

CORPORATE TRAVEL 360 INSURANCE POLICY

By a proposal and declaration which together with all statements made to the Company by the Insured Person and/or Policyholder in writing will be the basis and shall form part of this contract for the insurance in respect of each Insured Person named or described in The Schedule. This Policy, The Schedule and any endorsements, memoranda, amendments, exclusions, conditions shall be read together as one contract.

In consideration of the payment of a premium and subject to the definitions, terms, conditions, exclusions and general provisions of or endorsed or contained herein or contained in The Schedule onto this Policy if any of the events referred to in this Policy shall happen if during the Period of Insurance specified in The Schedule or any subsequent period, HL Assurance Pte. Ltd. (the "Company") will, unless otherwise provided in the Schedule, pay to the Insured Person the Benefit specified in the Policy. The Period of Insurance shall become effective as stated in The Schedule, at the place where the Policy was issued.

POLICY DEFINITIONS

Certain words have been defined below and in each Section of this Policy. These have the same meaning wherever they are used in the Policy or Policy Schedule.

Accident or Accidental means a specific event, which is sudden, unforeseen and unexpected events that results in the Insured Person suffering Death, Permanent Disablement or Bodily Injury which is not intended or anticipated.

Bodily Injury means physical bodily injury which is caused solely and directly by an Accident and not by sickness, disease or gradual physical or mental wear and tear.

Automobile means a passenger vehicle owned, leased or rented by an Insured Person, or provided without charge by another person for the Insured Person's personal use, including motorcycles. It excludes any vehicle (gross vehicle weight greater than 2,650 kg), commercial goods vehicles, taxi being used for commercial purposes (except personal transportation during a business trip) or a vehicle driving other than on a paved roadway.

Benefit Limit means the maximum amount payables stated in The Schedule, payable by the Company under the terms and conditions of this Policy in respect of each event or loss covered by this Policy.

Business Trip shall be deemed to have commenced when the Insured Person leaves his/her Country of Residence as the original point of departure and shall cease on the earliest of any these events:

- (a) The expiry of the Period of Insurance specified in The Schedule;
- (b) The Insured Person's return to his/her Country or Residence;
- (c) The completion of any one Business Trip including Personal Deviation
- (d) The 183rd day of any one Business Trip including Personal Deviation and shall commence at the later of the time the Insured Person leave his/her home or usual place of employment in his/her Country of Residence for a Business Trip and shall terminate on the earliest of the time the Insured Person returns to his/her home or normal place of employment in his/her Country of Residence or the date falling one hundred and eighty-two (182) days after the commencement of the Business Trip.

- **Business Trip** is extended to include inter-states, inter-provinces and inter-cities travel within 150 kilometers apart.
- **Business Trip** shall exclude travel to and from between the Insured Person's residence and his/her usual or normal place of employment.

Child(ren) means the unemployed and unmarried dependent child(ren), including step or legally adopted child(ren) residing with the Insured Person, above three (3) months old but below eighteen (18) years or up to twenty-five (25) years of age, if studying full time in a recognized institution of higher learning at the commencement of this insurance. Age is calculated as at last birthday.

Chinese Physician/ Chiropractor means a person qualified by a medical degree/certification and duly licensed or registered with the relevant medical board or council to practice Chinese Medicine or Chiropractic in the geographical area of his practice, and who in rendering such services is practicing within the scope of his licensing and training but excluding a Chinese Physician or Chiropractor who is the Insured Person or the spouse, relative or employee of the Insured Person.

Comatose State means a state of profound unconsciousness, characterized by the absence of spontaneous eye openings, response to painful stimuli, and vocalization.

Confined or Confinement means confinement in Hospital for at least twenty-four (24) hours (other than for day surgery) upon the advice of and under the regular care and attendance of a Registered Medical Practitioner and for this purpose.

Country of Residence means the country in which the Insured Person is residing, country of employment or such country as has been declared to the Company.

Covered Expenses means expenses for services provided and/or arranged by Our appointed assistance company for the transportation, medical services and medical supplies necessarily incurred as a result of an Emergency Medical Evacuation of an Insured Person.

Curtailment means abandonment of a Trip by returning to Country of Residence after arrival at the booked destination before the scheduled return date set out in The Schedule.

Death means the cessation of all biological functions of an Insured Person occurring within twelve (12) calendar months of the date of the Accident.

Dental Treatment means a treatment that is medically necessary to restore sound and natural teeth due solely to an Accident and is carried out by a qualified and licensed dentist.

Diagnosed means the diagnosis of the Insured Person's medical condition from medical testing laboratories that are either recognized by the respective governments Competent Authorities or accredited in the area of molecular microbiology or immunology, excluding any self-testing.

Emergency Medical Evacuation means the emergency transportation of the Insured Person from the location where the Insured Person suffers Bodily Injury or Sickness to the nearest Hospital where appropriate Emergency Medical Treatment can be obtained.

Emergency Medical Treatment means necessary medical treatment of any sudden, life threatening Bodily Injury or Sickness of the Insured Person during a Business Trip, where time is of the essence.

Extreme Sports means any sports or activities that present a high level of inherent danger (i.e. involve exceptional speed, height, physical exertion, high level of expertise or highly specialized gear or stunts).

