

Wise Traveller Premium

POLICY WORDING

This policy wording, serves to disclose the terms & conditions of the insurance policy issued by Tokio Marine Insurance Singapore Ltd., with Assistance Services provided by Allianz Global Assistance.

To understand this policy's significant features, benefits and risks, **We** advise that **You** read the following:

- **Table of Benefits** outlines the maximum amounts payable and applicable sub-limits for each policy benefit
- **Important Matters** contains important information on **Your** duty of disclosure, period of cover, choosing a doctor, accessing 24 hour medical assistance, and matters relating to **Hospitalization** or medical evacuation
- **Policy Definitions** defines words with special meanings
- **Policy Benefits** sets out what "**We Will Pay**" as well as what "**We Will Not Pay**" for each area of coverage
- **General Exclusions**, which are applicable to all Sections
- **Claims** which set out certain obligations that **You** and **We** have, which may determine the outcome of **Your** claims settlement

INTRODUCTION

ABOUT THE INSURANCE COVER

Each plan is offered for Annual Coverage Only. **Annual Coverage** provides cover for all **Journeys** made during the year to the geographical area **You** have selected, up to a maximum of 90 days per **Journey**.

You may include **Your** Spouse or **Additional Adult / Dependent Children** named in the Policy Schedule as being eligible to become insured under this Policy as approved by **Us**.

The **Insured Persons** are not required to travel together on any **Trip**. However, any **Child** of **Insured Person** under the age of twelve (12) years must be accompanied by a parent or adult guardian for any **Trip** made during the period of insurance.

GEOGRAPHICAL AREA INSURED:

You will only be covered for the entire regional geographic area that is confirmed in **Your** certificate of insurance of which **Your** destination corresponds to the geographies indicated below, but excluding **Your Country of Residence**.

- **Asia-Pacific Region** means Brunei Darussalam, Indonesia, Cambodia, Laos, Myanmar, Malaysia, Singapore, Philippines, Thailand, Vietnam, Australia, Bangladesh, Bhutan, China (excluding Tibet), Fiji, Guam, Hong Kong, India, Japan, N. Korea, S. Korea, Sri Lanka, Mongolia, Macau, Maldives, New Zealand, Pakistan, Papua New Guinea, E. Timor, and Taiwan, as well as other Pacific nations but/and excluding **Your Country of Residence**.
- **Worldwide** means Asia and anywhere in the world, including the United States of America and Canada.

YOUR POLICY

When **You** apply for the policy by providing **Us Your** details **We** will confirm with **You** such details as: the plan chosen, the coverage type, the period of insurance, **Your** premium, and whether any standard terms need to be varied (this may be by way of an endorsement). These details are recorded in the certificate of insurance **We** issue to **You**. The premium **We** charge varies for **Principal Insured, Additional Insured** and **Additional Child**.

CONTACT US

For any General Enquiries call +65 6327 2210

Mon – Fri, 09:00 – 17:30 (Singapore Time)

E-mail: sgtravelsales@allianz-assistance.com.sg

For Claims Enquiries call +65 6327 2215

Mon – Fri, 09:00 – 17:30 (Singapore Time)

E-mail: sgtravelclaims@allianz-assistance.com.sg

For 24 hour Emergency Assistance call +65 6327 2215

TABLE OF BENEFITS

	BENEFITS	Limit Per Person Per Trip
SECTION A – PERSONAL ACCIDENT COVER		
1	Accidental Death and Permanent Disablement	USD 250,000
SECTION B – MEDICAL EXPENSES COVER *		
2	Medical Expenses with Return Treatment - Including <i>Chinese Physician</i> Expenses up to USD 750 and Dental up to USD 500	USD 350,000
SECTION C – TRAVEL ASSISTANCE SERVICES		
3	24 Hours Emergency Medical Assistance, Evacuation & Repatriation	Actual Costs
4	Repatriation of Mortal Remains to Home Country	Actual Costs
SECTION D – TRAVEL INCONVENIENCE COVER / LOSS AND DAMAGE TO BELONGINGS		
5	Trip Cancellation	USD 10,000
6	Trip Curtailment / Interruption	USD 10,000
7	Trip Postponement	USD 1,000
8	Travel Misconnection	USD 150
9	Travel Delay - USD 150 per each complete 6 hours of delay	USD 1,500
10	Luggage Delay - USD 150 per each complete 6 hours of delay	USD 1,500
11	Loss or Damage to Luggage and Personal Effects	USD 10,000
12	Loss of Travel Documents	USD 500
13	Theft of Cash	USD 200

14	Adventurous Activities Cover <i>- Inclusion of trekking up to 4,500 metres, excludes evacuation and activities requiring ropes</i>	USD 50,000
15	Terrorism Cover – <i>Related to delays or Trip curtailment only</i>	USD 5,000
16	Hostage / Kidnap – <i>USD 100 per each complete 6 hours of confinement</i>	USD 1,000
17	Loss of Credit Card	USD 500
18	Golf Insurance (Hole-In-One)	USD 150
SECTION E – LIABILITY		
19	Personal Liability	USD 1,000,000
SECTION F – COLLISION DAMAGE WAIVER (CDW)		
20	Rental Vehicle Excess	USD 1,000

* Standard excess of USD 50 applicable on Medical Expenses Benefit for each claim.

IMPORTANT MATTERS

ABOUT THIS POLICY WORDING

This policy wording sets out the cover provided and the terms, conditions and exclusions which apply. **You** need to read it carefully to make sure **You** understand it entirely and that it meets **Your** needs.

This policy wording, **Your** certificate of insurance, and any endorsements written by **Us** make up **Your** contract with the Insurer. Please retain these documents in a safe place.

Under this policy wording, the maximum amount **We** will pay for the total of all claims under each policy benefit is detailed in the Table of Benefits.

WHO CAN PURCHASE THIS POLICY?

Coverage is available to members of The Wise Traveller Pte Ltd, 1 Scotts Road, #24-10 Shaw Centre, Singapore 228208, anyone aged not more than 70 years old and not limited to **Residents of Singapore** who is travelling **Overseas** from Singapore and is extended to **You** and those persons named on **Your** certificate of insurance.

WHO IS YOUR INSURER?

This travel insurance policy is underwritten by Tokio Marine Insurance Singapore Ltd. The insurer may be referred to as “**We**”, “**Our**” and “**Us**” in this policy wording.

AWP Services Singapore Pte. Ltd. has been appointed by Tokio Marine Insurance Singapore Ltd. to act as agent and to arrange the policy and provide general advice and other services on **Our** behalf.

YOUR DUTY OF DISCLOSURE

Before commencing this contract of insurance, **You** have a duty to disclose to **Us** the information **We** need to enable **Us** to decide whether and on what terms **Your** proposal for insurance is acceptable. **You** have the duty to:

- Disclose every matter that **You** know, or could reasonably be expected to know
- Give **Us** honest and complete answers
- Disclose any information that is relevant to **Our** decision whether to accept the risk of the insurance and if so, on what terms

The same duties apply for policy amendment, extension, and any other endorsement.

This policy will be void and automatically expire in the event of misrepresentation, misdescription, non-disclosure or concealment of any material circumstances, such as but not limited to **Your** health conditions, **Your Country of Residence**, and **Your** destination.

YOUR PERIOD OF COVER

Your cover commences at different time for different sections of the policy:

- The cover for **Trip** cancellation commences 30 days prior to **Your** scheduled departure of **Your** individual **Trip** and the cover will expire at the moment of **Your** scheduled departure.
- The cover for all other policy benefits begins on the Policy Effective date set out on **Your** certificate of insurance, and expires on the Policy expiry date set out on **Your** certificate of insurance, or upon **Your** return to **Your Country of Residence**, whichever is earlier.
- In case of individual **Journey** during the Insured Period, **Your** cover starts from the time when **You** leave **Your Home** in **Your Country of Residence** to go directly to the place **You** depart from, and ends when **You** return to **Your Country of Residence**, or when **Your** policy expires or 90 days, whichever is earlier

The maximum period of cover per one **Journey** will be 90 consecutive days from the date **You** depart from **Your Country of Residence**. If **Your** policy will expire before **Your Journey** ends, please ensure **You** renew **Your** policy before **Your Journey** commences.

POLICY AMENDMENT

If **You** intend to amend **Your** policy details, **You** must let **Us** know in writing before **Your** departure date. Such amendment becomes effective after it has been confirmed and recorded by **Us** with issuance of endorsement.

POLICY CANCELLATION

This policy is strictly non-cancellable and non-refundable.

