

Worldwide Travel Policy



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Chubb Insurance Vietnam Company Limited (Chubb Insurance Vietnam Co., Ltd.)

hereby insures the Insured Person named in the Policy Schedule attached hereto if included hereunder.

The Company agrees to pay benefits in accordance with the Terms and Conditions, Definitions, Exclusions and provisions contained herein.

Provided that no insurance shall be in force unless the Policy Schedule attached hereto is signed by an authorized representative of the Company.

Part 1 - Definitions

1. **“Accident”** refers to an event which happens suddenly from external means giving rise to a result which is not intended or anticipated by the Insured.
2. **“Account”** refers to the bank account nominated by the Policyholder in the application form or a subsequently instructed by the Policyholder in writing, to which premiums for this Policy are to be debited or charged.
3. **“Annual Policy (ies)”** means a policy issued for the selected plan where the Insured Person(s) can make an unlimited number of Trips during the Period of Insurance.
4. **“Acquired Immune Deficiency Syndrome”** or **“AIDS”** shall include Opportunistic Infection, Malignant Neoplasm, Human Immune Deficiency Virus (HIV), Encephalopathy (Dementia), HIV Washing Syndrome or any disease or sickness in the presence of a sero-positive test for HIV.
5. **“Opportunistic Infection”** shall include but not be limited to Pneumocystis Carinii Pneumonia, Organism of Chronic Enteritis, virus and/or Disseminated Fungi infection.
6. **“Malignant Neoplasm”** shall include but not be limited to Kaposi’s Sarcoma, Central Nervous System Lymphoma and/or other malignancies now known or which become known as immediate causes of death, an illness or disablement, in the presence of Acquired Immune Deficiency.
7. **“Authorized Company”** refers to the medical assistance company appointed from time to time by the Company and stated in each Policy Schedule issued by the Company prior to each Trip.
8. **“Child** or **“Children** refers to all legal dependent, unmarried children, including step-children or legally adopted children of the Insured Person.
9. **“Company”** refers to Chubb Insurance Vietnam Company Limited.
10. **“Confined”** or **“Confinement”** refers to confinement for a continuous uninterrupted period in a Hospital as a Resident In-patient upon the advice of and under the regular care and attendance of a Physician.
11. **“Emergency”** means a bona fide situation when there is a sudden change in the Insured Person's health which requires urgent medical or surgical intervention to avoid danger to life or health.
12. **“Family Policy (ies)”** means a Policy issued for a maximum of two adult Insured Persons (from 18 years of age) who are Family Member of each other and any number of Children of the Insured Person (s).
13. **“Financial Default”** refers to the complete suspension of operations due to financial circumstances whether or not a bankruptcy petition is filed; or a partial suspension of operations following a filing of a bankruptcy petition.
14. **“Hijack”** refers to any seizure or exercise of control by force or violence or threat of force or violence, and with wrongful intent, of an aircraft.
15. **“Home Country”** shall mean any country to which the Insured Person(s) is granted rights of citizenship or permanent residence by the respective governmental authorities.

16. **“Hospital”** means a place which is licensed, registered or authorized under the relevant laws and regulations of the country in which it is situated as a medical or surgical hospital and whose main functions are not those of a spa, a hydro clinic, a place for persons with mental or nervous disorders, a clinic or facility for nursing, rest or convalescence, a home for the aged or a place for alcoholics or drug addicts. It must be under the constant supervision of a resident Physician.
17. **“Family Member(s)”** means an Insured Person's legal spouse, children (natural or adopted), siblings, siblings in law, parents, parents in law, grandparents, grandchildren, stepparents or stepchildren.
18. **“Injury”** refers to bodily injury which is caused directly and solely from an Accident and is independent from other causes.
19. **“Insured Person(s)”** refers to the person(s) named as such in the Policy Schedule who has satisfied relevant conditions and requirements under this Policy.
20. **“Lap-Top Computer”** shall mean the complete lap-top including accessories or attachments that come as standard equipment with the lap-top. Any handheld computers or devices, tablet personal computer (Tablet PC, such as iPad, Galaxy Tab, PlayBook and TouchPad, etc) are excluded from this category.
21. **“Loss of Hand or Foot”** refers to permanent loss by physical separation at or loss of use of limb above the wrist or ankle joint, which according to the medical indication, will never be able to function at any time in the future.
22. **“Loss of Speech”** refers to the disablement in articulating any three of the four sounds which contribute to speech such as the Labial sounds, the Alveololabial sounds, the Palatal sounds and the Velar sounds or the total loss of vocal cord or damage of speech center in the brain resulting in Aphasia.
23. **“Loss of Hearing”** refers to permanent irrecoverable and complete loss of hearing.
24. **“Loss of Sight”** refers to the total and irrecoverable loss of all sight of an eye which is beyond remedy by surgical or other treatment.
25. **“Medically Necessary Expenses”** refers to expenses incurred within ninety (90) days of sustaining Injury or Sickness paid by the Insured Person to a legally qualified medical practitioner, Physician, nurse, hospital and/or ambulance service for medical, surgical, X-ray, hospital or nursing treatment including the cost of medical supplies and ambulance hire, but not exceeding normal and customary charges for the same in the country in which the expenses have been incurred.
26. **“Overseas”** refers to anywhere outside Vietnam.
27. **“Permanent Total Disability”** refers to disability that results directly, solely or independently of all other causes from Injury and which occurs within one hundred and eighty (180) consecutive days of the Accident in which such Injury was sustained, which, having lasted for a continuous and uninterrupted period of at least twelve (12) consecutive months to the extent of being unable to perform the normal duty in the Insured Person's regular occupation and any other occupation totally and permanently.
28. **“Period of Insurance”** refers to the period specified in the Policy Schedule as the Period of Insurance.
29. **“Personal Effects”** refer to the Insured Person's baggage and belongings which are not indicated in the Exclusion that are carried with while traveling. Personal Effects shall include Lap-Top Computer.
30. **“Policy”** refers to Policy Schedule, Benefit Tables, Terms and Conditions, Exclusions, application form, Policy document and Endorsements.
31. **“Policyholder”** refers to the person/entity named as such in the Policy Schedule.
32. **“Policy Schedule”** refers to the Policy Schedule which is incorporated in and forms part of this Policy.
33. **“Property Damage”** refers to any physical damage to, destruction of, or loss of use of, tangible property.