Fully Vaccinated means the Insured Person has been vaccinated with any vaccines, including booster dose, approved under the World Health Organisation Emergency Use Listing (WHO EUL) or Singapore's National Vaccination Programme and You have served the respective duration post-vaccination for the vaccine to be fully effective and which the National Immunisation Registry (NIR) reflects the Insured Person's vaccinated status.

Golfing Equipment means golf clubs and golf bags.

Hijack, Hijacking means any seizure or exercise control by force or violence or threat of force or violence and with wrongful intent of a Public Conveyance or motor vehicle.

Home Country means the country of which the Insured Person holds a passport. If the Insured Person holds more than one (1) passport, the Home Country will be taken to mean the Country declared to the Company.

Hospital means an institution lawfully operated for the care and treatment of injured or sick persons with organized facilities for diagnosis and surgery, having twenty-four (24) hours per day nursing services by legally qualified registered nurses and medical supervision under Registered Medical Practitioners, but not including any institution used primarily as a clinic, a nursing or convalescent home, a place of rest, a geriatric care facility, a mental institution, a rehabilitation or extended care facility, or a place for the care or treatments of alcoholics or drug addicts.

Immediate Family Member means Insured Person's legal spouse, parent, parent-in-law, step parent, legal child (including adopted child), brother, sister, brother-in-law, sister-in-law, son-in-law, stepchild, aunt, uncle, cousin, nephew, niece, grandparent or grandchild

Insured means the company (ies) named in The Schedule, or any amendment or endorsement to this Policy, to be the Policyholder, that is, the company (ies) which has entered into this contract of insurance with the Company.

Insured Person means an employee of the Policyholder working and residing in the Country of Residence and who is aged between eighteen (18) and seventy-five (75) years at the commencement of the Period of Insurance.

International means worldwide including Regional but excluding Afghanistan, Cuba, Democratic Republic of Congo, Iran, Iraq, Liberia, Libya, North Korea, Sudan, Somalia and Syria.

Laptop means laptop computers, notebook, sub-notebook or similar computers.

Loss of Fingers or Toes means loss by complete physical severance through or above a metacarpophalangeal or metatarsophalangeal joint.

Loss of Limb means loss by complete physical severance of a hand at or above the wrist or of a foot at or above the ankle, or permanent and total loss of use of a hand or foot.

Loss of Sight means total and irrecoverable loss of all sight in any eye rendering the Insured Person absolutely blind in that eye and beyond remedy by surgical or other treatment.

Loss of Speech and Hearing means total and irrecoverable loss of speech and hearing which is beyond remedy by surgical or other treatment.

Loss of Use means loss in terms of physical incapacity or disability in all aspects of daily living and not only in terms of professional or occupational incapacity or disability of the Insured Person.

Medical Expenses means the charges for diagnostic test or procedure, medical treatment, surgical operation, nursing care, medical supplies, Dental Treatment (as a result of Bodily Injury only), medicine, physiotherapy or ambulance services received in a Hospital or rendered or recommended or prescribed by a Registered Medical Practitioner. All treatment including specialist treatment must be prescribed or referred by a Medical Practitioner in order for expenses to be reimbursed under this Policy, which reimbursement will not exceed the usual level of charges for similar treatment, medical services or supplies in the location where the expenses were incurred had this insurance not existed.

Money means cash, bank notes and coins, cheques, traveler's cheques or money orders.

Other Fracture means any fracture other than a simple fracture.

Personal Deviation means personal vacation taken by an Insured Person before, during or immediately after the Business Trip and within the geographical area of Regional or International

Personal Property and Baggage means personal items belonging to the Insured Person or property of the Policyholder entrusted to him/her in the course of his/her employment as an incident of his/her employment and for which he/she is personally responsible, including Golfing Equipment and Laptop, which are taken by him/her during the Business Trip or acquired by the Insured Person during the Business Trip.

Period of Insurance means the period specified in The Schedule or any subsequent endorsement(s), (if any), under the item of Period of Insurance, as the effective insurance period of this policy.

Permanent means having lasted more than three hundred and sixty-five (365) days following which there is no hope of improvement.

Permanent Disablement means when as the result of Bodily Injury and commencing within three hundred and sixty-five (365) consecutive days of the Accident an Insured Person is totally and permanently disabled and prevented from engaging in each and every occupation or employment for remuneration or profit for which he is reasonably qualified by reason of his education, training or experience, or if he has no business or occupation from attending to any duties which would normally be carried out by him in his daily life. We will pay, provided such disability has continued for a period of at least three hundred and sixty-five (365) consecutive days the principal sum insured less any other amount paid or payable under the policy as the result of the same accident. The disability must be total, continuous and permanent at the end of the period.

Permanent Total Disablement means disablement that results solely, directly and independently of all other causes from Bodily Injury and which occurs within three hundred and sixty-five (365) consecutive days of the Accident in which Bodily Injury was sustained which, having lasted for continuous and uninterrupted period of at least three hundred and sixty-five (365) consecutive days, will in all probability entirely prevent the Insured Person from engaging in employment of any and every kind for the remainder of his life and from which there is no hope of improvement.

Policy means this agreement, endorsements, attachments or memoranda hereto signed by the Company, which together constitute the entire Policy between the parties.

Pre-Existing Medical Condition means any condition which is in existence within one hundred and eighty-two (182) days prior to the commencement of Business Trip, regardless of whether:

- a) You have received medical treatment, diagnosis, consultation or prescribed drugs; or
- b) Symptoms or manifestations have existed; or
- c) Treatment was actually sought or received; or
- d) A reasonable person in the circumstances would be expected to be aware of the condition.