PRE-EXISTING MEDICAL CONDITIONS

Pre-Existing Medical Conditions are not covered under this policy (see General Exclusions). The term “**Pre-Existing Medical Condition**” has a special meaning and is defined in “Words With Special Meanings”.

EMERGENCY ASSISTANCE AND HOSPITALISATION

Allianz Global Assistance is a worldwide travel assistance service company whose subsidiary company is AWP Services Singapore Pte. Ltd. of 12 Marina View, #14 - 01 Asia Square Tower 2, Singapore 018961 and has been appointed by **Us** to administer all **Emergency** assistance services and benefits of this insurance. **You** may contact them in an **Emergency** 24 hours a day, 7 days a week.

If **You** are hospitalized, **You** or a member of **Your** travelling party, **MUST** contact **Our** assistance team at Allianz Global Assistance as soon as possible. If **You** do not, **We** will not pay for these expenses or for any evacuation or airfares that have not been approved or arranged by **Us**.

If **You** are not hospitalized but **You** are being treated as an outpatient and the total cost of such treatment will exceed USD 1,500 **You** **MUST** contact the Allianz Global Assistance medical team. **You** will at **Your** expense furnish **Us** with all such certificates, information and evidence as **We** may require.

YOU CAN CHOOSE YOUR OWN MEDICAL PRACTITIONER

You are free to choose **Your** own **Medical Practitioner** or **We** can appoint an approved **Medical Practitioner** to see **You**. **You** must, however, advise **Us** of **Your** admittance to **Hospital** or **Your** intended early return to **Your Country of Residence** based on medical advice. To guarantee cover **You** must follow set instructions from **Us** or the Allianz Global Assistance medical team.

If **You** do not get the medical treatment **You** expect, **We** can assist **You** but **We** and/or the agent, are not liable for anything that results from that advice.

JURISDICTION AND CHOICE OF LAW

This insurance policy document is subjected and interpreted in accordance to the laws of the Republic of Singapore.

POLICY DEFINITIONS

“**Accident**”, “**Accidental**” or “**Accidentally**” means an unexpected, unintended, unforeseeable and external event causing **Injury**, disablement, or death.

“**Adventurous Activities**” means activities that involve greater than normal risk which may include:

1. Travel into a relatively undeveloped area of the country in which vehicle contact is difficult and/or uncertain.
2. Confrontation with natural environmental challenges requiring greater reliance upon personal resources than would normally be required in day-to-day life.
3. Less than normal contact by person or by telephone, with medical and other public services available in normal day-to-day life.
4. Exposure to the natural elements with less than the normal physical protection provided in day-to-day life.

“**Arises**” or “**Arising**” means directly or indirectly **Arising** or in any way connected with.

“**Carrier**” means any bus, coach, ferry, cruise ship, train (including underground train, light rail and magnetic train companies) operated by a **Carrier** duly licensed from relevant government authorities for the regular transportation of fare-paying passengers, including any fixed, wing aircraft provided by a regular flight operating airline or an air charter company; and any helicopter provided and operated by an airline operating only between established commercial airports or licensed commercial heliports.

“**Checked in Luggage**” means non-commercial **Luggage** that an **Insured Person** has given over to the care of the **Carrier** or other responsible party, and includes **Personal Effects** contained within.

“**Additional Child**” “**Dependent Child**” or “**Child**” or “**Children**” means named **Dependent Children** including adopted and step **Children** of the **Insured Person** not older than eighteen (18) years or twenty five (25) years if attending as a full time student of an accredited Institution of Higher Learning after serving two (2) years of national service, who are unmarried, who permanently reside with the **Insured Person**, and receive the majority of maintenance and support from the **Insured Person**.

“**Chinese Physician**” means a registered herbalist, acupuncturist and bone setter duly licensed under any applicable laws. **You** should not be the attending **Chinese Physician** nor **Your** spouse or **Your** business partner or **Your** employer or employee or **Your** agent or a person booked to accompany **You** on the **Trip** or a person who is related to **You** in any way.

“**Country of Residence**” means the country in which **You** are granted rights of citizenship or permanent residence by the government authorities or is a country where **You** spend more than 90 days in any one year.

“**Depreciation**” means the loss in value due to age and / or wear and tear that will be applied to claims for lost or damaged belongings, including **Luggage** and **Personal Effects**, **Golfing Equipment**, and others. The rate of **Depreciation** is 15% of the original value of each item per complete 365 days of ownership.

“**Emergency**” means a sudden and unforeseen situation or condition requiring immediate action, assessment or treatment.

“**Epidemic**” means a sudden development and rapid spreading of a contagious disease or **Illness** in an area as documented by a recognized public health authority.

“**Golfing Equipment**” means golf clubs and golf bags only.

“**Home**” means the place where **You** normally live in **Your Country of Residence**.

“**Hospital**” means an institution which meets all of the following requirements: 1) it must be operated according to law; 2) it must give 24 hour medical care, diagnosis and treatment to the **Sick** or **Injured** on an inpatient basis; 3) it must provide diagnostic and surgical facilities supervised by **Medical Practitioner**; 4) registered nurses must be on 24 hour call or duty; and 5) the care must be given either on the **Hospital**'s premises or in facilities available to the **Hospital** on a pre-arranged bases.

A **Hospital** is not a rest, convalescent, extended care, rehabilitation or other nursing facility; a facility which primarily treats mental **Illness** alcoholism, or drug addiction (or any ward, wing, or other section of the **Hospital** used for such purposes); or a facility which provides hospice care (or wing, ward, or other section of a **Hospital** used for such purposes.)

“**Injure**” or “**Injured**” or “**Injury**” means bodily **Injury** caused solely and directly by violent, **Accidental**, visible and external means, which occurs during **Your** period of cover, and occurs independently and does not result from any **Illness**, **Sickness** or other bodily disease.

“**Insolvency**” means the inability of an individual or entity to pay its debt when they are due and resulting in the total cessation of their operations due to either: -

5. **Insolvency**, with or without the filing of a bankruptcy petition: or
6. Abscondment with monies belonging to the organization by an owner or employee who has prior convictions of any fraudulent or dishonest act, or is under investigation on a charge of fraudulent or dishonest act.

“**Insured Person (s)**” means the person(s) whose name(s) are set out on **Your** certificate of insurance and who is not more than 70 years of age.

“**Journey**” or “**Trip**” means **Your** travel during the period of cover. **Your Journey** starts from the time when **You** leave **Your Home** in **Your Country of Residence** to go directly to the place **You** depart from, and ends when **You** return to **Your Country of Residence**, or when **Your** policy expires, whichever is earlier.

“**Jewellery**” means objects such as rings, bracelets, brooches, necklaces, bangles, earrings or lockets which have inclusions of precious metals, precious stones, or semi-precious stones, and that is owned (not rented or hired) by **You**.

“**Locked Storage Compartment**” means a boot, trunk, glove box, enclosed centre console, or concealed cargo area of an automobile, which is not **Your Carrier**.

“**Loss of Sight**” means complete and permanent irrecoverable sight which is beyond the remedy by surgical or other treatment.

“**Loss of Limb**” means the total functional disablement or loss by complete and permanent physical severance of a hand at or above the wrist or of a foot at or above the ankle.

“**Loss of Speech**” means total and irrecoverable loss of speech which is beyond remedy by surgical or other treatment.

“**Loss of Hearing**” means total and irrecoverable loss of hearing which is beyond remedy by surgical or other treatment.

“**Luggage (and/or) Personal Effects**” means personal items owned by **You** and that **You** take with **You**, or buy, on **Your Journey**.

“**Medical Practitioner**” means a qualified doctor of medicine or dentist registered in the place where **You** received the services/ or treatment or who is licensed and legally entitled to practice medicine in the applicable field for which services are delivered. A **Medical Practitioner** cannot be related to **You**.

“**Overseas**” means any country outside of **Country of Residence**.

“**Pair or Related Set of Items**” means a number of items of **Luggage** and **Personal Effects** that belong together or can be used together, for example but not limited to:

- A camera, lenses (attached or not), Tripod and accessories;

- A matching pair of shoes.

“**Pandemic**” means a form of an **Epidemic** that extends throughout an entire continent or even the entire human race.

“**Permanent Disablement**” means **You** have lost either: all sight in one or both eyes, or the use of a hand or foot at or above the wrist or ankle, and the loss is for at least 12 months and in **Our** opinion after consultation with an appropriate medical specialist, that loss will continue indefinitely.

“**Personal Computer**” means a lap top or handheld computer, including accessories or attachments. This does not include iPhone, Blackberry, other smart phones, or personal digital assistants.