34. **“Physician”** refers to a physician or surgeon duly licensed and practicing pursuant to the laws of the country concerned. He/ She shall not include the Insured Person or his/ her Family Member(s) unless approved by the Company.
35. **“Public Conveyance”** means any land, sea or air conveyance operated under a license for the transportation of fare paying passengers, and which has fixed and established routes only.
36. **“Resident In-patient”** refers to an Insured Person whose Confinement is as a resident bed patient and whose confinement is covered by this Policy and not merely for any form of nursing, convalescence, rehabilitation, rest or extended-care.
37. **“Scheduled Departure Date”** means the date on which the Insured Person is scheduled to depart as set out in his/her travel ticket.
38. **“Sickness”** refers to sickness or disease contracted and commencing during the Period of Insurance.
39. **“Single Trip Policy (ies)”** means a policy issued for the selected plan where the Insured Person(s) can only make a single Trip during the Period of Insurance.
40. **“Trip”** refers to any overseas trip made by the Insured Person and shall commence on the date and time of departure from the international departure point of Vietnam and ceases on return to Vietnam at the international arrival area or the date falling one hundred and eighty-two (182) days for Single Trip Policy and ninety (90) days for Annual Policy.
41. **“Unforeseen Circumstances”** refers to adverse weather conditions, natural calamity, mechanical breakdown or derangement of the aircraft, the Insured Person is denied boarding due to over-booking of the scheduled flight, Sickness or Injury sustained by the Insured Person.

Part 2 - General Term and Conditions Applying To All Sections

1. Eligibility

The age limit for Insured Person(s) under this Policy is from a minimum of six (6) weeks up to a maximum age of eighty five (85) years. All children under the age of seven (7) years must be accompanied by an adult who is also insured under the same Policy. No benefit will be provided once the Insured Person reaches the age of eighty six (86).

The age limit for eligible Child(ren) under Family Policy is from a minimum of six (6) weeks up to maximum age of eighteen (18) years or twenty three (23) years and full time student at a recognized school, college or university.

2. Addition or Removal of Insured Person (applicable for annual group policy only)

- a) For policies administered on a “named basis”, the following provisions shall apply:
 - (i) Written notice shall be given to the Company as soon as possible and in any event within thirty (30) days of any person being added to any group or class described in the Policy Schedule. Unless otherwise agreed, such person shall be covered under this Policy from the date specified in such written notice. Additional premium will be charged on a pro-rata basis for each additional Insured Person included under this Policy after the commencement of a Period of Insurance.

- (ii) Written notice shall be given to the Company as soon as possible and in any event within thirty (30) days of any person being removed from any group or class described in the Policy Schedule. Such person shall cease to be covered under this Policy from the date that such person's employment with the Policyholder is terminated. A portion of the premium will be refunded on a pro-rata basis for each Insured Person removed from this Policy after the commencement of a Period of Insurance.
- b) For policies administered on an "un-named basis", the following provisions shall apply:
 - (i) Any new employee whom the Policyholder may engage during the Period of Insurance will be automatically covered from the day such employee is employed by the Policyholder, provided that such employee is within an occupation category similar in nature to that of an existing Insured Person. Any existing Insured Person shall automatically cease to be covered upon his leaving the employment of the Policyholder.
 - (ii) The premium payable shall be based on the declaration of the Policyholder, at the beginning of each Period of Insurance, in respect of the expected traveling pattern of its employees for that period

3. Effectiveness of Coverage

The coverage for all sections except "Trip Cancellation" commences on the date and at the time of departure of the Trip from the international area of Vietnam within the Period of Insurance and ceases on return of the Trip or at midnight on the expiry date of the Period of Insurance as specified in the Policy Schedule, whichever is the earlier. As for coverage under the "Trip Cancellation" section, the coverage commences on the date of issuance of this Policy or the date falling sixty (60) days prior to the Scheduled Departure Date whichever is the later and ceases on the Scheduled Departure Date.

4. One-way Trip

This Policy is extended to cover one-way Trips provided the Insured Person has a confirmed ticket directly back to the country whereby he/she is a permanent resident. Transits at other countries are allowed provided the Insured Person is confined to the transit area of the airports in these countries. The coverage commences on the date and at the time of departure from the international area of Vietnam within the Period of Insurance and ceases on whichever of the following occurs first:

- a) The expiry of the Period of Insurance (at midnight of such expiry date); or.
- b) The Insured Person's arrival at the international arrival areas of the country whereby he/she is a permanent resident.

5. Automatic Extension Coverage

In the event that the Insured Person's return Trip is delayed due to Unforeseen Circumstances beyond the Insured Person's control, the Company will extend the Period of Insurance necessary until the completion of his/her Trip, without charge, for up to ten (10) days, but total days covered not exceeding the maximum number of days per Trip as specified in this Policy.

6. Precedent condition and consideration

The Company shall not be liable to compensate the Insured Person(s) or any party under this Policy unless the Insured Person(s) has complied with the insurance contract and the conditions of this Policy.

This Policy is issued in reliance of the statements contained in the application form and in consideration of the Policyholder's agreement to pay in such method premiums charged to which plans in the Policy.

7. Complying with Policy conditions

The due observance and fulfillment of the terms of this Policy insofar as they relate to anything to be done or complied with by the Policyholder and/or the Insured Person(s) and/or claimant and the truth of the statements and answers in any proposal and/or application and of evidence required from the Policyholder/ the Insured Person(s) in connection with this Policy shall be conditions precedent to any liability of the Company to make any payment under this Policy.

The Insured Person must not make any offer or promise payment or admit his/her fault to any other party or become involved in any litigation without the Company's written approval.

8. Disclosure Obligations

The Policyholder and the Insured Person(s) must disclose to the Company every fact or matter that the s/he knows, or could reasonably be expected to know, is relevant to the Company's decision whether to provide insurance and, if so, on what terms. The Policyholder/Insured Person(s) must clearly disclose all such facts and matters to the Company before entering into the Policy, before renewing, extending or varying the Policy and at all times when the Policy remains in force. This duty is in addition to the Policyholder/Insured Person(s)' duty to answer the questions set out in the application form fully and accurately. The disclosure made to the Company must be complete, accurate and not misleading.

In issuing the Policy, the Company has relied on the disclosure made by the Policyholder/Insured Person(s) and the declarations and statements in the application form. The disclosure made by the Policyholder/Insured Person(s) and the declarations and statements in the application form are the basis of the decision to issue the Policy and are incorporated in and form part of the Policy.

9. Medical Examination

The Company has the right to require a medical examination of the Insured Person including the autopsy if necessary during the process of claim consideration.

10. Chubb Insurance Assistance Card

The Insured Person is required to carry his/her Chubb Insurance Assistance Card with him/her at all times.

11. Benefit Limits

All limits are applied for each Trip.

12. Right of Recovery

In the event authorization of payment and/or payment is made by the Company or the Authorized Company or an authorized representative of the Authorized Company for a medical claim whereby policy liability is not engaged, the Company or the Authorized Company or an authorized representative of the Authorized Company reserves the right to recover against the Insured Person for the full sum which the Company or the Authorized Company or an authorized representative of the Authorized Company is liable to the medical institution which the Insured Person was admitted to.