This definition of Pre-Existing Medical Condition shall also apply to Insured Person's Immediate Family Member or Travel Companion or any person upon whose good health the Business Trip depends on.

Public Conveyance means any bus, taxi, ferry, ship, train or tram provided and operated by a carrier duly licensed for the regular transportation of fare-paying passengers and any aircraft provided and operated by an airline or an air charter company which is duly licensed for the regular transportation of fare-paying passengers, and any regularly scheduled airport limousine, airport transit system operating on fixed routes and schedules.

Regional countries include Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand, Vietnam, Hong Kong, Macau, China, Taiwan, Mongolia, South Korea, Japan, India, Sri Lanka, Maldives, Australia and New Zealand.

Registered Medical Practitioner means a person qualified by degree in western medicine and duly licensed or registered with the relevant medical board or council to practice medicine and surgery in the geographical area of his practice, and who in rendering such services is practicing within the scope of his licensing and training. The attending Registered Medical Practitioner shall not be an Insured Person, an employee of the Insured Person, the spouse or relative of the Insured Person.

Repatriation means the transfer of the Insured Person from the local Hospital where emergency medical treatment is initially given to the Insured Person's Country of Residence or to the Insured Person's place of regular employment to obtain further medical treatment or to recover.

Replacement Expenses means all reasonable and necessary expenses incurred in sending a substitute person to complete the original Insured Person's Business Trip where the sending of such a substitute person is commercially necessary. Such expenses shall be limited to economy return airfare and other essential travel expenses incurred by the substitute person for travelling to the location at

which the Insured Person had sustained Serious Bodily Injury or Serious Sickness, and shall exclude amounts that the Insured Person would have spent in the event that the Insured Person had not sustained Serious Bodily Injury or Serious Sickness.

Riot means the act of any person taking part together with others in any disturbance of the public peace (whether in connection with a strike or lock-out or not) or the action of any lawfully constituted governmental authority in suppressing or attempting to suppress any such disturbance or in minimizing the consequences of such disturbance.

Rules of Nines means a system used by Registered Medical Practitioner for assessing the percentage of the body surface affected by burns. In this system, the head and each arm cover 9% of the body; the front of the body and the back of the body and each leg covers 18% of the body. The groin covers the remaining 1%.

Second Degree Burns means a burn which penetrate beyond the epidermis and the underlying dermis are damaged,

Serious Bodily Injury or Serious Sickness means Bodily Injury or Sickness as a result of which the Insured Person requires treatment by a Registered Medical Practitioner and that results in the Insured Person being certified by the Registered Medical Practitioner as being unfit to continue with the Business Trip. When applied to the Insured Person's Travel Companion or Immediate Family Member, it means Injury or Sickness that is certified as being life threatening by a Registered Medical Practitioner and which results in cancellation of the scheduled Trip.

Sickness means any sudden and unexpected deterioration of Insured Person's physical health due to a medical condition contracted, commencing or manifesting during the Trip outside Country of Residence, which requires the treatment by a Registered Medical Practitioner provided the Sickness is not a Pre-Existing Medical Condition and the nature of the Sickness is not excluded from this Policy.

Simple Fracture means a fracture in which there is a basic and uncomplicated break in the bone and which in the opinion of a Registered Medical Practitioner requires minimal and uncomplicated medical treatment.

Temporarily Total Disablement means disablement that results the entire prevention of an Insured Person from attending to his/her daily business, occupation or profession for a continuous and uninterrupted period of time.

Theft, Burglary or Robbery means dishonestly and illegally taken from You against Your Will, whether by stealth, by force or threat of force or by coercion.

The Schedule means the document which reflects the details of the Insured Person and/or terms and conditions which is attached to, incorporated in and forms part of this Policy.

Third Degree Burns means a burn resulting in the damage or destruction of the skin to its full depth and damage to the tissues beneath.

Travel Alert means the communication, announcement and/or advisory issued by any authority recommending postponement of all non-essential travel such as the Ministry of Foreign Affairs (MFA) and/or Ministry of Health (MOH).

Travel Companion means an accompanying person without whom the Business Trip cannot commence or continue but excluding a tour leader or group leader who is receiving remuneration in monetary form or in kind.

Travel Documents means passports, visas or travel tickets.

We, Our, Us or Company refers to HL Assurance Pte. Ltd.

You/Your/His/Her means the Insured Person or Persons as described in The Schedule.

BENEFITS DESCRIPTIONS

PERSONAL ACCIDENT BENEFITS

SECTION 1- ACCIDENTAL DEATH & PERMANENT DISABLEMENT

If, during the Period of Insurance, whilst the Insured Person is on a Business Trip, the Insured Person sustains Bodily Injury which directly and independently of all other causes, results in Death or Permanent Disablement within three hundred and sixty-five (365) consecutive days from the date of the Accident, the Company will pay the Insured Person the compensation stated in the table of benefits below.