“**Pre-Existing Medical Condition**” means:

1. An ongoing **Injury**, medical or dental condition of which **You** are aware, or related complication **You** have, or the symptoms of which **You** are aware;
2. A medical or dental condition that is currently being, or has been investigated, or treated by a health professional (including dentist or chiropractor) at any time in the past, prior to policy purchase;
3. Any condition for which **You** take prescribed medicine;
4. Any condition for which **You** have had surgery;
5. Any condition for which **You** see a medical specialist;

This definition of **Pre-Existing Medical Condition** applies to **You**, **Your** travelling companion(s), dependant(s) or any other person.

“**Policy Holder**” or “**Principal Insured**” means the individual who the policy has been issued to, as stated in the certificate of insurance.

“**Public Place**” means any place that the public has access to, including but not limited to planes, trains, taxis, buses, shops, airports, railway stations, streets, museums, galleries, hotel foyers and general access areas, beaches, restaurants and public toilets.

“**Reasonable**” means:

- the standard level of medical or dental care given in the country **You** are in;
- the standard level of accommodation and travel that **You** have booked for the rest of **Your Journey** or, as determined by **Us**;
- the actions that a **Reasonable** person could be expected to take in a given scenario, as determined by **Us**.

“Additional Adult” or **“Additional Insured”** means the **Insured Person’s** Spouse and/or, the **Insured Person’s** Parents not older than 70 years old and permanently residing with the **Insured Person**.

“Relative” means any of the following who are resident in **Your Country of Residence**: fiancé, fiancée, spouse, legally recognized de facto, parent, parent-in-law, grandparent, grandparent-in-law, grandchild, brother, sister, son, daughter, daughter-in-law or son-in-law.

“Residents of Singapore” means Singapore citizens and permanent residents (holders of re-entry permits) as well as holders of employment passes, work permits, students’ passes or dependant’s passes.

“Rental Vehicle” means a vehicle owned by a licensed rental company or agency, which **You** have agreed to hire from them according to the terms of **Your** rental agreement. The vehicle must:

- Be no more than 10 years old;
- Have no more than 9 seats
- Not be driven off a public highway;
- Not be a motor **Home**, campervan, commercial vehicle, minibus, motorcycle or moped.

“Sick”, “Sickness” or **“Illness”** means a physical condition marked by a pathological deviation from the normal healthy state manifesting itself during **Your** period of cover, excluding any pre-existing conditions.

“Sound Natural Teeth” - means natural teeth that either are unaltered or are fully restored to their normal function and are Disease-free, have no decay and are not more susceptible to **Injury** than unaltered natural teeth.

“Terrorism” means an act or acts, of any person or group(s) of person, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. **Terrorism** can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore the perpetrators of **Terrorism** can either be acting alone, or on behalf of, or in connection with any organization(s) or governments(s).

“Total Disablement” means **Injury** of a permanent nature which solely and directly totally disables and prevents **You** from attending to any business, occupation of any and every kind or if **You** have no business or occupation, from attending to **Your** usual duties or activities.

“Travel Companion” means a person who made travel arrangements with **You** to accompany **You** on the **Trip** for at least 75% of **Your Journey**.

“Unchecked Luggage and Personal Effects” means non-commercial items that **You** retain in **Your** personal control during the **Journey**.

“Unsupervised” means that **You** leave **Your Luggage** and **Personal Effects**:

- With a person **You** did not know prior to commencing **Your Journey**
- Where it can be taken without **Your** knowledge
- At such a distance from **You** that **You** are unable to prevent it being taken.

“Valuables” means **Jewellery**, watches, items made of precious metals or precious stones, furs, leather ware/ goods, binoculars, telescopes.

“We”, “Our” and **“Us”** means the insurer of **Your** policy, Tokio Marine Insurance Singapore Ltd. or its agent AWP Services Singapore Pte. Ltd.

“You” and **“Your”** means all **Insured Persons** under the policy.

POLICY BENEFITS

1. Accidental Death and Permanent Disablement

1.1

We will pay in the event an **Accident** occurs during **Your Journey**, which causes death or **Permanent Disablement** within 90 days from the occurrence, or the transport vessel **You** are aboard disappears, sinks or crashes and **You** are presumed dead and **Your** body is not found within 12 months from the occurrence, **We** will pay a portion of the Maximum Amount Payable outlined in the Table of Benefits, according to the below Schedule of Compensation.

Schedule of Compensation	Percentage of Capital Benefit
1. Death	100%
2. Permanent Total Disablement	100%
3. Permanent total Loss of Sight of both eyes	100%
4. Permanent total loss of Use of two limbs	100%
5. Permanent total Loss of Speech	100%
6. Permanent total Loss of Hearing in: a) both ears b) one ear	75% 15%
7. Permanent total Loss of Sight in one eye	50%
8. Loss of or the permanent total loss of use of one limb	50%

In relation to **Accidental** death, **We** will pay the capital benefit to the estate of the deceased.

The maximum amount **We** will pay for all claims combined under this Section is shown under the Table of Benefits.

1.2

We will not pay:

- For **Accidents** or disablements caused by any reason other than **Injury**.
- For **Accidents** incurred in **Country of Residence**.
- For **Accidents** incurred while travelling on an aircraft, unless it is a fixed wing aircraft operated by a commercial airline company, and is operating between two commercial airports.

You must check General Exclusions for other reasons why We will not pay.

2. Medical Expenses

2a. Emergency Medical and Dental Expenses

2a.1

We will reimburse the **Reasonable** medical or **Hospital** expenses **You** incur until **You** return to **Country of Residence**, if **You** become **Sick** or **Injure** yourself **Overseas** whilst on **Your Journey**.

- The medical or **Hospital** expenses must have been incurred on the advice of a **Medical Practitioner**.
- You** must make every effort to keep **Your** medical or **Hospital** expenses to a minimum.
- If **We** determine that **You** should return to **Country of Residence** for treatment and **You** do not agree to do so then **We** will pay **You** the amount, which **We** determine would cover **Your** medical expenses and related costs had **You** agreed to **Our** recommendation. **You** will then be responsible for any ongoing or additional costs relating to or **Arising** out of the event **You** have claimed for.
- In the case of **Emergency** dental treatment due to an **Injury**, the treating dentist must certify in writing that treatment was for the relief of sudden and acute pain to sound and natural teeth. The maximum payable for such dental treatment is USD 500

The maximum amount **We** will pay for all claims combined under this Section is shown under the Table of Benefits.

There is a standard excess of USD 50 applicable on each claim under this section.

2a.2

We will not pay for losses:

- When **You** have not notified **Us** as soon as possible of **Your** admittance to **Hospital**, or **You** do not take **Our Reasonable** advice following the notification.
- Relating to treatment by a chiropractor or physiotherapist, unless approved by **Us**.
- If **You** do not take **Our Reasonable** advice or that of any assistance company **We** appoint.
- Incurred for donation of any body organ by **You** and costs of obtaining the organ including all costs incurred by the donor during organ transplant.
- dental care, except as a result of **Injury** caused by **Accident** to **Sound Natural Teeth** while this Policy is in effect

- f) For damage to dentures, dental prostheses, bridges or crowns.
- g) Relating to dental treatment involving the use of precious metals or for cosmetic dentistry.
- h) Incurred within **Country of Residence**.
- i) Any treatment that can reasonably be delayed until **Your** return to **Country of Residence**.
- j) Any treatment that **You** knew would be required prior to purchasing the policy
- k) Regular treatment(s) / check-ups.

You must check General Exclusions for other reasons why We will not pay.

2b. Overseas Medical Expenses for Traditional Chinese Medicine

2b.1

We will reimburse **You** the expenses incurred in relation to treatment by a **Chinese Physician**, which are necessarily incurred whilst **Overseas** due to an **Injury** or an **Illness** incurred during **Your Journey**.

The maximum amount **We** will pay for all claims combined under this Section is shown under the Table of Benefits.

2b.2

We will not pay for expenses:

- a) **Arising** from non-**Emergency** check-ups.
- b) Incurred in **Country of Residence**.
- c) Relating to any treatment that can reasonably be delayed until **Your** return to **Country of Residence**.

There is a standard excess of USD 50 applicable on each claim under this section.

You must check General Exclusions for other reasons why We will not pay.

2c. Return Treatment in Home Country

2c.1

We will reimburse the **Reasonable** medical or **Hospital** expenses **You** incur in **Your Country of Residence** up to a limit not exceeding USD 5,000, after **Your** return to **Your Country of Residence**, provided such expenses have resulted from an **Accident** or **Sickness Overseas** which occurred during the **Trip**.

When treatment had already been sought **Overseas**, **You** have up to a maximum of 30 days from the date that **You** returned to Singapore to continue treatment in Singapore.

