and is subject to compensation under the local law, the Company is obliged to pay the benefits in accordance to the contract.

After the insurance incident, if the insured person initiates arbitration or is sued in a lawsuit, the policyholder shall pay for the corresponding expenses of these procedures in accordance with the prior written agreement and other necessary and reasonable charges (hereinafter known as “legal charges”).

The policyholder shall not bear responsibility for the sum of compensation necessitated by the alleged incident if it exceeds the maximum amount of benefits listed in the Principal Contract.

Article 3. Disclaimer on Liabilities

1. The Company shall not be obligated to pay the insurance compensation if any of the following circumstances occur:
 - 1) Any marine, naval, or land vehicle that is used, owned, or rented by the insured person regardless if there is a commercial license.
 - 2) If the insured person uses arms or weapons.
 - 3) If the insured person’s occupation involves extreme sports such as parachuting, skiing, expedition, gliding, martial arts, wrestling, stunt performance, horse racing, equestrian performances, car racing, boxing, etc.
 - 4) Liability arising from storage or suspended items in housing units owned or used by the insured person.
 - 5) Liability arising from the insured person’s overseas stay (over six months) due to work or study.
 - 6) Liability arising from direct or indirect sexual harassment, assault and rape.
2. The Company is not obligated to pay the compensation for the any of the following reasons that lead to losses, fees and liability:
 - 1) Any deliberate, unlawful or illegal act committed by the policyholder, the insured person or his/her agent.
 - 2) The insured person incites, or prompts other person(s) to adhere and agree to cause physical harm; property loss and negligent actions that lead to negative consequences on a third party.

- 3) Administrative misconduct or judicial misconduct.
3. The Company is not obligated to compensate the following losses, fees and liabilities:
 - 1) Losses arising from animals or property that is under the ownership, care, authorization, or control of the insured person.
 - 2) Losses arising from the insured person's spouse, parent(s), children, siblings, maternal grandparent(s), maternal grandchildren or foster, adopted, and supported children.
 - 3) Harm and property loss from the employer or employee of the insured person.
 - 4) Losses, fees and liabilities caused by the insured person's inability to fulfill the obligations of the employee contract or by commercial trade, business and professional misconduct.
 - 5) Fines, penalties or heavy, punitive and disciplinary compensation.
 - 6) Losses arising from mental harm.
 - 7) Any non-monetary related emergency relief or compensation.
 - 8) Losses arising from the spread of an infectious disease by the insured person.
4. The Company shall not pay the benefits for any disclaimers set forth in the Principal Contract as well as liabilities not listed within the Supplementary Contract.

Article 4. Insured Amount and Premium

The Insured Amount is the maximum amount covered by the Company to the Insured person for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the supplementary clauses.

Article 5. Duration of Insurance Coverage

Except agreed otherwise, the Supplementary Contract is valid for the same duration of insurance coverage as the Principal Contract.

Article 6. Insurance Benefits Claim

1. The insured person must notify the insurance company immediately after the third party files a request for compensation. Without the written authorization of the insurance company, any promise, refusal, monetary bid, or compensation made by the insured person or his/her agent to the third party is not legally binding for the insurance company. The insurance company has the authority for reappraisal of any promises or compensation amounts made privately by the insured person. If the any of the aforementioned exceeds the boundaries and benefit amount of the Supplementary Contract, the Company is not obliged to shoulder any responsibility. In the process of lodging a

claim, the Company has the authority to handle all claims in which it is obligated to pay benefits to. At this time, the insured person is obligated to provide all relevant documentation and assistance.

2. The insured person must contact the insurance company in writing after receiving notice of expecting lawsuits or arbitration. A copy of court notices or legal documents shall be provided to the Company in a timely manner after receipt. The insurance company is thus authorized to handle the lawsuit or arbitration in the name of the insured. The insured is obligated to provide all relevant documentation and assistance.

The Company shall not be responsible for any further losses arising from the late submission of documentation or assistance.

3. Except otherwise agreed, if the insured risk has notably increased, the insured person must contact the insurance company in writing or phone within five days. The Company can increase the premium or cancel the agreement according to the circumstances surrounding the increased insured risk.

If the insured person does not fulfill the obligations specified in the aforementioned Clauses, the Company shall not be liable for the insurance incident that leads to an increase in the insured risk.