TABLES OF BENEFITS

Compensation Payable % of Benefit Limit stated in Section 1 of The Schedule

1	Death	100%
2	Permanent Total Disablement	150%
3	Loss of or the Permanent total loss of use of two limbs	150%
4	Loss of or the Permanent total loss of use of one limb	125%
5	Permanent Loss of Sight for both eyes	150%
6	Permanent Loss of Sight for one eye	100%
7	Loss of or Permanent total loss of use of one limb and loss of sight for one eye	150%
8	Permanent and independent Loss of Speech and Hearing	150%
9	Permanent and incurable insanity	100%
10	Permanent Loss of Hearing	
	a) Both ears	100%
	b) One ear	30%
11	Permanent Loss of Speech	75%
12	Permanent total loss of the lens of one eye	75%
13	Loss of or Permanent Loss of use of four fingers and thumb of	
	a) Right hand	85%
	b) Left hand	65%
14	Loss of or Permanent loss of use of four fingers of	
	a) Right hand	55%
	b) Left hand	45%
15	Loss of or Permanent total loss of use of one thumb	
	a) Both right phalanges	40%
	b) One right phalanges	25%
	c) Both left phalanges	30%
	d) One left phalanx	20%
16	Loss of or Permanent total loss of use of fingers	
	a) Three right phalanges	20%
	b) Two right phalanges	15%
	c) One right phalanx	10%
	d) Three left phalanges	15%
	e) Two left phalanges	10%
	f) One left phalanx	5%
17	Loss of or Permanent total loss of use of toes	
	a) All-one foot	25%
	b) Great toe-two phalanges	10%
	c) Great toe-one phalanges	10%
	d) Other than great toe, each toe	2%
18	Fractured leg or patella with established non-union	20%
19	Shortening of leg by at least 5cm	10%
20	Second and Third Degree Burns – Head	
	a) Third Degree Burns of 20% or more of the total head surface	100%
	b) Second Degree Burns of 10% or more of the total head surface area	50%
21	Second and Third Degree Burns – rest of the body	
	a) Third Degree Burns of 40% or more of the total body surface area	100%
	b) Second Degree of Burns of 40% or more of the total body surface area	50%
	c) Third Degree Burns of 25% or more, but less than 40% of the total body surface area	80%
	d) Second Degree Burns of 25% or more, but less than 40% of the total body surface area	40%

e)	Third Degree Burns of 15% or more, but less than 25% of the total body surface area	60%
f)	Second Degree Burns of 15% or more, but less than 25% of the total body surface area	30%

Special Condition

- a) The total compensation payable in respect of any disabilities in this section due to the same injury is arrived at by adding the various percentages but shall not exceed 150% of the capital sum insured and there shall be no further liability under the Policy in respect of the same Insured Person for Injury sustained thereafter.
- b) The Company shall in its absolute discretion determine the percentage payable for any Permanent Disablement not otherwise provided for under items 2 to 19 inclusive.
- c) In case where the Insured Person is left-handed, the compensation percentage in items 13 to 16 shall be reversed whereby the greater compensation percentage shall apply to the left hand and parts thereof.
- d) Assessment of percentage of body affected by burns will be based on the Rules of Nines system.

EXTENDED BENEFITS

1. Assault, Hijack and Murder

If, during the Period of Insurance, whilst the Insured Person is on a Business Trip, the Insured Person sustains a Bodily Injury as a victim of assault, hijack or murder which directly and independently of all other causes, results in Death or Permanent Total Disablement and provided that such Injury does not arise out of an Insured Person's own participation or provocation of any such act, the Company will pay the Benefit Limit specified in the Table of Benefits read with The Schedule.

2. Disappearance

If, during the Period of Insurance, whilst the Insured Person is on a Business Trip, the Insured Person is not found after three hundred and sixty-five (365) days from the date of the disappearance following sinking or wrecking or destruction of that aircraft or conveyance in which he/she was travelling during the Period of Insurance, this shall be considered as constituting a valid claim under this Policy.

Any payment under this Extended Benefit is made subject to the requirement that the Insured Person's legal personal representatives must provide a signed undertaking to the Company to guarantee that if it is subsequently found that the Insured Person is alive, they undertake to and shall on demand, any sum paid shall be immediately refunded to the Company.

3. Drowning and Suffocation by Gas, Poisonous Fumes or Smoke

If, during the Period of Insurance, whilst the Insured Person is on a Business Trip, the Insured Person suffers Bodily Injury due to suffocation by smoke, poisonous fumes, gas or drowning, which directly and independently of all other causes, results in Death or Bodily Injury and provided that such Injury does not arise out of an Insured Person's willful and intentional acts, the Company will pay the Benefit Limit specified in the Table of Benefits read with The Schedule.

4. Exposure

If, during the Period of Insurance, whilst the Insured Person is on a Business Trip, the Insured Person suffers an Bodily Injury due to unavoidably exposed natural elements and as a direct result of such exposure suffers a Death, the Company will pay the relevant Benefit Limit specified in the Table of Benefits read with The Schedule.

5. Strike, Riot and Civil Commotion

If, during the Period of Insurance, whilst the Insured Person is on a Business Trip, the Insured Person suffers Bodily Injury due to Strike, Riot and Civil Commotion, which directly and independently of all other causes results in Death or Permanent Total Disablement and provided that such Injury does not arise out of an Insured Person's own participation or willful

and intentional acts, the Company will pay the Benefit Limit specified in the Table of Benefits read with The Schedule.

6. Terrorism Cover

This Policy covers losses which may be sustained through acts of terrorism provided that there is no liability when such acts of terrorism involve the use of biological, chemical agents or nuclear devices, provided that Insured Person did not participate in or provoke such acts of terrorism.

Where the Insured Person is insured under more than one Policy with the Company covering act of terrorism, the Company's maximum liability for any and all claims arising directly or indirectly from any act of terrorism will be limited to one Policy only (with the highest limit on act of terrorism where applicable).