When treatment has not been sought **Overseas**, an **Insured Person** must seek medical treatment in Singapore within seventy-two (72) hours of his/her return to Singapore. From the date of the first treatment in Singapore, **You** have up to a maximum of 30 days to continue treatment in Singapore.

The treatment must be carried out at any **Hospitals** or clinics that are legally registered under Singapore Ministry of Health.

2c.2

We will not pay for expenses:

- a) where the expenses have resulted from an **Accident** or **Sickness Overseas** which has not occurred during the **Trip**; or
- b) where the expenses have resulted from an **Accident** or **Sickness Overseas** which has occurred during the **Trip** but has not been approved by **Us**; or
- c) any expenses related to Dental treatment.

There is a standard excess of USD 50 applicable on each claim under this section.

You must check General Exclusions for other reasons why We will not pay.

2d. Local Medical Expenses for Traditional Chinese Medicine (Return Treatment)

2d.1

We will reimburse **You**, for treatment or follow-up treatment in **Country of Residence** by a **Chinese Physician**, for an **Injury** or an **Illness** incurred whilst **Overseas** during **Your Journey**.

When treatment has not been sought **Overseas**, **We** will reimburse **You** for treatment in **Country of Residence** within 7 days of the date of return to **Country of Residence**. From the date of the first treatment in **Country of Residence**, **You** have up to a maximum of 30 days to continue treatment in **Country of Residence**

When treatment had already been sought **Overseas**, **You** have up to a maximum of 30 days from the date that **You** returned to **Country of Residence** to continue treatment in **Country of Residence**.

The maximum amount **We** will pay for all claims combined under Section 2 is shown under the Table of Benefits i.e. up to USD 750.

2d.2

We will not pay for expenses:

- a) That are not related to an **Injury** or **Illness** incurred whilst **Overseas** during **Your Journey**, or are not related to an incident that can be claimed under Section 2 of this policy wording.
- b) **Arising** from non-**Emergency** check-ups.

The maximum amount **We** will pay for all claims combined under this Section is shown under the Table of Benefits.

There is a standard excess of USD 50 applicable on each claim under this section.

You must check General Exclusions for other reasons why We will not pay.

3. 24 Hours Emergency Medical Assistance, Evacuation and Repatriation

3.1

We will arrange and pay for the following assistance services if **You Injure** yourself or become **Sick** whilst **Overseas**:

- a) Access (excluding transportation costs) to a **Medical Practitioner** for **Emergency** medical treatment.
- b) Any urgent messages which needs to be passed on to **Your** family or employer in the case of an **Emergency**.
- c) Provide any written guarantees for payment of **Reasonable** expenses for **Emergency** Hospitalization.
- d) **Your** medical transfer or evacuation if **You** must be transported to the nearest **Hospital** for **Emergency** medical treatment.
- e) **Your** repatriation back to **Country of Residence** if **You** are **Sick** or **Injured Overseas** with appropriate medical supervision.
- f) If **You** require travel assistance, including:
 - rescheduling travel arrangements as a result of an **Emergency**,
 - referral for legal advice **Arising** out of an incident during **Your Journey**,
 - lost **Luggage** retrieval,
 - contacting the issuer when passports, travel documents or credit cards are lost,
 - arranging translator/interpreter assistance in an **Emergency**, and/or

- arranging overnight hotel accommodation following flight delay or travel misconnection.

The maximum amount **We** will pay for all claims combined under this Section is shown under the Table of Benefits.

3.2

We will not pay for expenses:

- a) Incurred for services provided by another party for which **You** are not liable to pay, or any expenses already included in the cost of a scheduled **Trip**.
- b) For a service not approved and arranged by Allianz Global Assistance, or an authorized representative of Allianz Global Assistance, provided always that **We** reserve the right to waive this exclusion in the event that **You** or **Your Travel Companion** cannot for reasons beyond **Your** control to notify Allianz Global Assistance during an **Emergency** medical situation. In any event, **We** reserve the right to reimburse **You** only for those expenses incurred for service which Allianz Global Assistance would have provided under the same circumstances.
- c) Incurred if **You** do not take the advice of Allianz Global Assistance.
- d) Incurred in **Country of Residence**.

Allianz Global Assistance will not be held liable for any delays in, or prevention of, the agreed services resulting from a case of force majeure or from events such as strikes, riots, civil commotion, and restriction to free circulation, sabotage, terrorist attacks, civil or foreign war, and any consequences of a source of radioactivity or of any act of God.

You must check General Exclusions for other reasons why We will not pay.

4. Repatriation of Mortal Remains to Home Country

4.1

We will arrange and pay for **Reasonable** costs of either an **Overseas** funeral or **Overseas** cremation or for the **Reasonable** costs for repatriating **Your** remains back to **Your Country of Residence**, in the event of **Your** death while **Overseas** during **Your Journey**.

The maximum amount **We** will pay for all claims combined under this Section is shown under the Table of Benefits.

4.2

We will not pay for expenses:

- a) Relating to funeral services or cremation or bringing **Your** remains back to **Your Country of Residence** unless it has been first approved by **Us**.

- b) Relating to the transportation of **Your** remains from **Your Country of Residence** to any other country.

You must check General Exclusions for other reasons why We will not pay.

CONDITIONS OF PROVIDING ASSISTANCE UNDER SECTION 3 and 4 :

By using Allianz Global Assistance, **You** accept that solely Allianz Global Assistance makes decisions and organisation of the appropriate and necessary assistance measures.

- a) Allianz Global Assistance's decisions are taken solely in **Your** medical interest.
- b) Allianz Global Assistance doctors contact the local medical facilities and, if needed, **Your** usual doctor to collect information allowing Allianz Global Assistance to take the decisions best suited to **Your** health condition.
- c) Any refusal on **Your** part to comply in part or in full with the decisions taken by Allianz Global Assistance means **You** exempt **Us** from any liability concerning the consequences of such an initiative and **You** will then lose all rights under this policy from the point **You** refused to comply with the decisions taken by Allianz Global Assistance.
- d) Allianz Global Assistance is entitled to the right to decide the means of evacuation and/or repatriation of remains and the final destination according to **Your** health condition and the treatment needed by **You**.
- e) The means of evacuation and repatriation assistance are based on Allianz Global Assistance's opinion of **Your** medical condition and will include the arrangement of necessary transportation vehicles, necessary medical escorts and any other medically necessary items, at the discretion of Allianz Global Assistance. Necessary transportation vehicles can be air ambulance, road ambulance, commercial airline, railway or any other appropriate means.
- f) Expenses incurred in the repatriation of mortal remains include service and material fees for embalming, preservation, cremation, delivery and cinerary casket.
- g) Allianz Global Assistance's interventions are carried out under the national and international laws and regulations. Allianz Global Assistance services are subject to the required authorizations by the relevant authorities.
- h) Allianz Global Assistance and the Insurer cannot be held liable for delays in, or prevention of, the agreed services resulting from a case of force majeure or from events such as strikes, riots, civil commotion, restrictions to free circulation, sabotage, terrorist attacks, civil or foreign war, and any consequences of a source of radioactivity or of any other Act of God.
- i) **You** must transfer ownership of any transport tickets to Allianz Global Assistance and **You** must undertake to send the unused transport tickets back to Allianz Global Assistance or reimburse Allianz Global Assistance with the amount recovered from the organization having issued the transport tickets.
- j) Allianz Global Assistance reserves the right to amend or upgrade the transport

tickets in order to deliver the assistance detailed under this section. Any benefits will be transferred to **Us**. Allianz Global Assistance at its option will deduct the value of the unused transportation ticket from any claim amount payable to **You**.

5. Trip Cancellation

5.1

We will pay **Your** cancellation fees and lost deposits for travel, entertainment, and accommodation arrangements that **You** have paid in advance and cannot recover from any other source if **Your Journey** is cancelled due to circumstances neither expected nor intended by **You** or outside **Your** control occurring from the time **You** purchased **Your** travel package (except for item c)):

- a) Death, serious **Injury**, serious **Illness**, or quarantine suffered to **You**, **Your Relative**, **Your Children**, or **Your Travel Companion** regardless of whether they are insured or not.
- b) Unexpected outbreak of strike, riot or civil commotion **Arising** at **Your** planned destination.
- c) Serious damage to **Your Home** from fire, flood, typhoon, earthquake or tsunami within seven (7) days before the departure date which required **Your** presence on the premises on the departure date.
- d) Witness summons or jury service requiring **Your** presence.

This policy will only pay for any claim under any one of the Section 5 or 7 for the same event, but not for more than one of the sections.

The maximum amount **We** will pay for all claims combined under this Section is shown under the Table of Benefits.