4. After becoming aware of the insurance incident, the policyholder or the insured person should:
 - 1) Carry out the necessary and mandatory measures to prevent or lessen loss, otherwise, the Company is not responsible for any losses resulting from this negligence.
 - 2) Immediately notify the insurance company and specify the cause, course of events and the amount of loss in writing; the Company is not liable if the insured person deliberately or negligently fails to notify the Company in a timely manner leading to the difficulty of confirming the incident's circumstances and losses. An exception is made if the insured person notifies the insurance company through other channels at a timely manner.
 - 3) Protect the incident scene and authorize and assist the insurance company to conduct an investigation.
5. The insured person's compensation responsibility is determined by the insurance company through one of the following:
 - 1) The insured person reaches an agreement on the compensation amount with third party with an approval from insurance company;
 - 2) Resolution through arbitration;
 - 3) Judgment from People's Court
 - 4) Other resolutions approved by the insurance company
6. The insurance company can directly compensate the third party's losses according to legal regulations or Clauses as stated in the Supplementary Contract.

Losses accorded to the third party shall be compensated by the insured person. According to the request of the insurance company, the insurance company shall directly compensate the third party with the relevant benefits. If the insured person neglects the request, the third party has the authority to directly obtain the compensation from the insurance company.

The insurance company shall not pay insurance benefits if the insured person does not provide compensation to the third person.

7. Losses within the boundaries of the insurance is calculated by the insurance company as follows:
 - 1) For losses arising from each incident, the insurance company shall be responsible for benefits within the limit;
 - 2) Building upon Provision One of Calculations, the insurance company shall pay the benefits after subtracting the deductibles accorded for each incident as stated in the Clauses in the Supplementary Contract. This does not apply to death benefits.
8. Besides the Clauses stated in the Supplementary Contract, according to Provision 18 of Calculations, the insurance company should calculate the compensation for legal fees relating to the insurance incident separately. The legal fees paid by the insurance company shall not exceed 10% of the aggregate sum of benefits of the incident coverage.
9. At the time of the insurance incident, if the insured person has other insurance coverage plans insuring the same liability, the insurance company shall pay the benefits proportionately after a review of the maximum benefits allowed in the Supplementary Contract and the other insurance policies.

The Company shall not pay benefits that are responsibilities accorded to other insurance policies. The Company has the authority to recover the extra monetary compensation if the insured person does not honestly notify the insurance company of other compensation paid by other insurance policies.
10. Losses arising within the boundaries of the insurance coverage shall be compensated by the respective party. Beginning on the date when the insurance company seeks compensation from the insured person, the insured person has the authority to seek compensation from each responsible party. The insured person must provide the necessary documentation and other relevant information to insurance company. The insurance company can deduct the amount of compensation obtained from the responsible parties by the insured person when paying the coverage benefits.

The Company is not liable for any losses if the insured person fails to seek compensation from responsible parties at the time of the incident. The payment of benefits is deemed invalid if the insured person declines the compensation **after** the compensation is made by the

insurance company. The Company reserves the right to recover the amount of benefits for the incident if the insured person deliberately or negligently hinders the insurance company's ability to obtain compensation from responsible parties.

11. Prior to lodging an insurance claim, the following documentation and information must be provided to the insurance company:

1) The original copy of the insurance policy

Legal identification of the Applicant. When the Policy is purchased along with the flight ticket(s), the legal identification refers to the boarding pass(es) and the flight ticket(s) for the flight(s) that is covered by the Policy. Should the insurer have any reasonable doubts about the identity supported by only those documents, it may request that insured present his/her ID card or Passport in the office of the insurer. If the insured declines this option, the insured may choose to provide a copy of his/her ID card/passport to the Insurer.

2)

3) Proof from the judicial branch confirming the incident

4) Proof of final judgment, resolution, or agreement if resolved through arbitration;

5) Compensation agreement if applicable;

6) Proof of compensation;

7) For business travels, the applicant must provide documentation with the employer's official seal showing validity of the business trip.

8) Other relevant documentation that confirms the nature, circumstances and the extent of losses during the trip.

The Company is not liable for losses resulting from the insured person's failure to provide the aforementioned documentation leaving the Company unable to review the nature of the alleged incident.

When the calculation and payment of the Insurance benefits of the supplementary clauses involves foreign currency, the amount shall be converted to Hong Kong Dollar, and any compensation shall be made in Hong Kong Dollar. The conversion shall be based on the mid-day price pronounced by the Bank of China on the date of the insured accident.