13. Duplication of Insurance:

In case the Insured Person is covered under more than one such Policy from the Company for the same Trip, the Company will pay the Insured Person under the Policy with highest limit.

14. Premium

Premium rate and premium payment are specified in the Policy Schedule of this Policy.

The payment of premium is a condition precedent to the liability of the Company to make any payment under this Policy and shall be made prior to the issuance date of the Policy, unless the Company agrees otherwise in writing.

15. Currency

All payments to be made, despite being expressed in US currency, under this Policy shall be in Vietnamese Dong. The Vietcombank's foreign exchange rate of US dollar against Vietnamese Dong at the time of payment will be applied.

16. Force Majeure

The Company, the Authorized Company and its other service provider(s) can not be held responsible or liable for failure to provide services or for delays caused by strikes or conditions beyond its control, including but not limited to, flight conditions or where local laws or regulatory agencies prohibit the Company and its service provider(s) rendering such services.

17. Subrogation

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

18. Cancellation for Breach of Disclosure Obligations

- a) Where the Policyholder or any Insured Person fraudulently, intentionally or unintentionally:
 - (i) breaches a disclosure obligation under Part II, Clause 8;
 - (ii) makes a false or misleading statement or declaration to the Company; or
 - (iii) makes a false or fraudulent claim under the Policy or gives, or permits to be given, notice of any such claim
 - (iv) the Company shall have the right, by giving immediate written notice to the Policyholder/ that Insured Person, to cancel the Policy, or any part of it, in relation to that Insured Person without any liability on the part of the Company.
- b) Where the Company chooses to cancel the Policy under Clause 18(a), the Company shall be relieved from the obligation to pay the Policyholder/ Insured Person any amounts under the Policy. The Policyholder/ Insured Person shall be obliged to repay the Company any amounts it has received from the Company under the Policy. In addition, the Company shall be entitled to keep any premium already paid by the Policyholder, which shall be deemed to be compensation due to the Company for the cancellation of the Policy, regardless of any actual damage the Company may suffer.

19. Termination

- 19.1 The Company may, in respect of a particular Insured Person, terminate the cover provided to such Insured Person under this Policy at any time by a 15-day prior written notice. In the event of such termination, the Company will return promptly the pro rata unearned portion of any premium actually paid by the Policyholder. However, if any claim has been notified under this Policy, the premium will be deemed to be fully earned and no premium will be refunded to the Policyholder.

- 19.2 In the event of the occurrence of one or more of the following, this Policy shall be terminated by notice of termination from the Company, such termination taking effect forthwith upon the Policyholder's receipt of the notice of termination:
- a) non-payment of any premium;
 - b) conviction of a crime arising out of acts increasing the hazards insured against; or
 - c) willful or reckless acts or omissions on the part of the Policyholder, the Insured Person or its insurance broker increasing the hazards insured against.
- 19.3 In the event that this Policy is terminated pursuant to clause 19.2, any premium collected or received by and on the Company behalf shall be forfeited and not be refundable to the Policyholder and the relevant portion of the premium that has been paid for any period beyond the termination date of this Policy shall be refunded to the Policyholder.
- 19.4 Any notice of termination given under clauses 19.1 and 19.2 will be by way of postal mail to the Policyholder or the Insured Person(s), where applicable, at his/her last address as shown by the records of the Company.
- 19.5 Without prejudice to the immediately preceding sub-clauses, if the Insured Person cancels a Trip on the ground that his/ her visa application has been refused by relevant authorities prior to the Scheduled Departure Date of the Trip and notifies the Company prior to the Scheduled Departure Date of the Trip of such cancellation, the Company shall be entitled to keep a portion of the premium, which has been paid (if any) by the Policyholder in respect of that Trip, at the rate to be applied by the Company from time to time. The remaining premium shall be refunded to the Policyholder by crediting to the nominated Account.

20. To Whom Indemnities Payable

- 20.1 For Policy which Policyholder is Individual/Family:

Compensation for death will be paid to the beneficiary who is nominated in writing by the Policyholder prior to the termination or expiry of the Policy. In the absence of such nomination, the said death benefit will be paid to that Insured Person's heir.

Other types of compensation will be paid to the Insured Person, except any compensation under Medical Expenses, Emergency Evacuation, Repatriation, Compassionate Visit or Personal Liability which is directly arranged by the Company or its Authorized Company and which the benefits will be paid by the Company directly to the provider of service as indicated in each Coverage.

The compensation shall be paid to the aforesaid person(s) within 20 working days after receipt of complete and proper proof of loss.

- 20.2 For Policy which Policyholder is legal entity:

All indemnities of the Policy are payable to the Policyholder, or at Policyholder's written request to Insured Person, except any compensation under Medical Expenses, Emergency Evacuation, Repatriation, Compassionate Visit or Personal Liability which is directly arranged by the Company or its Authorized Company and which the benefits will be paid by the Company directly to the provider of service as indicated in each Coverage.

The compensation shall be paid to the aforesaid person(s) within 20 working days after receipt of complete and proper proof of loss."

21. Severability of the Policy

If any provision of this Policy is void or unenforceable by reason of the laws of Vietnam, this Policy shall be invalid only to the extent to which such provision is void or unenforceable while the remainder of this Policy shall be unaffected and shall remain valid.

22. Arbitration

Disputes arising out of, relating to or connected with this Policy must be submitted to the Vietnam International Arbitration Centre for arbitration in accordance with its Arbitration Rules.

23. Governing law

This Policy shall be governed by and interpreted in accordance with the laws of Vietnam.

24. Privacy Statement

The Company collects the Policyholder's and the Insured Person(s)' personal data to offer, provide, manage and develop insurance products and services. For these purposes, the Company may disclose such personal data to appropriate third parties in or outside Vietnam, including service providers, other Chubb companies, insurance and reinsurance intermediaries, other insurers and the Company's reinsurers. The Policyholder and the Insured Person(s) consent to the Company using and disclosing his/her personal data as set out in this clause.

25. Headings and interpretation

The headings to clauses in this Policy are for ease of reference only and shall not restrict the interpretation of the clauses in and/ or the Policy.