5.2

We will not pay for losses:

- a) Due to the financial collapse, **Insolvency**, or the inability to carry on normal business due to financial reasons of any transport, entertainment, tour, or accommodation provider, or travel agent.
- b) Incurred due to prohibition or regulation by any government.
- c) Caused by a tour operator or wholesaler being unable to complete arrangements for any tour because there were not enough people to go on the tour.
- d) Relating to the death, **Injury** or **Sickness** of any person who resides outside of **Your Country of Residence**.

You must check General Exclusions for other reasons why We will not pay.

6. Trip Curtailment / Interruption

6.1

We will pay the un-utilised and non-refundable portion of travel and accommodation expenses paid in advance by **You**, and / or the additional, **Reasonable** travel and accommodation expenses incurred after the commencement of **Your Overseas Journey**, due to any of the following events that requires **Your** immediate return to **Your Country of Residence**:

- a) An **Injury** or **Sickness** suffered by **You** resulting in advice from a **Medical Practitioner** to abandon **Your** planned **Journey** and return to **Your Country of Residence** immediately.
- b) The hijacking of the **Carrier** in which **You** are travelling as a passenger.
- c) A typhoon, earthquake or tsunami which prevents **You** from continuing **Your** scheduled **Journey**.
- d) The unexpected outbreak of strike, riot or civil commotion **Arising**.

The maximum amount **We** will pay for all claims combined under this Section is shown under the Table of Benefits.

You must check General Exclusions for other reasons why We will not pay.

7. Trip Postponement

7.1

We will pay the administrative charges imposed on **You** as a result of **You** postponing **Your Journey** due to any of the following events occurring within 30 days of **Your** scheduled departure days (except c):

- a) Death, serious **Injury**, serious **Illness**, or a mandatory quarantine suffered to **You**, **Your Relative**, **Your Children**, or **Your** dependent, regardless of whether they are insured or not.
- b) Unexpected outbreak of strike, riot or civil commotion **Arising** out of circumstances beyond **Your** control at **Your** planned destination.
- c) Serious damage to **Your Home** from fire, flood, typhoon, earthquake or tsunami within seven days before the departure date which required **Your** presence on the premises on the departure date.
- d) Witness summons.

This policy will only pay for any claim under any one of the Section 5 or 7 for the same event, but not for more than one of the sections.

The maximum amount **We** will pay for all claims combined under this Section is shown under the Table of Benefits.

8.2

We will not pay for expenses:

- a) Due to the financial collapse, **Insolvency**, or the inability to carry on normal business due to financial reasons of any transport, tour or accommodation provider, or travel agent.
- b) Incurred due to prohibition or regulation by any government.
- c) Caused by a tour operator or wholesaler being unable to complete arrangements for any tour because there were not enough people to go on the tour.
- d) Relating to the death, **Injury** or **Sickness** of any person who resides outside of Singapore.

You must check General Exclusions for other reasons why We will not pay.

8. Travel Misconnection

8.1

We will pay in the event that **You** miss **Your** confirmed onward travel connection at the transfer point due to the late arrival of **Your** scheduled incoming connecting transport conveyance and no other transportation is available to **You** within 8 consecutive hours of **Your** arrival at the transport point.

The maximum amount **We** will pay for all claims combined under this Section is shown under the Table of Benefits.

8.2

We will not pay:

- a) Due to the financial collapse, **Insolvency**, or the inability to carry on normal business due to financial reasons of any transport, tour or accommodation provider, or travel agent.
- b) **Arising** from strike or industrial action which began or was announced before the issue date of **Your** policy or on the date **Your** travel tickets or confirmation of booking was issued, whichever earlier.
- c) **Arising** from **Your** failure to check in as according to the itinerary supplied to **You**, or if **You** fail to obtain written confirmation from the **Carriers** or their handling agents of the number of hours delayed & the reason for such delay
- d) Due to hijacking.

You must check General Exclusions for other reasons why We will not pay.

9. Travel Delay

9.1

We will pay **You** for each full consecutive 6 hour delay if a disruption to **Your Journey**, for a period of at least 6 consecutive hours from the scheduled time of **Your Carrier's** departure as specified in **Your** itinerary, **Arises** from strike or industrial action, adverse weather conditions, mechanical breakdown, derangement, or structural defect of the **Carrier You** were scheduled to travel aboard.

The maximum amount **We** will pay for all claims combined under this Section is shown under the Table of Benefits.

9.2

We will not pay:

- a) Due to the financial collapse, **Insolvency**, or the inability to carry on normal business due to financial reasons of any transport, tour or accommodation provider, or travel agent.
- b) **Arising** from strike or industrial action which began or was announced before the issue date of **Your** policy or on the date **Your** travel tickets or confirmation of booking was issued, whichever is earlier.
- c) If **You** have not departed **Your Home** to commence **Your Journey**, or the period of delay allows sufficient time for **You** to return to **Your Home**.
- d) **Arising** from **Your** failure to check in as according to the itinerary supplied to **You**, or if **You** fail to obtain written confirmation from the **Carriers** or their handling agents of the number of hours delayed & the reason for such delay
- e) Due to hijacking.

You must check General Exclusions for other reasons why We will not pay.

10. Luggage Delay

10.1

We will pay **You** for each full, consecutive 6 hour delay if **Your Luggage** is delayed, misdirected or misplaced by the **Carrier**. Delays will be calculated from the time the responsible **Carrier** arrives at **Your** travel destination.

Any payments made under this Section will be deducted from claims made under Section 11 for the same event.

The maximum amount **We** will pay for all claims combined under this Section is shown under the Table of Benefits.

10.2

We will not pay:

- a) If **You** do not report the delay within 24 hours to an appropriate authority, and provide **Us** with a written statement from whomever **You** reported it to.
- b) If **You** are entitled to be adequately reimbursed by the **Carrier** who was responsible for **Your** delayed **Luggage**.
- c) If **Your Luggage** is delayed on the flight returning **You** to **Country of Residence**.

You must check General Exclusions for other reasons why We will not pay.

11. Loss or Damage to Luggage and Personal Effects

11.1

We will pay the repair cost, or replacement value, less **Depreciation**, of **Luggage** and **Personal Effects** which are stolen, **Accidentally** damaged or permanently lost.

- a) **You** must provide receipts for **Your** items, to justify the amount of **Your** claim. If **You** are unable to submit receipts **We** may be able to accept alternate proof of ownership and value for **Your** items, as agreed upon by **Us** on a case by case basis.
- b) **We** also have the option to repair or replace the **Luggage** and **Personal Effects** instead of paying **You**.
- c) If **You** are partially reimbursed by **Your Carrier** or other third party, **We** will pay the difference between the amount of **Your** loss and what **You** were reimbursed, up to the limit of **Your** cover, less **Depreciation**.
- d) When determining the classification of an item, **We** will use the item's intended primary function as determined by the manufacturer. E.g. camera phones such as iPhone and Nokia N95 will be assessed as mobile phones.
- e) **Luggage** and **Personal Effects** left in a motor vehicle are only covered, during daylight hours and must have been in a **Locked Storage Compartment** and forced entry must have been made. The most **We** will pay if **Your Luggage** and **Personal Effects** are stolen from the **Locked Storage Compartment** of an unoccupied vehicle is USD 200 for each item and USD 750 in total for all stolen items.

The maximum amount **We** will pay for all claims combined under this Section is shown under the Table of Benefits.

11.2

We will not pay for losses:

- a) Above the original purchase price, replacement price or repair cost of any item,

whichever amount is lower.

- b) If **You** do not report the loss, theft or misplacement within 24 hours to the police and if applicable to an office of the **Carrier You** were travelling on when the loss, theft or damage occurred, and if **You** cannot prove that **You** made such report by providing **Us** with a written statement from whoever **You** reported it to.
- c) If the loss or damage is not supported by proof of ownership, value and age.
- d) Relating to cash, or traveler's cheques.
- e) If **Your Valuables, Personal Computer** equipment or camera/ camera equipment or other electronic items/ equipment is transported in the cargo hold of a **Carrier**.
- f) If the loss, theft or damage is to items left behind in a taxi, hotel or motel room after **You** have checked out or items left behind after **You** have disembarked from the **Carrier**.
- g) If the loss, theft or damage is to watercraft of any type (other than surfboards) or bicycles.
- h) If the **Luggage** or **Personal Effects** was being sent unaccompanied or under a freight contract.
- i) If the loss of, or damage **Arises** from any process of cleaning, repair or alteration.
- j) If the loss of or damage **Arises** from ordinary wear and tear, deterioration, atmospheric or weather conditions, electrical or mechanical breakdown, insects, rodents or vermin.
- k) If the **Luggage** or **Personal Effects** was left **Unsupervised** in a **Public Place**.
- l) If the **Luggage** and **Personal Effects** were left unattended in a motor vehicle unless it was locked in the boot or **Locked Storage Compartment**, or were left overnight in a motor vehicle even if it was in the **Locked Storage Compartment**.
- m) If the **Luggage** or personal effect is fragile, brittle or an electronic or mechanical component is broken or scratched – unless either:
 - it is the lens of spectacles, binoculars or photographic or video equipment; or
 - the breakage or scratch was caused by a crash involving a vehicle in which **You** are travelling.
- n) If the loss, theft or damage occurs in **Your Country of Residence**.
- o) If the loss or damage is to sporting equipment whilst in use (including surfboards).