Article 7. Termination of Supplementary Contract

The Supplementary Contract is effective for the same period as the Principal Contract. When the Principal Contract expires, the Supplementary Contract will also expire.

Article 8. Definitions

For terms not stipulated in the Supplementary Contract, the terms defined in the

Principal Contract shall prevail.

Article 9. Supplementary Clauses

If the clauses of the Supplementary Contract are in conflict with the Principal Contract, the Principal Contract shall prevail. If the Supplementary Contract fall short on certain Clauses, the Principal Contract shall prevail.

Allianz Global Corporate & Specialty SE Hong Kong Branch.

Supplementary Home Guard Insurance Clauses

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Global Corporate & Specialty SE Hong Kong Branch.

Article 2. Insurance Liabilities

In the event if the insured person is traveling overseas with valid documentation during the insured period, and damage is caused to the interior of the property of the permanent residence he/she is currently residing in due to the following reasons, the Company shall pay the compensation for the losses:

1. Fire;
 2. Lightning, typhoons, tornadoes, storms, floods;
 3. Sudden rupture of the running water pipeline, drainpipe, central heating pipeline (including radiator);
 4. Burglary or robbery and any cases not closed for over third months;
- After deducting the deductible, the insurance company shall pay for the new purchases (see Definition 3) or the renovation fees, the amount of compensation shall not exceed the lesser of the fees listed below:
1. Renovation fees from the time of damage;
 2. Repurchase prices from the time of damage;
 3. Total amount of insurance benefits borne by the Company as stipulated in the insurance contract.

If any of the reasons listed above leads to the damage of the insured person's household property and unreasonable renovation prices, the damage items is considered to be lost and will be repurchased under the compensation benefits according to the limits of the insured amount as stipulated in the policy.

The Company will not shoulder any responsibility if the insured person carries out any alterations, additions in functions or improvements in the insured item that leads to an increase in the restoration or exchange fees.

After calculating the compensation amount, the insurance company shall conduct a depreciation assessment of the damaged item according to the amount of the time used and its wear and tear condition. The amount for depreciation shall be determined by the insurance company or with agreement between the two parties. The amount will be assessed with respect to the number of years of usage for all of the property. The list is as follows:

Type	Deducted Proportion
Clothes	20% annual

Shoes	30% annual
Cosmetics	50% annual
Sportswear	30% annual
Purses, backpacks or travel bags	10% annual
Audio and visual equipment, computers or other digital devices and peripherals	30% annual, or the current price of the same type of product (the lesser of the two prices shall be the standard determinant)

If compensation can be obtained from a third party for the damaged household items, the Company shall only be responsible for the remaining portion of the compensation.

Article 3. Disclaimer on Liabilities

1. The Company is not responsible for the following circumstances that directly or indirectly causes loss or damage to the household property of the insured person:
 - 1) Damage associated with the overuse, over-voltage, short circuit, open circuit, arc welding, electric leakage, emitting of heat, and burning of electric machinery, electronics or electric equipment.
 - 2) Any damage or loss caused by malicious intention or the conniving of the insured person and his/her family members.
 - 3) Losses arising from the confiscation, expropriation, seizure, legal or illegal occupation of all or part of the insured property by authorities.
 - 4) Damages resulting from negligence or defects of insured property; wear and tear, depreciation, infestation, molding, decomposition, erosion, gradual degeneration, effects of lighting, or scratches, dents, malfunctions of machinery or electricity during the process of reheating, drying, cleaning, dying, replacement; damages and losses from misuse, subpar handwork and design and the use of problematic materials.
 - 5) Construction that causes the rupture of the pipeline (including the radiator).
 - 6) Testing of the water and pressure that leaves ruptures in the pipeline (with the radiator).
 - 7) If the vacation home is vacated for thirty days or over prior to the insured person's arrival to the travel destination.
 - 8) Losses arising from the failure to lock and close doors and windows leading to robbery.
 - 9) Losses and damages arising from stealing and robbery by relatives, service personnel, tenants, or any person(s) rightfully residing in the residence.
 - 10) Liabilities as set forth in the Principle Contract.