Part 3 - General Exclusions Applying To All Sections

The Policy does not cover:

1. War (whether declared or not), invasion, act of foreign enemies, civil war, revolution, insurrection, civil commotion, popular rising against the Government, riot, strike.
2. Nuclear weapons, radiation or radioactivity from any nuclear fuel or nuclear refuse arising from the combustion of nuclear fuel and any process of self-sustaining nuclear fission/ fusion.
3. Any illegal or unlawful act by the Insured Person or confiscation, detention, destruction by customs or other authorities.
4. Any prohibitions or regulations by any Government.
5. Any breach of Government regulation or any failure by the Insured Person to take reasonable precautions to avoid a claim under this Policy following the warning of any intended strike, riot or civil commotion through or by general mass media.
6. The Insured Person not taking all reasonable efforts to avoid any injury or minimize any claim under this Policy.
7. Riding or driving in any kind of race, professional sport (meaning the Insured Person would or could earn income or remuneration from engaging in it) and air travel (other than as a passenger in any properly licensed private and/or commercial aircraft), equipped mountaineering (unless with additional premium and with the Company's approval).
8. Any loss or treatment related/caused by pregnancy, pregnancy complications including all forms of delivery, miscarriage and abortion.
9. Suicide or attempted suicide or intentional self injury.

10. While the Insured Person is taking part in a brawl or taking part in inciting a brawl.
11. Action of the Insured Person while under the influence of alcohol, addictive drugs, narcotic drugs to the extent of being unable to control one's mind.
12. The term "under the influence of alcohol" in case of having a blood test refers to a blood/alcohol level of 150 mg. percent and over.
13. Any pre-existing conditions for which the Insured Person received medical treatment, diagnosis, consultation or prescribed drugs within a 12-month period preceding the Period of Insurance or condition for which medical advice or treatment was recommended by a Physician within a 12-month period preceding the Period of Insurance.
14. AIDS or any Injury or Sickness commencing in the presence of a sero-positive test for HIV, and HIV-related disease.
15. Mental and nervous disorders, including but not limited to insanity.
16. The Insured Person engaging in naval, military or air force service or operations or testing of any kind of conveyance or being employed as a manual worker or whilst engaging in offshore mining or aerial photography or handling of explosive or hitchhiking or backpacking.
17. Venereal disease.
18. Any treatment or surgical operation for congenital deformities and circumcision.
19. Treatment arising from any geriatric, psycho-geriatric or psychiatric condition, stress, anxiety and depression.
20. Birth control or treatments pertaining to infertility.
21. Treatment for obesity, weight reduction or weight improvement.
22. Treatment or services undertaken without the recommendation of a Physician; routine physical examinations or health check-ups not incidental to the treatment or diagnosis of a covered Injury or Sickness.
23. Traveling abroad contrary to the advice of a Physician, or for the purpose of obtaining medical treatment or services.
24. Losses which are indirect and consequential in nature.
25. Any loss or liability arising as a result of traveling to or passing by Cuba. This list of country is non-exhaustive and will be updated from time to time by the Company.

Part 4 - Insuring Section

1. Medical Expenses Coverage

When this rider is part of the Policy, the Company shall reimburse the Insured Person the Medically Necessary Expenses as defined, incurred up to the benefit amount stated in the Policy Schedule while Overseas for Injury or Sickness suffered by the Insured Person in the course of a Trip solely and independently of any other causes while abroad.

This insurance also covers against the Medically Necessary Expenses up to the benefit amount stated in the Policy Schedule incurred in Vietnam up to thirty (30) days upon return from the Trip provided that the Insured Person is confined to a Hospital directly as a result of an Injury or Sickness (as defined) suffered Overseas. Admission to the Hospital must be within 12 hours after arrival into the territorial boundaries of Vietnam and must be a continuation of medical attention sought while Overseas.

This Medically Necessary Expenses Coverage does not cover:

- a) Charges in respect of special or private nursing.
- b) Cosmetic surgery, eyeglasses or hearing aids, and prescriptions therefore.
- c) Dental treatment unless such treatment is necessarily incurred to sound and natural teeth and is caused by Injury
- d) Chiropractic and acupuncture.
- e) Organ transplantation;
- f) Any paid expenses covered under Emergency Medical Evacuation and Compassionate Visits Coverage and Repatriation of Mortal Remains Coverage (if any).

2. Hospital Confinement Cash Coverage

When this rider is part of the Policy, the Company will pay the Insured Person the treatment basic daily benefit amount as specified in Policy Schedule subject always to the maximum benefit amount as specified therein if the Insured Person is necessarily confined in an Overseas Hospital as a Resident In-Patient as a result of Injury or Sickness that occurred abroad in the course of a Trip.

The daily Hospital Confinement cash benefit amount shall be paid for each complete day (24-hour) of Confinement from the first day of Confinement and all such Confinements consequent upon Injury resulting from any one Accident or series of Accidents occurring in connection with or arising out of one event, or Sickness and provided that:

- a) Confinement must be occurred within thirty (30) days of the Accident causing the relevant Injury; and
- b) Confinement must be considered medically necessary by a Physician in his professional capacity.

3. Emergency Medical Assistance and Travel Assistance

The Company has made arrangements with the Authorized Companies to provide the Insured Person with emergency medical assistance and travel assistance as specified hereafter. When the below riders are part of the Policy, the Insured Person or his representative may call the Authorized Company for assistance. Details of such coverage shall be set out in the Policy Schedule issued to the Insured Person.

The Insured Person or his representative will be required to identify the Insured Person's name, the Policy number as well as the nature of the problem, location and contact person and information. After validation, the Company or the Authorized Company will provide services and settle bills as required by the terms and conditions of this Policy.

3.1 Emergency Medical Evacuation Coverage

When as the result of Injury or Sickness covered by this Policy commencing while the Insured Person is in the course of a Trip traveling Overseas and if in the opinion of the Authorized Company, or its authorized representative, it is judged medically appropriate to move an Insured Person to another location for medical treatment, or to return the Insured Person to Vietnam, the Authorized Company, or its authorized representative, shall arrange for evacuation utilizing the means best suited to do so based on the medical severity of the Insured Person's condition. The Company shall pay directly to the Authorized Company, or its authorized representative, the reasonable expenses for such evacuation up to the benefit amount as specified in the Policy Schedule.

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

This Emergency Medical Evacuation Coverage does not cover:

- a) Any expenses incurred for transportation, accommodation or services provided by another party for which the Insured Person is not liable to pay, or any expenses already included in the cost of the Trip;
- b) Any expenses for a service not approved and arranged by the Authorized Company, or its authorized representative, except that the Company reserves the right to waive this exclusion in the event the Insured Person or his/her traveling companions cannot for reasons beyond their control notify the Authorized Company, or its authorized representative, during an emergency medical situation. In any event, the Company reserves the right to reimburse the Insured Person only for those expenses incurred for services which the Authorized Company, or its authorized representative, would have provided under the same circumstances and up to the limits specified in the Policy Schedule.