You must check General Exclusions for other reasons why We will not pay.

12. Loss of Travel Documents

12.1

We will reimburse **You** the replacement costs (including essential and **Reasonable** communication, travel and accommodation costs to obtain replacements) of travel documents, including passports, traveler's cheques and other necessary travel documents,

which are essential for **You** to complete the **Trip**, when such loss **Arises** from robbery, burglary, or theft while **You** are **Overseas** on **Your Journey**.

The maximum amount **We** will pay for all claims combined under this Section is shown under the Table of Benefits.

12.2

We will not pay for losses:

- a) If **You** do not report the robbery or theft within 24 hours to the police and if applicable to an office of the **Carrier You** were travelling on when the loss, theft or misplacement occurred, or in the case of traveler's cheques to the issuing bank or **Relative** company, and if **You** cannot prove that **You** made such report by providing **Us** with a written statement from whoever **You** reported it to.
- b) If the expenses are incurred due to the fraudulent use of traveler's cheques or credit cards.
- c) For **Reasonable** transport and accommodation expenses that have not been first approved by **Us**.
- d) Loss of credit cards or replacement of credit cards, or replacement of Identity Cards, Employment passes, Fin cards, Social Visit passes or any kind of passes and driving licenses.
- e) Loss of cash cards or any other cards having a stored value.

You must check General Exclusions for other reasons why We will not pay.

13. Theft of Cash

13.1

You are covered up to the amount specified on **Your** policy schedule for theft of **Your** own cash. Cash is only covered whilst being carried on **Your** person or secured in a locked safety deposit box.

In the event of a claim for loss of cash **You** must provide evidence of the initial withdrawal of the cash.

The maximum amount **We** will pay for all claims combined under this Section is shown under the Table of Benefits.

13.2

We will not pay for losses:

- a) If **You** do not report the robbery or theft within 24 hours to the police and if applicable to an office of the **Carrier You** were travelling on when the theft occurred, and if **You** cannot prove that **You** made such report by providing **Us** with a written statement from whoever **You** reported it to.

- b) If **You** do not exercise **Reasonable** care in protecting **Your** cash.
- c) Regarding shortages due to error, omission, exchange or **Depreciation** in value.
- d) Regarding loss of money not in the personal custody of the **Insured Person**.

You must check General Exclusions for other reasons why We will not pay.

14. Adventurous Activities

14.1

Notwithstanding General Exclusion 21 to 24, this Policy is extended to cover the **Insured Person** in respect of death or **Injury** which may be sustained resulting from engaging in or practicing for:

- a) Bungee jumping;
- b) Sky diving;
- c) Paragliding;
- d) Helicopter rides for sightseeing;
- e) Hot air ballooning;
- f) Jet skiing;
- g) Mountaineering at mountains below the height of three thousand (3,000) metres above sea level;
- h) Skiing or snowboarding all within official approved areas of a ski resort;
- i) Canoeing or white water rafting with a qualified guide and below Grade 4 (of International Scale of River Difficulty);
- j) Underwater activities involving artificial breathing apparatus for diving up to a maximum depth of thirty (30) metres with a qualified diving instructor or a qualified divemaster and with recognised diving certification.

Provided always that the above activities are done for leisure purposes with a licensed operator and generally available to the general public without prohibitions other than the standard safety requirement and general medical warning. **You** will also need to adhere to all safety requirements, equipped and wear appropriate safety equipment and always act under the instruction of a qualified or licensed operator or safety officer. All other terms, conditions and Exclusions of this Policy continue to apply.

15. Terrorism

15.1

We will pay **You** for losses which may be sustained through any Act of **Terrorism**. Where an **Insured Person** is insured under more than one policies with **Us** covering Act of **Terrorism**, **Our** maximum liability for any and all claims **Arising** directly or indirectly from any Act of **Terrorism** shall be limited to one policy only and for any losses covered under Sections 6, 9 and 10 of this policy **Arising** directly from an Act of **Terrorism** during the **Trip** (up to the limit of the relevant Section applicable for the relevant plan), Provided always that **Our** maximum aggregate liability in

respect of such Act of **Terrorism** shall be limited to the maximum limit under the **Terrorism** Cover of the relevant plan as set out in the Table of Benefits regardless of any one loss occurrence, regardless of the total amount of claims incurred by **Us Arising** from such Act of **Terrorism**.

All other terms, conditions and Exclusions of this Policy continue to apply.

The maximum amount **We** will pay for all claims combined under this Section is shown under the Table of Benefits.

15.2

We will not pay for expenses:

- a) If the Act of **Terrorism** involves the use of biological agents, chemical agents or nuclear devices.
- b) any action taken in controlling, preventing, suppressing or in any Act of **Terrorism** including but not limited to:
 - i. the use or threat of force, violence and/or
 - ii. harm or damage to life or to property (or the threat of such harm or damage) including, but not limited to, nuclear radiation and/or contamination by chemical and/or biological agents, by any person(s) or group(s) of persons, committed for political, religious, ideological or similar purposes, expressed or otherwise, and/or to put the public or any section of the public in fear.

You must check General Exclusions for other reasons why We will not pay.

16. Hostage / Kidnap

16.1

We will pay a daily benefit in the event that the **Insured Person** is kidnapped or wrongly confined, abducted or restrained by criminal force during the **Journey** while outside Singapore. For the purpose of this Section, the kidnap cannot be committed by any **Insured Person** or his/her family member, **Travel Companion** or close business associate whether acting alone or in collusion with others.

The kidnap must be reported to the police having jurisdiction at the place of the kidnap within twenty-four (24) hours after such incident. Any claim must be accompanied by written documentation from the police.

The maximum amount **We** will pay for all claims combined under this Section is shown under the Table of Benefits.

You must check General Exclusions for other reasons why We will not pay.

17. Loss of Credit Card

17.1

If the adult **Insured Person** suffers financial loss as a direct result of the fraudulent use of his/her personal credit card(s) following its loss **Arising** out of robbery, burglary or theft while the adult **Insured Person** is outside Singapore during the **Journey**. **We** will pay for

- a) such unauthorised changes were made **Overseas** with **Your** stolen payment card; or
- b) **Your** payment card was not stolen, but such unauthorised charges were made through any **Overseas** ATM withdrawal, in-store or online purchases were **Your** payment card information; then
 - i. In respect of a) above, **We** will reimburse the unauthorized charges incurred 12 hours prior to **Your** first reporting the event to **Your** payment card issuer(s); and
 - ii. In respect of b) above, **We** will reimburse charges incurred prior to **Your** first reporting the event to **Your** payment card issuer(s), or **Us**, or, **Your** payment card issuer(s) notifying **You** about the event (whichever occurs first).

Any reimbursement by **Us** under this Section is subject to the following conditions:

- a) **We** will only pay for such unauthorized changes which **You** are made liable for, under the terms and conditions of **Your** payment card;
- b) **You** must report the theft of **Your** payment card to issuer (s) and to **Us** within 24-hours of discovering that **Your** payment card was stolen or any unauthorized changes were made from it;
- c) **You** must complete and return any documents including but not limited to claims forms, police reports, demands, notices and any other relevant documents **You** may be asked to provide;
- d) **You** must comply with all the terms and conditions by which **Your** payment card was issued; and
- e) **Your** payment card must be valid and in good standing for coverage to apply

The maximum amount **We** will pay for all claims combined under this Section is shown under the Table of Benefits.

17.2

We will not pay for expenses:

- a) If **You** do not report the robbery or theft within 24 hours to the police, and to the issuing bank or **Relative** company, and if **You** cannot prove that **You** made such report by providing **Us** with a written statement from whoever **You** reported it to.
- b) If **You** cannot prove that **You** made a report to the above relevant persons by providing **Us** with a written statement from them.
- c) When the amount is covered by any guarantee given by the bank or issuing company to **You** as the holder of the credit cards covering such losses.