2. The Company shall not bear responsibility for the following property losses:
 - 1) Gold and silver products, jewelry, pearls and its goods, and other property without appraised values.
 - 2) Cash, stocks and bonds, stamps, receipts, coupons, property contracts, travel documents, bank cards (including credit cards).
 - 3) Antiques, accessories, cameras, cellular phones, laptops or PDAs.
 - 4) Seals, documents, balance books, technology information, charts and diagrams.
 - 5) Recorded compact discs, memory cards, cassettes or other similar devices.
 - 6) Animals, plants and food.
 - 7) Motor vehicles (and its parts), motorcycles, boats, motor or means of transportation.
 - 8) Products and samples used for commercial or professional activities.
 - 9) Any direct loss or damage and depreciating loss.

Article 4. Insured Amount and Premium

The Insured Amount is the maximum amount covered by the Company to the Insured person for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the supplementary clauses.

Article 5. Duration of Insurance Coverage

Except agreed otherwise, the Supplementary Contract is valid for the same duration of insurance coverage as the Principal Contract.

Article 6. Responsibilities of the Insured Person

1. The insured person shall protect the safety of the insured property in accordance with prevention guidance and guidelines issued by relevant departments.
2. At the time of alleged insurance incident, the insured person and his/her family members must take immediate action when becoming aware and notified of the situation to alleviate or preserve the scene of the incident. The insured person must notify the insurance company within 24 hours and contact the local police or relevant departments and authorities to obtain the certification documenting the alleged incident.

Article 7. Insurance Benefits Claim

1. When filing an insurance claim, the applicant must provide the following valid documentation:
 - 1) The original copy of the insurance policy;

- 2) Legal identification of the Applicant. When the Policy is purchased along with the flight ticket(s), the legal identification refers to the boarding pass(es) and the flight ticket(s) for the flight(s) that is covered by the Policy. Should the insurer have any reasonable doubts about the identity supported by only those documents, it may request that insured present his/her ID card or Passport in the office of the insurer. If the insured declines this option, the insured may choose to provide a copy of his/her ID card/passport to the Insurer. Reports from local police and authorities documenting the alleged incident along with a list of losses;
 - 3) Original receipts of the repair and restoration;
 - 4) For business travels, the applicant must provide documentation with the employer's official seal showing validity of the business trip.
 - 5) Other relevant documentation that confirms the nature, circumstances and the extent of losses.
2. The above documentation and receipts are important proof for insurance claims. If the insured person does not provide the relevant documents on a timely manner, leaving the company unable to verify the validity of the claim, the company is not obliged to provide any compensation.
 3. If the insured is able to seek compensation by other insurance companies or other means, he/she shall first obtain compensation from these sources. The insured can subsequently provide the necessary documentation showing the amount of compensation from these sources to the Company. As stipulated by the policy agreement, the company is only responsible for covering the remaining portion of the compensation after the initial amount paid by other policies. If the stolen objects are found or recovered, the insured person must notify the Company immediately and refund all the respective compensation.

Article 8. Subrogation

Losses arising within the boundaries of the insurance coverage shall be compensated by the respective party. Beginning on the date when the insurance company seeks compensation from the insured person, the insured person has the authority to seek compensation from each responsible party. The insured person must provide the necessary documentation and other relevant information to insurance company.

The insurance company can deduct the amount of compensation obtained from the responsible parties by the insured person when paying the coverage benefits.

The Company is not liable for any losses if the insured person fails to seek compensation from responsible parties at the time of the incident. The payment of benefits is deemed invalid if the insured person declines the compensation **after** the

compensation is made by the insurance company. The Company reserves the right to recover the amount of benefits for the incident if the insured person deliberately or negligently hinders the insurance company's ability to obtain compensation from responsible parties.

Article 9. Termination of Supplementary Contract

The Supplementary Contract is effective for the same period as the Principal Contract. When the Principal Contract expires, the Supplementary Contract will also expire.

Article 10. Definitions

1. Frequent residence: a residence during travel occupied by the insured person for three months or more after leaving his/her permanent residence.
2. Household property are as follows:
 - 1) Housing and its accompanying facilities, interior design materials
 - 2) Clothing products, bedding products, furniture, home electrical appliances, cultural and entertainment products and other consumer goods.
3. Repurchasing price: The market price of the household property at the time of damage or loss with the deduction of the preexisting damage and depreciation costs.

For terms not stipulated in the Supplementary Contract, the terms defined in the Principal Contract shall prevail.