3.2 Repatriation of Mortal Remains Coverage

When as the result of Injury or Sickness covered under Personal Accident and Medical Expenses coverage of this Policy commencing while the Insured Person is in the course of a Trip traveling Overseas, the Insured Person dies within thirty (30) days from the date of the Injury or commencement of Sickness, the Authorized Company, or its authorized representative, shall make the necessary arrangements for the return of the Insured Person's mortal remains to Vietnam/ Home Country. The Company shall pay directly to the Authorized Company, or its authorized representative, reasonable expenses for such repatriation up to the benefit amount as specified in the Policy Schedule.

In addition to the transportation of the remains, the Company shall reimburse to the Insured Person's estate expenses actually incurred for services and supplies provided by a mortician or undertaker, including but not limited to the cost of a casket, and the embalming and cremation if so elected.

This Repatriation of Mortal Remains Coverage does not cover:

- a) Any expenses incurred for services provided by another party for which the Insured Person is not liable to pay, or any expenses already included in the cost of the Trip;
- b) Any expenses incurred for the transportation of the Insured Person's remains not approved and arranged by the Authorized Company, or its authorized representative.

3.3 Hospital Expenses Guarantee

The Company may, but is not obligated to, arrange through the Authorized Company to guarantee the Medically Necessary Expenses covered under Medical Expenses Coverage if the Insured Person is necessarily confined in a Hospital as a Resident In-Patient as a result of Injury or Sickness that occurred in the course of a Trip traveling Overseas.

3.4 Compassionate Visits Coverage

In the event the Insured Person is confined in a Hospital Overseas for more than five (5) days, as a result of Injury or Sickness sustained while on a Trip, and his/her medical condition forbids evacuation and no adult traveling companion or Family Member is with him/her, the Company shall pay directly to the Authorized Company, or its authorized representative, the reasonable additional amount in relation to the transportation and accommodation expenses necessarily incurred by such one (1) adult Family Member of the Insured Person, up to the benefit amount as specified in the Policy Schedule, to visit and stay with the Insured Person until he/she can return to Vietnam.

This Compassionate Visits Coverage does not cover:

- a) Any expenses incurred for transportation, accommodation or services provided by another party for which the Insured Person is not liable to pay, or any expenses already included in the cost of a Trip.
- b) Any expenses for a service not approved and arranged by the Authorized Company, or its authorized representative, except that the Company reserves the right to waive this exclusion in the event the Insured Person or his/her traveling companions cannot for reasons beyond their control notify the Authorized Company, or its authorized representative, during an emergency medical situation. In any event, the Company reserves the right to reimburse the Insured Person only for those expenses incurred for services which the Authorized Company, or its authorized representative, would have provided under the same circumstances and up to the limits indicated under the selected plan.

3.5 Travel Assistance:

Upon request of the Insured Person, the Company may, but is not obligated to, arrange through the Authorized Company to refer or recommend the Insured Person necessary services such as legal consultations, interpreter, obtaining replacement of lost travel document or air ticket, or other similar services. Notwithstanding the forgoing, the Company, its authorized representative(s), the Authorized Company and its authorized representative(s) shall not be liable for any fees, charges incurred for such services.

4. Replacement Expenses

a) Cover:

When this rider is part of the Policy, if, during the Period of insurance, whilst the Insured Person is on a Trip, the Policyholder necessarily incurs Replace Expenses as a direct result of Serious Injury or Serious Sickness of the Insured Person, the Company will indemnify the Policyholder in respect of such expenses up to the relevant benefit amount specified in the Policy Schedule subject to the terms and conditions of this Policy.

b) Additional Conditions:

For the avoidance of doubt, in the event the Policyholder or an Insured Person becomes entitled to a refund or reimbursement of all or part of the such expenses from any other source, or if there is in place any other insurance against the events covered under this section, the Company will only be liable for the excess of the amount recoverable from such source of insurance.

c) **Additional Definitions:**

Replace Expenses means all reasonable and necessary expenses incurred in sending a substitute person to complete the original Insured Person's Trip where the sending of such a substitute person is commercially necessary. Such expenses shall be limited to economy return air flight and other essential travel expenses incurred by the substitute person for traveling to the location at which the Insured Person had sustained Serious Injury of contracted Serious Sickness, and shall exclude amounts that the Insured Person would have spent in the event that the Insured Person had not sustained Serious Injury or Serious Sickness.

d) Serious Injury or Serious Sickness means Injury or Sickness which cause the total disablement of the Insured Person and which has lasted or likely to last for more than fourteen (14) days, as certified in writing by a Physician.

5. Return of Children

When this rider is part of the Policy, if the Insured Person's insured Child(ren) (age below 14) are left unattended Overseas as a result of Injury, Sickness, or hospitalization, or death of the Insured Person, the Company will pay reasonable additional accommodation and economical class of traveling expenses for them to return to the Vietnam up to the benefit amount specified in the Policy Schedule.

6. Personal Accident Coverage

When this rider is part of the Policy, if the Insured Person sustains Injury in the course of a Trip and it causes loss of life, any permanent disablement as listed below, Loss of Sight, or Permanent Total Disability within 180 days from the date of the Accident or the Injury causes the Insured Person to receive continuous medical treatment as a Resident In-patient in Hospital and loss of life occurs later because of such Injury, the Company will pay compensation in accordance with the sum insured stated in the Policy Schedule as follows:

Limit (percentage of such Benefit Amount)	Percentage of Amount of Benefit
Accidental Death	100%
Permanent Total Disability	100%
Total and Permanent Loss of Speech and Hearing	100%
Loss of Sight in both eyes	100%
Loss of two Limbs	100%
Loss of one Limb	60%
Loss of Sight in one eye	60%
Total and Permanent Loss of lens of one eye	60%
Total and Permanent Loss of Speech	50%
Total and Permanent Loss of Hearing in:	
a) Both ears	50%
b) One ears	15%

The Company shall compensate only one item of loss which has the highest amount for any one accident.

In the event that one hundred percent (100%) of sum insured has been paid under this section in respect of an Insured Person, this Insurance Policy in respect of that Insured Person shall immediately cease to be in force but such termination shall be without prejudice to any other claim originating from the Accident causing such loss.

Where the aggregate amount of benefits paid in respect of an Insured Person is less than one hundred percent (100%) of sum insured, the sum insured under this section applicable to that Insured Person shall be reduced to the amount of original sum insured that remains unpaid.

If a payment of less than 100% of the sum insured has been made in respect of any permanent disablement as listed above, then accidental death occurs within 180 days from the date of the Accident or the Injury, the Company shall pay the difference (if any) between the benefit payable for the permanent disablement and the benefit payable for loss of life.

No payment under this section will be made to an Insured Person for any loss caused by or resulting from Sickness.