- d) Relating to expenses incurred due to the fraudulent use of credit cards.

You must check General Exclusions for other reasons why We will not pay.

18. Golf Insurance (Hole-In-One)

18.1

If during the **Journey** outside Singapore, an adult **Insured Person** achieves a hole-in-one in an organised event at any 18-hole golf course, **We** will reimburse him/her for the cost of one round of celebratory drinks.

The adult **Insured Person** must provide written evidence from the golf club official that hole-in-one was achieved, and provide original receipt for the cost of celebratory drinks.

The maximum amount **We** will pay for all claims combined under this Section is shown under the Table of Benefits.

You must check General Exclusions for other reasons why We will not pay.

19. Personal Liability

19.1

We will cover **Your** legal liability for payment of compensation in respect of:

- Death or bodily **Injury** to someone else, and/or
- Physical loss or damage to someone else's property as a result of an incident that happens during **Your Journey**.

We will also reimburse **Your Reasonable** legal costs and legal expenses for settling or defending the claim made against **You**. **We** will decide whether the costs were **Reasonable**. **You** must not accept liability or promise to pay the claim without prior written approval from **Us**.

The maximum amount **We** will pay for all claims combined under this Section is shown under the Table of Benefits.

19.2

We will not pay for losses or expenses:

- a) Relating to bodily **Injury** to **You**, **Your Travel Companion**, or to a **Relative** or employee of either of **You**.
- b) Relating to damage to property belonging to **You**, or in **Your** care or control, or belonging to, or in the care or control of, a **Relative** of yours, or **Your Travel**

- Companion**, or to an employee of either of **You**.
- c) **Arising** out of the ownership, custody or use of any animal, aerial device, watercraft or mechanically propelled vehicle.
- d) **Arising** out of the conduct of a business, profession or trade.
- e) Relating to any loss, damage or expenses which are covered or should have been covered under a statutory or compulsory insurance policy, statutory or compulsory insurance or compensation scheme or fund, or under workers' compensation legislation, an industrial award or agreement, or **Accident** compensation legislation.
- f) Relating to any fine, penalty or aggravated, punitive or exemplary or liquidated damages.
- g) Caused by disease that is transmitted by **You**.
- h) Concerning any relief or recovery other than monetary amounts.
- i) Relating to liability **Arising** from a contract that imposes on **You** a liability which **You** would not otherwise have.
- j) Due to assault and/or battery committed by **You** or at **Your** direction.
- k) Relating to conduct intended to cause personal **Injury**, property damage or liability with reckless disregard for the consequences of **You** or any person acting with **Your** knowledge, consent or connivance.

- d) **Your** claim **Arises** from motor sports of any kind
- e) **Your** claim **Arises** from any currency exchange rate changes
- f) Any Miscellaneous charges imposed on **You**, including but not limited to administrative charges & credit card transactional charges which may be imposed by the rental agency
- g) Where **Your** claim is not a valid Vehicle hire insurance claim, regardless of the amount
- h) Relating to losses resulting from damage to:
 - a. Windscreens or tyres;
 - b. Undercarriage unless admitted and payable as a valid claim under the **Rental Vehicle's** Motor Insurance Policy and provided an excess or deductible has been imposed on **You**.

You must check General Exclusions for other reasons why We will not pay.

You must check General Exclusions for other reasons why We will not pay.

20. Rental Vehicle Excess

20.1

We will pay **You** the excess or deductible that is imposed on **You** following loss or damage resulting from an automobile **Accident** to the **Rental Vehicle** **You** have hired.

Cover will only apply when **You** have hired the rental car from a licensed rental agency, and have included sufficient motor insurance policy for the duration of **Your** rental period.

You must be named as either a driver or co-driver on the **Rental Vehicle** agreement.

20.2

We will not pay for expenses:

- a) If **You** are operating the **Rental Vehicle** outside of compliance with any regulations advised by the rental agency, **Your** motor insurance policy, and/or any applicable regulations of the country **You** are driving in.
- b) If the loss of or damage **Arises** from ordinary wear and tear, deterioration, atmospheric or weather conditions, insects, rodents or vermin.
- c) If **You** do not report the vehicle **Accident** immediately to the police and if **You** cannot prove that **You** made such report by providing **Us** with a written statement from whomever **You** reported it to.

GENERAL EXCLUSIONS

We Will Not Pay Under Any Circumstances If:

- 1) **You** do not act in a **Reasonable** or **Reasonable** way to protect yourself and **Your** property and to minimize **Your** loss.
- 2) Expenses not pre-approved by **Us**.
- 3) **Your** claim **Arises** from, is related to, or associated with any **Pre-Existing Medical Condition** that may give rise to **You** making a claim under this policy.
- 4) **You** can recover **Your** losses or additional expenses from any other party.
- 5) **Your** claim **Arises** because of any government prohibition or regulation including visa requirements.
- 6) **Your** claim **Arises** from illegal acts that results in action taken by customs, a government authority, or other official by confiscating, detaining or any destruction.
- 7) **Your** claim **Arises** because **You** did not follow advice in the mass media of any government or other official body's warning:
 - Against travel to a particular country or parts of a country; or;
 - Of a strike, riot, bad weather, civil commotion or contagious disease including **Epidemic or Pandemic**).And **You** did not take appropriate action to avoid or minimise any potential claim under **Your** policy (including delay of travel to the country or part of the country referred to in the warning).
- 8) **Your** claim **Arises** from any act of war – whether war is declared or not – or from any rebellion, revolution, insurrection or taking of power by the military.
- 9) **Your** claim **Arises** from a nuclear reaction or contamination from nuclear weapons or radioactivity or biological and or chemical material(s), substance(s), compound(s) or the like used directly or indirectly for the purpose to harm or to destroy human life and or create public fear.
- 10) **Your** claim **Arises** from an **Epidemic or Pandemic** or a threat associated with an **Epidemic or Pandemic**.
- 11) **Your** claim **Arises** from a mandatory quarantine, unless otherwise stated in the benefit.
- 12) **You** claim **Arises** or is in anyway related to **You** being in control of any motorized vehicle, including scooter or moped, that **You** do not hold a relevant valid license for in **Your Country of Residence**.
- 13) **Your** claim **Arises** because of **Your** participation in:
 - Racing, other than on foot but does not include ultramarathons, biathlons and triathlons
 - Private white water rafting grade 4 & above
 - Mountaineering
 - Trekking above 3,000 metres
- Diving using artificial breathing apparatus, unless **You** hold a recognized qualification or under licensed instruction
- Extreme sport activities including but not limited to parachuting or hang gliding
- Any professional competition or sports in which **You** receive any reward or sponsorship
- 14) **Your** claim **Arises** because **You** are engaging in mining, oil rigging, aerial photography or handling explosive or **You** are engaging in any naval, military, air force, law enforcement, or civil defence service or operation.
- 15) **You** travel in, to or through Afghanistan, Cuba, the Democratic Republic of Congo, Iran, Iraq, Liberia, Sudan or Syria.
- 16) **Your** claim is in respect of travel booked or undertaken against the advice of any **Medical Practitioner**.
- 17) **Your** claim **Arises** directly or indirectly from any metastatic or terminal **Illness** that was diagnosed prior to the policy being issued.
- 18) **Your** claim **Arises** directly or indirectly from any **Journey** for the purposes of obtaining any form of treatment **Overseas** or any elective treatment that **You** choose to undertake.
- 19) **Your** claim **Arises** from complication of pregnancy, **Childbirth**, related complications or any medically assisted conception unless otherwise stated in the benefit.
- 20) **Your** claim **Arises** from treatment for addiction to drugs or alcohol, or **You** are using a medical facility as a nursing, convalescent, or rehabilitation place.
- 21) **Your** claim **Arises** from any willful or intentional acts caused by mental and nervous disorder, anxiety, depressed, suicide or attempted suicide.
- 22) **Your** claim **Arises** from or is any way related to a sexually transmitted disease or **Your** claim **Arises** directly or indirectly from Human Immunodeficiency Virus (HIV) infection, Acquired Immune Deficiency Syndrome (AIDS).
- 23) **You** were under the influence of, or affected by alcohol or drugs – unless the drugs were prescribed by a medical advisor and taken in accordance with their instructions.

CLAIMS

AWP Services Singapore Pte. Ltd. (Allianz Global Assistance) is authorized by Tokio Marine Insurance Singapore Ltd. to also provide claims handling services as **Our** agent, not as **Your** agent. Allianz Global Assistance acts under an agreement with the Insurer which means that Allianz Global Assistance can handle claims and make recommendations of claim settlements to the Insurer and is jointly referred to as “**We**”, “**Our**” and “**Us**” in this policy wording for this purpose only.