EXCLUSIONS APPLICABLE TO SECTION 1

No benefit will be payable under Section 1:

1. Unless Death or loss occurs within twelve (12) months from the date of the relevant Bodily Injury.

SECTION 2 - ACCIDENTAL DEATH WHILST IN PUBLIC CONVEYANCE

If, during the Period of Insurance, whilst the Insured Person is on a Business Trip and is riding as a fare-paying passenger in a Public Conveyance or whilst the Insured Person is in an Automobile, resulting in the Death of the Insured Person, the Company will pay to the Policyholder up to the maximum Benefit Limit specified in The Schedule.

N.B. This Policy will only pay for a claim made either under Section 1 or Section 2 for the same event but not both.

EXCLUSIONS APPLICABLE TO SECTION 2

No benefit will be payable under Section 2:

1. If a claim has been made and admitted under Section 1.
2. If the Insured Person is travelling in a rented vehicle, vehicle on hire, tour coach or any mode of transportation that is chartered or arranged on tour.

SECTION 3 – COMATOSE STATE LUMP SUM BENEFIT

If, during the Period of Insurance, whilst the Insured Person is on a Business Trip, the Insured Person sustains Bodily Injury which directly and independently of all other causes results in the Insured Person being in a Hospital and in a Comatose State, within thirty (30) days of the date of the Accident, the following Benefit Limit shall be payable:

Duration of Comatose State	Benefit Limit as Percentage of Comatose State Lump Sum Benefit
At least 3 months	25% or
At least 6 months	50% or
At least 9 months	75% or
At least 12 months	100%

Specific Provision

In case of successive Comatose State with less than 10 days between each one for the same cause, the Comatose State will be deemed as one.

SECTION 4 – SIMPLE OR OTHER FRACTURES

If, during the Period of Insurance, whilst the Insured Person is on a Business Trip, the Insured Person sustains Bodily Injury which results in a Simple Fracture or Other Fractures of the nature mentioned in the Table of Benefits, the Company will pay to the up to the relevant Benefit Limit specified in the Table of Benefits read with The Schedule, Provided that:

- a) This benefit shall not be payable to any Insured Person who has been diagnosed as having osteoporosis prior to the date on which he or she was first covered under this Policy;
- b) If any Insured Person is diagnosed as having osteoporosis after the date on which he or she was first covered under this Policy, the Company will only be liable to pay this benefit in respect of the first occasion on which a Simple or Other Fractures is sustained, and this benefit shall not be payable in respect of subsequent incidents

Table of Benefits	Benefit Limit as Percentage of Simple or Other Fracture Benefit
Neck, skull or spine (full break)	100%
Hip	75%
Jaw, pelvis, leg, angle or knee (other fracture)	50%
Cheekbone, shoulder or hairline fracture of skull or spine	30%
Arm, elbow, wrist or ribs (other fracture)	25%
Leg, ankle or knee (simple fracture)	20%
Nose or collar bone	20%
Arm, elbow, wrist or ribs (simple fracture)	10%
Finger, thumb, foot, hand or toe	7.50%

SECTION 5 – CHILD EDUCATION GRANT

If during the Period of Insurance, whilst the Insured Person is on a Business Trip, the Insured Person sustains Bodily Injury which directly and independently of all other causes, results in Death and who at the date of the Accident had a dependent Child(ren), the Company will pay up to the Benefit Limit per year for each Child of the Insured Person, specified in The Schedule, up to a maximum of 5 years.

SECTION 6 – LEGAL ASSISTANCE FOLLOWING AN AUTOMOBILE ACCIDENT

If, during the Period of Insurance, whilst the Insured Person is on a Business Trip, an Insured Person incurs legal costs as a result of false arrest or wrongful detention following an Automobile accident that does not involve any criminal act by an Insured Person, the Company will reimburse for any legal expenses up to the Benefit Limit specified in The Schedule.

SECTION 7- PERSONAL LIABILITY

If, during the Period of Insurance, whilst the Insured Person is on a Business Trip, the Company will indemnify the Insured Person against legal liability to a third party, up to the Benefit Limit specified in The Schedule as a result of:

- a) Death or Bodily Injury to a third party; or
- b) Accidental loss of or damage to property belonging to a third party.

The Company will also indemnify the Insured Person for the third party's costs and expenses recoverable against the Insured Person and costs and expenses incurred with the Company prior consent.

EXCLUSIONS APPLICABLE TO SECTION 7

No claim will be payable under Section 7 for loss or damage or Bodily Injury arising directly or indirectly from, in respect of, or in consequence of:

1. Employers' liability, contractual liability or liability to a member of the Insured Person's family.
2. Property belonging to the Insured Person or in his/her legal care, custody or control.
3. Any willful, malicious or unlawful act.
4. Pursuit of trade, business or profession.
5. Ownership or occupation of land or buildings (other than occupation only of any temporary residence).
6. Ownership, possession or use of vehicles, aircraft, watercraft, animals or firearms.
7. Legal costs resulting from any criminal proceedings.
8. The influence of intoxicating liquor or drugs.
9. (a) Asbestos, or
(b) Any actual or alleged asbestos related injury or damage involving the use, presence, existence, detection, removal, elimination or avoidance of asbestos or exposure or potential exposure to asbestos in whatever form or quantity.
10. Any activities and/or business conducted and/or transactions via the Internet, Intranet, Extranet and/or via Insured Person's own website, Internet site, web address and/or via the transmission of electronic mail or documents by electronic means.
11. (a) Seepage, pollution or contamination, provided always that this paragraph (a) shall not apply to liability for Bodily Injury or loss of or physical damage to or destruction of tangible property, or loss of use of such property damaged or destroyed, where such seepage, pollution or contamination is caused by a sudden, unintended and unexpected happening during the Period of Insurance.
(b) The cost of removing, nullifying or cleaning-up seeping, polluting or contaminating substances unless the seepage, pollution or contamination is caused by a sudden, unintended and unexpected happening during the Period of Insurance.
(c) Fines, penalties, punitive, aggravated or exemplary damages.