Personal Accident Coverage Extensions:

For the avoidance of doubt, the Personal Accident Coverage of the Policy shall cover, subject to the terms and conditions of the Policy to the following:

- a) Hijack, murder, assault and terrorism:
Death or Injury which was the result of Hijack, murder, assault and terrorism, provided that such event did not arise as a result of or in connection with an Insured Person's collaboration or provocation or such act and Death or Injury as a consequence of such act could not reasonably have been avoided by such Insured Person
- b) Suffocation by smoke, poisonous fumes, gas and drowning:
Death or Injury which was the result of suffocation by smoke, poisonous fumes, gas or drowning, provided that such event did not arise as a result of an Insured Person's willful and intentional act and Death and Injury as a consequence of such event could not reasonably have been avoided by such Insured Person.
- c) Disappearance:
If during the Period of Insurance (i) it is proven to the satisfaction of the Company that an Insured Person has disappeared in the course of a Trip for a continuous period of three hundred and sixty-five (365) consecutive days, and (ii) the Company, having examined all available evidence, shall have no reason other than to presume his/her death as a result of Injury caused by an Accident rendering them liable for the payment of the death benefit under this insurance, the Company shall forthwith pay such benefit, but if he/she is subsequently found to be living, any so paid shall immediately be refunded to the Company by the person or persons to whom it was paid.

7. Child Education Security

When this rider is part of the Policy, If an indemnity becomes payable upon the Accidental death of the Insured Person and such Insured Person who, at the date of the Accident, had a legal Child or Children, the Company will pay this benefit amount specified in the Policy Schedule as education subsidy for each legal child up to a maximum of two (2) children.

This benefit is only payable once for any child no matter if they are covered under more than one travel insurance policy underwritten by the Company for the same Trip.

8. Corporate Image Protection

When this rider is part of the Policy, if during the Period of Insurance, an Insured Person or group of Insured Persons suffer Injury in the course of a Trip and in the Company's opinion this is likely to result in a valid claim for Accidental Death or Permanent Total Disability, the Company will reimburse the Policyholder for costs (other than the Policyholder's own internal costs) incurred for the engagement of

image and/or public relations consultants; and/or the release of information through the media. Costs must be incurred within fifteen (15) days of, and directly in connection with, such Injury, to protect and/or positively promote the Policyholder's business and image up to the maximum benefit amount specified in the Policy Schedule with respect to any one (1) event and is subject to a signed undertaking giving by the Policyholder that any amount paid to the Policyholder will be repaid to the Company, if it is later found that a valid claim did, and will not eventuate.

9. Trip Cancellation Coverage

When this rider is part of the Policy, the Company will pay this benefit up to the benefit amount set out in the Policy Schedule if a Trip is cancelled due to Injury, Sickness or death of an Insured Person or death of Family Member. The Injury or Sickness must be so disabling and certified by a Physician as to reasonably cause a Trip to be cancelled. The Company will pay for the Trip that is cancelled before the Scheduled Departure Date and/or forfeited non-refundable travel and/or accommodation expenses or deposits.

This Trip Cancellation Coverage does not cover cancellation caused by or resulting from:

- a) Carrier caused interruptions;
- b) Travel arrangements interrupted by an airline, cruise line or tour operator, an organized labor strike that affects public transportation or financial default;
- c) Changes in plans by the Insured Person or an Family Member for any reason;
- d) Financial circumstances of the Insured Person or an Family Member;
- e) Any business or contractual obligations of the Insured Person or an Family Member;
- f) Default by the person, agency or tour operator from whom the Insured Person bought his/her coverage or purchased his/her travel arrangements;
- g) The Company will not pay for any loss caused directly or indirectly by Governmental regulations or control, bankruptcy, liquidate or default of travel agencies, or carrier caused cancellation.
- h) The Company will not pay for any loss that is covered by any other existing insurance scheme, Government program or which will be paid or refunded by a hotel, travel agent or any other provider of travel and/or accommodation.
- i) Loss or expense incurred as the result of Injury or Sickness of an Insured Person or Family Member who suffered before the date of issuance of this Policy or before the date falling sixty (60) days prior to the Scheduled Departure Date whichever is the later.

A Sickness has manifested itself when:

- (i) medical care or treatment has been given; or
- (ii) there exists symptoms which would cause a reasonably prudent person to seek diagnostic care or treatment;

10. Trip Curtailment Coverage

When this rider is part of the Policy, the Company will pay this benefit up to the benefit amount as specified in the Policy Schedule if a Trip is interrupted, due to Injury, Sickness or death of an Insured Person or death of Family Member. The Injury or Sickness must be so disabling and certified by a Physician as to reasonably cause a Trip to be interrupted and leading to the Insured Person, as advised by the Physician, having to return directly Vietnam whilst Overseas.

The Company will pay for:

- a) forfeited non-refundable payments or deposits if the Insured Person's Trip is interrupted; or
- b) additional transportation and accommodation expenses incurred by the Insured Person from the place that the Insured Person left the Trip to the place that the Insured may rejoin the Trip.

However, the benefits payable under (2) above will not exceed the cost of an economy airfare ticket (or first class airfare ticket if the Insured Person's original tickets were first class) by the most direct route, less any refund or payable.

This Trip Curtailment Coverage does not cover interruptions caused by or resulting from:

- a) Carrier caused interruptions;
- b) Travel arrangements interrupted by an airline, cruise line or tour operator, an organized labor strike that affects public transportation or Financial Default;
- c) Changes in plans by the Insured Person or a Family Member for any reason;
- d) Financial circumstances of the Insured Person or a Family Member;
- e) Any business or contractual obligations of the Insured Person or a Family Member;
- f) Default by the person, agency or tour operator from whom the Insured Person bought his/her coverage or purchased his/her travel arrangements;

11. Aircraft Hijack Coverage

When this rider is part of the Policy, if during a Trip and on an aircraft the Insured Person is a victim of a Hijack, and the Hijack lasts for a period of at least eight (8) consecutive hours, the Company will pay the Insured Person the benefit as stated in the Policy Schedule for each full eight (8) hours period that the Hijack continues up to the sum-insured of this benefit amount as specified in the Policy Schedule.

12. Travel Delay Coverage

When this rider is part of the Policy, in the course of a Trip that the departure of the Public Conveyance in which the Insured Person had arranged to travel is delayed for at least eight (8) consecutive hours from the time specified in the itinerary supplied to the Insured Person due to inclement weather, equipment failure or strike or other job action by the employees of the Public Conveyance or airport, the Company will pay the Insured Person the benefit as stated in the Policy Schedule for each full eight (8) hours delay up to the sum-insured of this benefit amount as specified in the Policy Schedule.

Under this Travel Delay Coverage, no benefits will be payable if the delay happens at the departure point of Vietnam.

The Company will only be liable to pay either Travel Delay Coverage or Missed Connecting Flight Coverage for the same event.