Article 11. Supplementary Clauses

If the clauses of the Supplementary Contract are in conflict with the Principal Contract, the Principal Contract shall prevail. If the Supplementary Contract falls short on certain Clauses, the Principal Contract shall prevail.

Allianz Global Corporate & Specialty SE Hong Kong Branch.

Supplementary Credit Card Protection Insurance Clauses

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Global Corporate & Specialty SE Hong Kong Branch.

Article 2 Insurance Liabilities

Within the insurance duration of the Contract, while the Insured is traveling overseas, if the Insured suffers from unexpected death, the Insurer will provide credit card protection insurance coverage within the limits of the stipulated insurance amounts, taking into account both the insurance contract agreement as well as the Insured’s outstanding credit card travel expenses accumulated while the Insured was still alive. The credit card protection insurance coverage will serve as the Insured’s personal estate.

Article 3 Exemptions of Liabilities

In any of the following situations, whether directly or indirectly resulting in insurance accidents, the Insurer shall not be liable for compensation:

1. (Accidents resulting from) the Insured’s intentional behavior;
2. In the absence of formal receipt of any purchase;
3. If the Insured already receives alternative insurance protection
4. If it falls under Exemptions of Responsibility Items listed in the Primary Insurance Contract.

Article 4 Insured Amount and Premium

The Insured Amount is the maximum amount covered by the Company to the Insured person for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the supplementary clauses. The Insured person and the Company may agree on restrictive terms such as deductibles in the supplementary clauses.

Article 5 Duration of Insurance

The duration of insurance for the Supplementary Clause must be consistent with the Contract.

Article 6 Applying for Insurance

1. The statutory (or designated) beneficiaries of Insured seeking to file for claims must fill out an Insurance Claim Application Form, as well as provide the following documents and materials to the Insurer:

(1).Insurance policy or original insurance documents;

(2) Legal identification of the Applicant. When the Policy is purchased along with the flight ticket(s), the legal identification refers to the boarding pass(es) and the flight ticket(s) for the flight(s) that is covered by the Policy. Should the insurer have any reasonable doubts about the identity supported by only those documents, it may request that insured present his/her ID card or Passport in the office of the insurer. If the insured declines this option, the insured may choose to provide a copy of his/her ID card/passport to the Insurer.

(3).Certification Documents (original or copies) proving the relationship between the Insured and the beneficiary;

(4).Insured's death certificate issued by the police station

2. The above qualifications and proof are important references for insurance claims. If those applying for claims are unable to provide the related documents in a timely fashion, the Insurer will be unable to verify authenticity of documents and records contained therein, as such, for any portions the Insurer is unable to verify, the Insurer shall not be liable for compensation.
3. When the calculation and payment of the Insurance benefits of the supplementary clauses involves foreign currency, the amount shall be converted to Hong Kong Dollar, and any compensation shall be made in Hong Kong Dollar. The conversion shall be based on the mid-day price pronounced by the Bank of China on the date of the insured accident.
4. If the Insured's losses can be compensated through any other methods or alternative insurance, the Insured should first request compensation through said alternatives. The Insurer may provide related documents or proof of insurance coverage, based on relevant workplaces or insurance policy companies; (the Insurer) is only liable for the Insured's remaining claims not first covered by the aforementioned alternative means, and only within the stipulated insurance coverage limits set forth in this insurance contract.

Article 7 Supplementary Clause Termination

In the event the Main Contract expires, the Supplementary Clause will also expire. Once the Main Contract becomes invalid, the Supplementary Clause also becomes invalid.

Article 8 Definition of Terms

Terms in the Supplementary Clause are based off the explanation of terms in the Main Contract.

Article 9 Other Applications of the Contract Provision

For all matters not covered by these supplemental provisions, the primary contract shall prevail. Where the supplemental provisions depart from the primary contract, these supplemental provisions shall prevail.

Allianz Global Corporate & Specialty SE Hong Kong Branch.

Supplementary Compassionate Return Insurance Clauses

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Global Corporate & Specialty SE Hong Kong Branch.

Article 2 Insurance Liabilities

Within the insurance duration of the Contract, if the Insured traveling overseas must return to China to participate in a direct family member’s (refer to Article 1) funeral, the Company will arrange via its Assistance Company to allow for the Insured to return to their original place of residence in Hong Kong, and will provide for reasonable one-way transportation costs.