MEDICAL AND RELATED EXPENSES

SECTION 8 – MEDICAL AND ACCIDENTAL DENTAL EXPENSES

If, during the Period of Insurance, whilst the Insured Person is on a Business Trip, the Insured Person necessarily incurs Medical Expenses for treatment administered by a Registered Medical Practitioner as a direct result of Bodily Injury or Sickness, the Company will indemnify the Policyholder in respect of such expenses up to the relevant Benefit Limit specified in The Schedule

Treatment by Chinese Physician/ Chiropractor for a covered Bodily Injury sustained on a Business Trip is payable up to a maximum of \$1,500 per Accident.

In the event the Policy is no longer in force and the Insured Person necessarily incurs Medical Expenses as the direct result of Bodily Injury or Sickness sustained during the Period of Insurance, the Company will indemnify the Insured Person in respect of such Medical Expenses up to a maximum of seven (7) days from the date of expiry of the Policy or 5% of Benefit Limit as stated in The Schedule whichever occurs first. Provided that:

- (a) The Business Trip has to incept whilst the Policy is in force.
- (b) The Company is only liable for the Medical Expenses incurred in a Hospital as a direct result of Bodily Injury or Sickness and the first day of hospitalization occur whilst the Policy is in force.
- (c) The Insured Person must have been hospitalized during a Business Trip during the Period of Insurance and remain continuously in the hospital. The Company will not be liable for the Medical Expenses incurred should there be a break in the hospitalization period.

For the avoidance of doubt, in the event the Insured Person becomes entitled to a refund or reimbursement of all or part of 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 other source or insurance.

EXCLUSIONS APPLICABLE TO SECTION 8

No benefit will be payable under Section 8 for:

1. Any claim for medical condition that the Insured Person has travelled against the advice of a Registered Medical Practitioner.
2. For any Pre-Existing Medical Conditions.
3. Cosmetic or plastic surgery other than that necessitated to correct a condition resulting solely from Bodily Injury occurring during the Business Trip and within the Period of Insurance.
4. The additional cost of single or private room accommodation at a Hospital.
5. Dental care other than that necessitated by accidental injuries to sound natural teeth occurring during the Business Trip and within the Period of Insurance.
6. Any elective treatment, aromatherapy, tonic medication, services provided by a health spa, massage parlour, convalescent or nursing home or any rehabilitation center.
7. The cost of prosthetic devices or visual or hearing aids.
8. As a result of Insured Person contacting Human Deficiency Syndrome (“HIV”), any variance including Acquired Immune Deficiency Syndrome (“AIDS”), AIDS related complications or any sexually transmitted disease.
9. Any condition which results from or is a complication of pregnancy, childbirth, miscarriage (except Accidental), or abortion, intoxication by alcohol or drugs not prescribed by a Registered Medical Practitioner.
10. For any claim which are recoverable from any other insurance Policy which is applicable to the Insured Person.

The Company will pay 50% of the Benefit Limit specified in the Policy Schedule for COVID-19 related Medical Expenses incurred within thirty (30) days from the date of the first treatment after the Insured Person is being Diagnosed with COVID-19 during the Business Trip.

No benefit will be payable: -

1. If the Insured Person has been Diagnosed with COVID-19 with or without displaying any symptoms but may not have required treatment.
2. For any breach or non-adherence to safety measures or guidelines.
3. For any medical treatment or aid obtained in Country of Residence.
4. For any surgery or medical treatment which, in the opinion of the Registered Medical Practitioner, can be reasonably delayed until the Insured Person return to Country of Residence or arrival in the country of final destination for travelers not returning to Country of Residence.
5. For any surgery or medical treatment for a Pre-Existing Medical Condition, which is not directly related to or arising from the COVID-19.
6. For claims made for all COVID-19 related Medical Expenses incurred from the period that the Insured Person is confirmed by a Registered Medical Practitioner as medically fit to be transferred to a quarantined facility but chooses to continue to stay in a Hospital.
7. For the additional cost of single or private room accommodation at a Hospital, where it is not specifically directed by the Registered Medical Practitioner as being necessary to contain any potential spread of COVID-19.
8. For any elective treatment, aromatherapy, tonic medication, services provided by a health spa, massage parlour, convalescent or nursing home or any rehabilitation centre.
9. For the cost of prosthetic devices or visual or hearing aids.
10. If the Insured Person is tested positive for any mandatory pre-departure COVID-19 diagnostic test prior to Business Trip.
11. If the Insured Person is not Fully Vaccinated.