13. Missed Connecting Flight Coverage

When this rider is part of the Policy, in the event the Insured Person misses his/her confirmed onward connecting scheduled flight whilst in the course of a Trip Overseas at the transfer point due to the late arrival of the Insured Person's incoming confirmed connecting scheduled flight and no alternative onward transportation is made available to the Insured Person within eight (8) consecutive hours after the actual arrival time of his/her incoming flight, the Company will pay the Insured Person the benefit as stated in the Policy Schedule for each consecutive eight (8) hours delay for up to the sum-insured of this benefit amount as specified in the Policy Schedule.

The Company will only be liable to pay either Travel Delay Coverage or Missed Connecting Flight Coverage for the same event.

14. Loss or Damage Of Baggage and Personal Effects Coverage

When this rider is part of the Policy, the Company shall pay this benefit up to the benefit amount as specified in the Policy Schedule. The Company shall pay for all direct loss or damage due to Accident to the Personal Effects during the Trip as follows:

- a) While the Personal Effects are in the possession of hotel staff or a common carrier and proof of such loss must be obtained in writing from the hotel management or the common carrier management and such proof must be provided to the Company; or
- b) As the result of the forceful taking of the Personal Effects by way of violent means or the threat of violence or theft and such loss must be reported to the police having jurisdiction at the place of the loss no more than 24 hours from the incident. Any claim must be accompanied by written documentation from such police.

The Company will pay for loss or damage to the Insured Person as follows:

- a) The amount payable in respect of any one item shall not exceed the amount per item as specified in the Policy Schedule and maximum in aggregate not exceeding the amount as specified in the Policy Schedule (including the maximum amount for Lap-Top Computer as specified in the Policy Schedule);
- b) The Company may make payment or at its own option reinstate or repair as it may select in respect of articles not older than one year;
- c) The Company may make payment or at its own option reinstate or repair subject to due allowance of wear and tear and depreciation in respect of articles of more than one year.

The following classes of property are excluded from coverage:

- a) Animals, motor vehicles (including accessories), motorcycles, boats, motors, any other conveyances, snow skis, household effects, antiques, tablet personal computer (Tablet PC, such as iPad, Galaxy Tab, PlayBook and TouchPad, etc), computers (including software and accessories) except for Lap-Top Computers, mobile phone, personal digital assistance (PDA) phone/handheld, smartphone, jewelry, contact or corneal lenses, wheel-chair, artificial teeth or limbs, securities, note coin, documents, money or souvenirs.
- b) Loss or damage caused by wear and tear, gradual deterioration, months, vermin, inherent vice or damage sustained due to any process or while actually being worked upon resulting there from.
- c) Loss of or damage to rented or leased equipment.
- d) Loss of or damage to property resulting directly or indirectly from war (whether declared or otherwise) invasion, act of foreign enemies, civil war, revolution, insurrection, civil commotion assuring the proportion of or amounting to a popular rising against, riot and strike.
- e) Loss of or damage to property resulting directly or indirectly from seizure or destruction under quarantine or customs regulations, confiscation by order of any Government or Public Authority or risk of contraband or illegal transportation of trade.
- f) Loss of or damage to property insured under any other insurance policy, or other reimbursed by common carrier or hotel.
- g) Loss to Insured Person's baggage sent in advance or souvenirs and articles mailed or shipped separately.
- h) Loss to Insured Person's baggage left unattended in any vehicle or public place or as a result of the Insured person's failure to take care and precautions for the safeguard and security of such property.

- i) Loss of business goods or samples.
- j) Loss of data recorded on tapes, cards, discs or otherwise.
- k) Loss of or damage to property insured while the insured person is mental and nervous disorders, including but not limited to insanity.
- l) Unexplained disappearance.

15. Baggage Delay Coverage

When this rider is part of the Policy, the Company will reimburse the Insured Person as follows:

- a) Up to the amount as stated in the Policy Schedule for the emergency purchase of essential clothing and toiletries if the check-in baggage accompanying the Insured Person has been delayed, misdirected or temporarily misplaced by the carrier after eight (8) hours of the Insured Person's arrival at the airport of the scheduled destination Overseas in the course of a Trip.
- b) The total liability of the Company in aggregate shall not exceed the amount stated in the Policy Schedule.
- c) The Insured Person cannot claim under both Loss or Damage of Baggage and Personal Effects Coverage and Baggage Delay Coverage (if any) for the same event.
- d) No cover shall be provided upon Insured Person's arrival at international arrival area of Vietnam.

16. Personal Money and Travel Documents Coverage

When this rider is part of the Policy, should the Insured Person whilst in the course of a Trip Overseas suffers or experience a loss of cash, banknote or travel documents (including passports and visa) in his/her possession due to theft or by force, violence, or threat of violence, the Company shall pay up to the benefit amount as specified in the Policy Schedule to compensate for actual loss provided such loss is reported to the police having jurisdiction at the place of the loss no more than twenty four (24) hours after the incident. Any claim must be accompanied by written documentation from the police.

The Insured Person must take every possible safeguard to ensure the security of his/her cash, banknote or travel documents.

This Personal Money and Travel Documents Coverage does not cover loss to Insured Person's personal money or travel documents which is left unattended in vehicles or public place or as a result of the Insured Person's failure to take care and precautions for the safeguard and security of such property.

17. Credit Card Protection

When this rider is part of the Policy, if during the Period of Insurance, an Insured Person sustains Injury in the course of a Trip which directly causes or results in his/her death and Accidental Death benefit under Personal Accident Coverage of this Policy shall be payable, the Company shall pay for his/her credit card's outstanding balance up to the maximum benefit amount stated in the Policy Schedule. Any claim must be accompanied by the original copy of the bank credit card monthly statement(s), along with other necessary claim documentation specified herein.

Provided that:

- a) a. No interest accrued or financial charges shall be recoverable under this benefit.
- b) b. The Company will not pay for this benefit if the Insured Person is entitled to this cover under any other source.
- c) c. This benefit is not applicable to any Insured Person aged under eighteen (18) years of age.

18. Personal Liability Coverage

When this rider is part of the Policy, the Company shall indemnify the Insured Person against legal liability to a third party up to a limit of amount as stated in the Policy Schedule, including legal cost and expenses incurred by the Insured Person for such legal liability and approved in writing by the Company, arising in the course of a Trip as a result of:

- a) Death or an Accident or Injury to any person.
- b) Accidental loss of or damage to property of that person.