REASONABLE PRECAUTIONS

You must do everything reasonably possible to prevent a loss from occurring, or when a loss has occurred, ensure that the loss is minimized. If **You** do not, **We** can reduce **Your** claim by the amount of prejudice **We** have suffered, or reject **Your** entire claim.

HOW TO MAKE A CLAIM

As soon as practicable, and in any case within 30 days after the date of occurrence of an event which may give rise to a claim, **You** must give written notification to **Us**. If **You** do not, **We** can reduce **Your** claim by the amount of prejudice **We** have suffered because of the delay.

You must give **Us** any information **We** reasonably ask for to support **Your** claim at **Your** expense, such as but not limited to police reports, valuations, medical reports, original receipts, proof of ownership, or proof of an item’s age. If required, **We** may ask **You** to provide translations of **Your** documents into English at **Your** expense to enable **Us** assess **Your** claim.

If **You** cannot provide the requested proof of ownership, then **We** can reject **Your** claim.

You must co-operate with **Us** at all times in relation to the provision of supporting evidence and such other information as **We** may reasonably require.

- a) For medical, **Hospital** or dental claims, contact **Us** as soon as possible. **We** will require **You** to submit a medical report clearly outlining the diagnosis of the medical condition, any relevant past medical history and the required treatment plan.
- b) For damage or permanent loss of **Your** unchecked **Luggage** and **Personal Effects**, report it immediately to the police or the transport operator or provider **You** were travelling with when the loss or theft occurred within 24 hours and obtain a written statement of **Your** report.
- c) For damage or permanent loss of **Your Checked in Luggage**, caused by a **Carrier**, report the damage or misplacement within 24 hours to an appropriate official and obtain a written report, including any offer of settlement that they may make.

Please note that **We** will never pay more than **Your** actual loss.

YOU MUST NOTIFY US OF HOSPITALIZATION

If **You** are hospitalized whilst on **Your Journey**, **You** or a member of **Your** traveling party must notify Allianz Global Assistance immediately or as soon as reasonably possible.

If **You** are not hospitalized but **You** are treated as an outpatient and **You** become aware that the total cost of **Your** treatment is likely to exceed USD 1,500 **You** must notify Allianz Global Assistance.

PHONE CHARGES

For local calls made to **Our** General Enquiries hotline or **Our** Claims hotline, **We** may or may not provide **You** with a toll-free number. In any case **We** will not be responsible for any charges incurred by **You**, when **You** are contacting **Us** for any non-**Emergency** matters.

For urgent, **Overseas** phone calls placed to **Our** 24 Hour **Emergency** Assistance hotline, please use a reverse charge call (collect call) to contact **Us** from outside Singapore. In the event that **You** were unable to place a reverse charge call, **We** will reimburse **You** up to a maximum of USD 50 for any phone charges incurred for **You** to call **Us** from **Overseas**.

CLAIMS PROCESSING

We endeavour to process **Your** claim within 10 working days of **Us** receiving a completed claim form and all necessary documentation. If **We** need additional information, a written request will be sent to **You** within 10 working days. **We** will pay all claims in **US** Dollars / Singapore Dollars. The sole discretion of the currency for payment of claim will be with AGA. The rate of currency exchange that will apply is the rate at the date of loss occurrence. No indemnity from **Us** will carry any interest.

TO WHOM INDEMNITIES ARE PAYABLE

Indemnity for **Your** loss of life is payable to **Your** estate. All other indemnities of this Policy are payable to **You**. All the relevant claim forms should be completed and submitted by **You**. If not, an authorization letter signed by **You** is required to prove that others have the right to make a claim instead of **You**.

Under Sections 2 to 4, in the event funds for **Emergency** medical treatment are guaranteed to the provider of healthcare by Allianz Global Assistance or their authorized representative, indemnities will be payable directly to the provider of healthcare.

Indemnity for expenses under Sections 2 which **You** incur directly will be payable to **You**. Under Sections 3 and 4 the benefits will be paid directly to the provider of service as indicated in each section.

YOU MUST NOT ADMIT FAULT OR LIABILITY

In relation to any claim under this policy **You** must not admit that **You** are at fault, and **You** must not offer or promise to pay any money, or become involved in litigation, without **Our** approval.

YOU MUST HELP US TO RECOVER ANY MONEY WE HAVE PAID

If **We** have a claim against someone in relation to the money **We** have to pay under this policy, **You** must do everything **You** can to help **Us** do that in legal proceedings. If **You** are aware of any third party that **You** or **We** may recover money from, **You** must inform **Us** of such third party.

If **You** intend to commence legal proceedings to recover **Your** costs or seek compensation against a third party, **You** must inform **Us** as soon as possible.

We will apply any money **We** recover from someone else under a right of subrogation in the following order:

1. To **Us**, **Our** administration and legal costs **Arising** from the recovery.
2. To **Us**, an amount equal to the amount that **We** paid to **You** under the policy.
3. To **You**, **Your** uninsured loss (less **Your** excess).
4. To **You**, **Your** excess.

Once **We** pay **Your** total loss **We** will keep all money left over.

If **We** have paid **Your** total loss and **You** receive a payment from someone else for that loss or damage, **You** must pay **Us** the amount of that payment up to the amount of the claim **We** paid **You**.

If **We** pay **You** for permanently lost, stolen or damaged property and **You** later recover the property or it is replaced by a third party, **You** must pay **Us** the amount of the claim **We** paid **You**.

If **We** pay **Your** claim and **You** receive a payment from someone else for the same costs, fees or expenses, **You** must pay **Us** the amount of that payment up to the amount of the claim **We** paid **You**.

We may seek reimbursement from **You** if **You** receive a payment from any other source for any amount of the claim **We** paid **You**.

IF YOU CAN CLAIM FROM ANYONE ELSE, WE WILL ONLY MAKE UP THE DIFFERENCE

If **You** can make a claim against someone in relation to a loss or expense covered under this policy and **You** do not get paid the full amount of **Your** claim, **We** will make up the difference. **You** must claim from them first.

SUBROGATION

At **Our** discretion, **We** may start, control and settle legal proceedings for **Our** own benefit in **Your** name to recover compensation or secure indemnity from any party in respect of anything covered by this policy. **We** may do so in **Your** name and on **Your** behalf. **You** also consent to **Us** seeking to recover any money **We** have paid to **You** from a third party.

You must help **Us** to do this, even if **We** have not yet paid **Your** claim, and even if the amount **We** pay is less than full compensation for **Your** loss.

DUPLICATION OF COVER

If **You** are covered under more than one travel insurance policy underwritten by **Us** for the same **Trip**, cover will be effective only under one policy. **You** must let **Us** know which policy **You** want to claim under and henceforth, all the benefits under the policy **You** elected will apply. The other policy/policies for the same **Trip** is/are deemed to be void

In the event that **You** are covered under more than one insurance policy for the same peril underwritten by other insurance companies, including **Us**, **You** must seek compensation from other companies before submitting **Your** claim to **Us**. **We** will reimburse the balance if **You** do not get full compensation from other companies.

AGE

In the event of any claim, the age of the **Insured Person** will be determined as at the date of **Injury** or **Illness** with reference to their date of birth.

INTERPRETATION

This policy, certificate and the schedule shall be read together and any word or expression to which a specific meaning has been attached in any part of this policy, certificate or schedule shall bear such meaning wherever it may appear.

CLERICAL ERROR

A clerical error by Allianz Global Assistance shall not invalidate an insurance which is otherwise validly in force, nor would it continue insurance otherwise not validly in force.

ARBITRATION

If **We** admit liability for a claim but there is a dispute as to the amount to be paid, the dispute will be referred to an arbitrator. The arbitrator will be appointed jointly by **You** and **Us** in accordance with the law at the time. **You** may not take legal action against **Us** over the dispute before the arbitrator has reached a decision.

CONTACT DETAILS

For any General Enquiries call +65 6327 2210

Mon – Fri, 09:00 – 17:30 (Singapore Time)

E-mail: sgtravelsales@allianz-assistance.com.sg

For Claims Enquiries call +65 6327 2215

Mon – Fri, 09:00 – 17:30 (Singapore Time)

E-mail: sgtravelclaims@allianz-assistance.com.sg

For 24 hour Emergency Assistance call +65 6327 2210

Assistance services are arranged and managed by AWP Services Singapore Pte. Ltd. of 12 Marina View, #14 - 01 Asia Square Tower 2, Singapore 018961, a subsidiary company of Allianz Global Assistance.

This insurance is underwritten by Tokio Marine Insurance Singapore Ltd. with services provided by Allianz Global Assistance.