Article 3 Exemptions of Liabilities

In any of the following situations, whether directly or indirectly resulting in insurance accidents, the Insurer shall not be liable for compensation:

1. If the Insured’s travel itinerary is coming to a close, the Insured may adhere to his/her original return flight in order to return to his/her original place of residence in Hong Kong (the Company will assist in making other travel arrangements);
2. The Insured, due to other reasons, returns to Hong Kong in advance of the scheduled date;
3. The Insured refuses to comply with the Assistance Company’s advice;
4. If it falls under any of the Exemptions of Responsibility Items detailed in the Insurance Contract Regulations.

Article 4 Insured Amount and Premium

The Insured Amount is the maximum amount covered by the Company to the Insured person for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the supplementary clauses. The Insured person and the Company may agree on restrictive terms such as deductibles in the supplementary clauses.

Article 5 Duration of Insurance

The duration of insurance for the Supplementary Clause must be consistent with the Primary Contract.

Article 6 Applying for Insurance

5. The Insured seeking to file for claims must fill out an Insurance Claim Application Form, as well as provide the following documents and materials to the Insurer:

- (1).Insurance policy or original insurance documents;

- (2)Legal identification of the Applicant. When the Policy is purchased along with the flight ticket(s), the legal identification refers to the boarding pass(es) and the flight ticket(s) for the flight(s) that is covered by the Policy. Should the insurer have any reasonable doubts about the identity supported by only those documents, it may request that insured present his/her ID card or Passport in the office of the insurer. If the insured declines this option, the insured may choose to provide a copy of his/her ID card/passport to the Insurer.

- (3).Documents (original or copies) proving the relationship between the Insured and the deceased person;

- (4).The Insured's return flight ticket receipt or a copy of the receipt and original boarding pass;

- (5).Deceased person's death certificate issued by the police station

6. The above qualifications and proof are important references for insurance claims. If those applying for claims are unable to provide the related documents in a timely fashion, the Insurer will be unable to verify authenticity of documents and records contained therein, as such, for any portions the Insurer is unable to verify, the Insurer shall not be liable for compensation.
7. When the calculation and payment of the Insurance benefits of the supplementary clauses involves foreign currency, the amount shall be converted to Hong Kong Dollar, and any compensation shall be made in Hong Kong Dollar. The conversion shall be based on the mid-day price pronounced by the Bank of China on the date of the insured accident.
8. If the Insured's losses can be compensated through any other methods or alternative insurance, the Insured should first request compensation through said alternatives. The Insurer may provide related documents or proof of insurance coverage, based on relevant workplaces or insurance policy companies; (the Insurer) is only liable for the Insured's remaining claims not first covered by the aforementioned alternative means, and only within the stipulated insurance coverage limits set forth in this insurance contract.

Article 7 Supplementary Clause Termination

In the event the Primary Contract expires, the Supplementary Clause will also expire. Once the Primary Contract becomes ineffective, the Supplementary Clause also becomes ineffective.

Article 8 Definition of Terms

1. Direct Family Members: refers to the Insured's spouse, parents (parents- in-law), children and grandparents, grandchildren.
2. Terms in the Supplementary Clause are based off the explanation of terms in the Primary Contract.

Article 10 Other Applications of the Contract Provision

For all matters not covered by these supplemental provisions, the primary contract shall prevail. Where the supplemental provisions depart from the primary contract, these supplemental provisions shall prevail.

Allianz Global Corporate & Specialty SE Hong Kong Branch.

Supplementary Traditional Medical Treatment Insurance

Clauses

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Global Corporate & Specialty SE Hong Kong Branch.

Article 2 Insurance Liabilities

1. Within the insurance period, if the insured (only including persons with Hong Kong household registration or persons living in Hong Kong) travels abroad with effective certificates and suffers accidental injury or acute diseases (see article 8 definition 1) with valid certificates and returns to Hong Kong and received Traditional Chinese Medical Treatment (TCMT) in medical institutions recognized by the insurer, the insure shall be responsible for paying the following items within the insured amount:

TCMT: acupuncture; backbone cure; bone-setting, etc.

Article 3 Liability Disclaimer

The insurer shall not be liable for the following medical expenses of the insured:

- 1. Any pre-existing diseases and symptoms;**
- 2. not necessary TCMT by the insured for health purposes;**
- 3. receipt of treatment without consent of the insurer;**
- 4. Other liability disclaimer events agreed to in the main risks insurance and other additional medical treatment provisions.**

Article 4 Insured Amount and Premium

The Insured Amount is the maximum amount covered by the Company to the Insured person for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the supplementary clauses. The Insured person and the Company may agree on restrictive terms such as deductibles in the supplementary clauses.