The Company shall not pay any claim made in respect to or arising from:-

- a) Injury to and Property Damage to any Insured Person's relatives or any employee of the Insured Person in the course of employment;
- b) Property owned by the Insured Person or property in care, custody or control by the Insured Person;
- c) Damage relating to any liability assumed under contract;
- d) Damage relating to the willful, malicious or unlawful act or omission on the part of the Insured Person;
- e) The ownership, possession or use of any vehicles, aircraft, watercraft, firearms or animals, or arising from the negligent supervision and vicarious liability for the acts of a minor in connection with the above;
- f) Past or present business, trade or professional activities, including the rendering of or failure to render business, trade or professional activities;
- g) Any criminal proceedings whether actually convicted or not;
- h) The transmission of communicable disease by an Insured Person;
- i) The possession or use of any controlled substances/drugs unless prescribed by a licensed Physician;
- j) Sexual molestation, corporal punishment or physical or mental abuse;
- k) Pollution, which includes the alleged or potential introduction of substances which makes the environment impure or harmful.
- l) Loss or damage to property insured while the Insured Person is mental and nervous disorders, including but not limited to insanity..

Part 5 - Claims Procedure

1. Notice Of Claims

Written notice of claims must be given to the Company within thirty (30) days after the termination of a Trip covered by this Policy or as soon thereafter as is reasonably possible. The following information shall be provided at the time of notification:

- a) Policy number;
- b) Circumstance of the accident/loss;
- c) Contact details of claimant or Family Member.

The Company, upon receipt of notification, will furnish claims form to the Insured Person(s) or Claimant(s) for completion. All claims shall be submitted with comprehensive supporting documents including, but not limited to:

- a) Completed claims form;
- b) Policy/ Policy Schedule;
- c) Photocopy of identification car or passport;
- d) Photocopy of air ticket and boarding pass;
- e) Supporting documents on incident's circumstance and claimed amount according to section of loss.

2. Proofs Of Loss

Written proof of loss including original Policy/ Policy Schedule, original receipts, invoices and all other relevant documents must be furnished to the Company within thirty (30) days after the date of termination of a Trip covered under this Policy. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and not later than one (1) year from the date of loss. Proof shall be rendered on demand at the Insured Person's own expense.

The following list of claims documents to be required by the Company as proof of loss is non-exhaustive and shall be varied depending on type of claims. The list only serves as a reference for the general documentation required for each type of claims. The Company therefore reserves the right to require any documents different from those specified in the list at its sole discretion.

2.1 Medical Expenses and Hospital Confinement Cash

- a) Medical report stipulating the diagnosis of the condition treated and the date the Injury or Sickness commenced and treatment period/ and or Physician's statement;
- b) Original medical bills, hospital bills, ambulance bills, etc.;
- c) A detailed description of how the Accident occurred and the Injury sustained.

2.2 Personal Accident

- a) Hospital and/or Physician's report(s) giving details on the nature of the Injury and the extent of Injury and relevant report (if any);
- b) Police report where relevant;
- c) A detailed description of how the Accident occurred, and the Injury sustained;
- d) Death certificate (where applicable).

2.3 Trip Curtailment/ Trip Cancellation and Aircraft Hijacking

- a) Schedule of original Trip and confirmation of travel agent on the breakdown of the portion of the original trip that was not utilized;
- b) Physician's report / Death certificate (if Trip curtailment is due to death/ Injury/ Sickness);
- c) Proof of relationship of the Insured Person's Family Member;
- d) Hotel statement for accommodation;
- e) Ticket purchase receipt;
- f) Invoice of amount paid in advance;

- g) Proof of Hijacking;
- h) Document confirming amount refunded and the cancellation charges.

2.4 Travel Delay

- a) Official documentation from the airline/carrier giving the cause, date, time and duration of the delay.

2.5 Missed Connecting Flight

- a) Travel itinerary;
- b) Written confirmation from carriers on the incoming delay of schedule public conveyance at the transfer point

2.6 Loss or Damage of Baggage and Personal Effects

- a) Property irregularity report if baggage is lost or damaged by carrier / hotel management;
- b) Police report stating the time, date and the cause of loss;
- c) A list of lost or damaged items, including details of the quantity, description, actual cash value and amount of loss or damage;
- d) All original receipts and related documents to verify the value of the items listed should be attached. (All items over US\$100 must be accompanied by an original receipt);
- e) Quotation/ invoice for reparation or replacement;
- f) Confirmation in writing of carrier or other liable parties on amount recoverable;

Note: the Insured Person must immediately report any loss or damage to the proper authorities having jurisdiction at the place of loss or damages (within 24 hours).

2.7 Baggage Delay

- a) Travel itinerary;
- b) Property irregularity report from carrier;
- c) Receipt of acknowledgement on returned baggage;
- d) List of emergency purchase of essential clothing and toiletries and original purchasing receipts;

2.8 Personal Money and Travel Documents

- a) Police report;
- b) Supporting documents for the amount of loss cash (money withdrawal receipt, money exchange slip, etc.);
- c) Original receipts of the fee for passport replacement;

Note: the insured Person must

- (i) Immediately report any loss or damage to the proper authorities having jurisdiction at the place of loss or damages (within 24 hours);
- (ii) Loss of traveler's checks must be reported to the issuing authority immediately (within 24 hours).

2.9 Credit Card Protection:

Original copy of the bank credit card monthly statement to show the outstanding balance at the time of accident,

2.10 Personal Liability

- a) All relevant documents including any correspondence exchanged with the third party claimant;
- b) Copies of the summons, court documents, solicitors' and other legal correspondence, if any.

Note: the Insured Person must

- (i) Immediate written notify the Company of the possible claim indicating the nature and circumstance of the incident or event;
- (ii) Not admit liability or make any offer, promise or payment without prior consent from the Company;
- (iii) Immediately pass to the Company any writ, summon or other notice of legal proceeding from any third party upon receipt and not answer any of them;
- (iv) Provide the Company with the following information:
 - Full contact particulars of the third party claimant;
 - What happened, where and when?;
 - Full description of the damage or particulars of the injured/sick;
 - When and how did the Insured Person become aware of the matter?;
 - What is the estimated amount of the claim?

Contact Us

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About Chubb in Vietnam

Chubb is the world's largest publicly traded property and casualty insurer. With operations in 54 countries, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. The company is distinguished by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength, underwriting excellence, superior claims handling expertise and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb maintains executive offices in Zurich, New York, London and other locations, and employs approximately 31,000 people worldwide.

Chubb has both general insurance and life insurance operations in Vietnam. Its general insurance operation in Vietnam (Chubb Insurance Vietnam Co., Ltd.) offers specialized and customized coverages for Property, Casualty, Marine, Financial Lines, Energy & Utilities, as well as Accident & Health. Chubb in Vietnam leverages global expertise and local acumen to tailor solutions to mitigate clients' risks. In addition, the company focuses on building strong relationships with clients by offering responsive service, developing innovative products and providing market leadership built on financial strength.

More information can be found at www.Chubb.com/vn