SECTION 9- HOSPITAL CONFINEMENT

If, during the Period of Insurance, whilst the Insured Person is on a Business Trip, the Insured Person sustains Bodily Injury or Sickness whilst travelling outside his/her Country of Residence and is considered medically necessary by a Registered Medical Practitioner that the Insured Person be hospitalized in an overseas Hospital to receive in-patient treatment, We will pay \$250 for each continuous twenty-four (24) hour period, up to Benefit Limit specified in The Schedule.

SECTION 10 - HOSPITAL CASH BENEFIT IN COUNTRY OF RESIDENCE

If, during the Period of Insurance, whilst the Insured Person is on a Business Trip, the Insured Person sustains Bodily Injury or Sickness whilst travelling outside his/her Country of Residence and is considered medically necessary by a Registered Medical Practitioner that the Insured Person be hospitalized immediately upon return to receive in-patient treatment, We will pay the Insured Person \$250 for each continuous twenty-four (24) hour period, up to Benefit Limit specified in The Schedule.

SECTION 11 – GET WELL BENEFIT

If, during the Period of Insurance, whilst the Insured Person is on a Business Trip, the Insured Person is necessarily confined in an overseas Hospital as a result of Bodily Injury or Sickness for more than five (5) continuous days and after discharge, is considered medically necessary by a Registered Medical Practitioner that the Insured Person needs to recuperate at home in his/her Country of Residence , We will pay the Insured Person \$100 for each continuous twenty-four (24) hour period, up to Benefit Limit specified in The Schedule

SECTION 12 – RETURN TREATMENT

If, during the Period of Insurance, whilst the Insured Person is on a Business Trip, the Insured Person sustains Bodily Injury or Sickness and necessarily incurs Medical Expenses, the Company will pay up to a maximum of the relevant Benefit Limit specified in The Schedule.

- a) follow-up treatment administered by a Registered Medical Practitioner in his/her Country of Residence within thirty (30) days after the Insured Person's return from the Business Trip, and such expenses that are incurred for the treatment of Bodily Injury or Sickness which occurred outside his/her Country of Residence;
- b) treatment within ten (10) days after the Insured Person's return from the Business Trip where initial treatment for Bodily Injury or Sickness was not sought overseas, up to a maximum of thirty (30) days from the date of first treatment in his/her Country of Residence.
- c) Where an Insured Person has been treated by a Chinese Physician/ Chiropractor, the liability of the Company in respect of Medical Expenses incurred shall not exceed \$750 per Accident.

For the avoidance of doubt, in the event the Insured Person becomes entitled to a refund or reimbursement of all or part of 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 other source or insurance.

EXCLUSIONS APPLICABLE TO SECTION 12

No benefit will be payable under Section 12 for:

1. Any claim for medical condition that the Insured Person has travelled against the advice of a Registered Medical Practitioner.
2. For any Pre-Existing Medical Conditions.
3. Cosmetic or plastic surgery other than that necessitated to correct a condition resulting solely from Bodily Injury occurring during the Business Trip and within the Period of Insurance.
4. The additional cost of single or private room accommodation at a Hospital.
5. Dental care other than that necessitated by accidental injuries to sound natural teeth occurring during the Business Trip and within the Period of Insurance.
6. Any elective treatment, aromatherapy, tonic medication, services provided by a health spa, massage parlour, convalescent or nursing home or any rehabilitation center.
7. The cost of prosthetic devices or visual or hearing aids.
8. As a result of Insured Person contacting Human Deficiency Syndrome (“HIV”), any variance including Acquired Immune Deficiency Syndrome (“AIDS”), AIDS related complications or any sexually transmitted disease.
9. Any condition which results from or is a complication of pregnancy, childbirth, miscarriage (except Accidental), or abortion, intoxication by alcohol or drugs not prescribed by a Registered Medical Practitioner.
10. For any claim which are recoverable from any other insurance Policy which is applicable to the Insured Person.

SECTION 13 - EMERGENCY MEDICAL EVACUATION ASSISTANCE

If, during the Period of Insurance, whilst the Insured Person is on a Business Trip and sustains Serious Bodily Injury or Serious Sickness, and if judged by Our appointed assistance company that it is medically appropriate to move the Insured Person to another location for Emergency Medical Treatment or to return the Insured Person to his/her Country of Residence, Our appointed assistance company shall arrange for the mode of evacuation, based on the medical severity of the Insured Person’s condition and the Company shall pay directly to Our appointed assistance company the Covered Expenses incurred, up to Benefit Limit specified in The Schedule.

The Insured Person and the persons acting on Insured Person’s behalf will be required to provide details of insurance such as name, identification / passport number, policy number, etc.

EXCLUSIONS APPLICABLE TO SECTION 13

No benefit will be payable under Section 13 for:

1. Evacuation 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 a scheduled Business Trip.
2. Expenses for a service not approved and arranged by Us or Our appointed assistance company except in the event that the Insured Person or Your Travel Companions cannot notify Us or Our appointed assistance company during an emergency medical situation for reasons beyond the Insured Person’s control.
3. Any treatment performed or ordered by a person who is not a Registered Medical Practitioner.
4. Surgery or medical treatment which, in the opinion of the Registered Medical Practitioner and Our appointed assistance company, can be reasonably delayed until the Insured Person gets back to his/her Country of Residence.