Article 5 Period of insurance

Unless otherwise agreed, the period of the Additional Provisions shall be consistent with that of the main risks insurance.

Article 6 Application for Insurance Benefit

1. The insured as the applicant shall complete the claim form and provide the following certificate documents and materials for the claim:

(1). insurance policy or the original insurance certificate;

(2)Legal identification of the Applicant. When the Policy is purchased along with the flight ticket(s), the legal identification refers to the boarding pass(es) and the flight ticket(s) for the flight(s) that is covered by the Policy. Should the insurer have any reasonable doubts about the identity supported by only those documents, it may request that insured present his/her ID card or Passport in the office of the insurer. If the insured declines this option, the insured may choose to provide a copy of his/her ID card/passport to the Insurer.;

(3). the diagnostic report to which some materials attached such as pathology report; instrument examination report etc.; medical record; the original bill for medical treatment or medicine expenses; the original Hospital discharge summary;

(4).The certification of the Accidental recognized by the insurer;

(5).Certification of business trip with the official seal by employer (if business trip);

(6).Other related certifications or materials in relation to confirming the cause or loss of the Accident.

2. The above materials and evidence are importance basis for making insurance claim. **If the insurance claimant fails to provide relevant bills and certificates in time and leads to the insurer's failure to verify the authenticity of the bills and certificates and the contents on such documents, the insurer shall not be liable for compensating the part which it cannot verify.**

3. When the calculation and payment of the Insurance benefits of the supplementary clauses involves foreign currency, the amount shall be converted to Hong Kong Dollar, and any compensation shall be made in Hong Kong Dollar. The conversion shall be based on the mid-day price pronounced by the Bank of China on the date of the insured accident.

4. Should the loss of the insured person has been compensated though other manners by other insurance companies, the insurer shall deduct the corresponding part of pay-outs from the whole compensation under the Additional Provisions in accordance with the documentary evidences or certification of pay-outs from other manners or insurance companies.

5. Should the compensation pay-outs is lower than the actual expense of

medical treatments, the claimant shall be entitled to apply for the return of the original documentary evidences in writing. The insurer should return the documents indicating the sum of claim and affixed with official seal.

Article 7 Termination of the Additional Provisions

Once the effectiveness of the main risks insurance which the Additional Provisions is attached to expires, the effectiveness of the Additional Provisions shall terminate. If the main risks insurance becomes invalid, the Additional Provisions shall also become invalid.

Article 8 Definition of Terms

1. Acute Diseases

Acute diseases refers to the insured person's first suffering of acute disease or symptoms when travelling in the period of insurance stipulated by the Additional Provisions, excluding any symptoms or chronic diseases happened before the Additional Provisions comes into force.

2. Hospital

Hospital in the territory of PRC (excluding Hong Kong, Macau and Taiwan) shall mean an public hospital which is Level II or above by the Ministry of Health of the People's Republic of China or the hospital or medical establishments that agreed by the insured and the insurer.

Hospital outside China (including Hong Kong, Macao and Taiwan) shall mean medical institutions that are authorized by the insurer, established and operating in accordance with law and confirms to the following standards:

1) The primary operation purpose of such hospital is to receive patients and injured persons and provide nursing and medical treatment for in-patients;

2) Provide medical treatment for patients under the guidance of one or more doctors and there is at least one eligible medical practitioner acting as the resident doctor;

3) Maintains sufficient and proper facilities to provide medical diagnosis and treatment for the patient and provide within such institution or the place managed by it various kind of equipment for surgery.

4) 24-hour full time nursing services provided and guided by eligible practicing nurses.

Hospitals referred to herein shall not include the following establishments or

those similar ones:

- a). insane asylum;
- b). a home for aged; sanitarium; a place for alcoholics or drug addicts;
- c). health center; natural health center; nursing or recovery center.

Terms that are not explained in the Additional Provisions will be subject to the explanation set forth in the provisions of main risks insurance.

Article 9 Application of Other Provisions

In case of any inconsistencies between this Additional Provisions and the main risks insurance, the Additional Provisions shall prevail; for contents that are not covered by the Additional Provisions, the main risks insurance shall prevail.