SECTION 14 - REPATRIATION OF MORTAL REMAINS

If, during the Period of Insurance, the Insured Person is on a Business Trip sustains Bodily Injury or Sickness resulting in Death, our appointed assistance company shall make the necessary arrangements for the return of the Insured Person’s mortal remains to his/her Country of Residence. The Company shall pay directly to Our appointed assistance company the Covered Expenses for such repatriation, up to Benefit Limit specified in the Policy

Should Our appointed assistance company be requested to arrange for the return of the Insured Person's mortal remains directly to his/her Home Country, the Company shall not be liable for expenses in excess of expenses that would have been incurred for return of the remains to his/her Home Country.

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

In the event of the Insured Person's Death as a direct result of contracting COVID-19 during the Business Trip, Our appointed assistance company will arrange for the transportation of the return of Insured Person's mortal remains to Country of Residence, and We shall pay such expenses incurred up to the Benefit Limit. No benefit will be payable: -

1. If the Insured Person is tested positive for any mandatory pre-departure COVID-19 diagnostic test prior to Business Trip.
2. If the Insured Person is not Fully Vaccinated.

EXCLUSIONS APPLICABLE TO SECTION 14

No benefit will be payable under Section 14 for:

1. Expenses for a service not approved and arranged by Us or Our appointed assistance company except in the event that the Insured Person or Your Travel Companions cannot notify Us or Our appointed assistance company during an emergency medical situation for reasons beyond the Insured Person's control.
2. Evacuation 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 a scheduled Business Trip.

SECTION 15 - OVERSEAS BURIAL EXPENSES

If, during the Period of Insurance, during a Business Trip, whilst the Insured Person travelling outside his/her Country of Residence sustains Bodily Injury or Sickness which results in his/her Death within three hundred and sixty-five (365) consecutive days from the date of the Accident, the Company will pay up to the Benefit Limit as specified in The Schedule for the funeral ceremony held in the country outside his/her Country of Residence where he/she dies. This does not include the cost of coffin expenses.

SECTION 16 – EMERGENCY MOBILE PHONE CHARGES

If, during the Period of Insurance, whilst the Insured Person is on a Business Trip, the Insured Person incurs emergency telephone charges on his/her mobile phone for the sole purpose of engaging the services of Our appointed assistance company during a medical emergency and for which a medical claim has been submitted under Section 1, the Company will pay for such charges up to the Benefit Limit as specified in The Schedule.

The telephone charges incurred must be supported by an itemized bill from the Insured Person's telecommunication company.

SECTION 17 (a) - COMPASSIONATE VISIT BY FAMILY OR FRIEND

If, during the Period of Insurance, the Insured Person sustains Bodily Injury or Sickness and is hospitalized for more than five (5) consecutive days with no accompanying adult family member or friend, and the Registered Medical Practitioner determines that it is medically necessary for the Insured Person to have an accompanying adult family member or friend, the Company will pay for the necessary travelling (economy airfare) and accommodation expenses incurred by two (2) Immediate Family Members or friends, up to the Benefit Limit specified in The Schedule, to visit and stay with him until the Insured Person is able to resume the trip or return to his/her Country of Residence.

The Immediate Family Member, relative or friend should not exceed the age of seventy-five (75) years old.

SECTION 17 (b) – DEATH OF IMMEDIATE FAMILY MEMBERS

If, during the Period of Insurance, whilst the Insured Person is travelling outside of his/her Country of Residence, necessarily incurs unforeseen transport expenses (economy airfare) for the returning to attend the funeral of his/her Immediate Family Member in the Country of Residence, the Company will pay for the reasonable expenses up to the Benefit Limit specified in The Schedule.

In the event that the expenses are paid for the Insured Person to return to the Country of Residence according to Section 17(b) - Death of Immediate Family Member, the Company will have the right to recover from him/her any air tickets originally purchased for the Business Trip back to the Country of Residence. The Insured Person shall assist the Company in recovering any refunds from the carriers concerned. The proceeds of such refund shall be the property of the Company.

TRAVEL INCONVENIENCE BENEFITS

SECTION 18 – TRIP CANCELLATION

If, during the Period of Insurance, within thirty (30) days before the date of commencement of a Business Trip, the Insured Person's confirmed Business Trip is cancelled, the Company will pay for the loss of and/or forfeiture of deposits or charges paid in advance or contracted to be paid by the Insured up to the Benefit Limit specified in The Schedule due to the following unforeseen circumstances beyond the Insured Person's control:

- a) Death, Serious Bodily Injury or Serious Sickness, jury service, being subpoenaed as a witness or compulsory quarantine occurring to the Insured Person or to any of the Insured Person's Immediate Family Member.
- b) Serious damage to the Insured Person's Home in Country of Residence by a natural disaster or burglary occurring within fourteen (14) days from the scheduled departure date of the Business Trip and during the Period of Insurance. For avoidance of doubt, we will have sole discretion in determining whether the damage sustained to Your Home is "serious damage" such that the said clause is applicable";
- c) Cancellation of the scheduled Public Conveyance in which the Insured Person has arranged to travel on to commence the Business Trip for at least twenty-four (24) hours from the time specified in the travel itinerary, due to strike or other industrial action, riot or civil commotion not assuming the proportions of or amounting to an uprising, military or usurped power, hijack, adverse weather conditions, mechanical breakdown or derangement or structural defect of that Public Conveyance; or
- d) the issuance of Travel Alert for the planned destination.

For the avoidance of doubt:

1. in the event the Insured Person become entitled to a refund or reimbursement of all or part of 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 other source or insurance;
2. this coverage is effective only if the expenses are incurred before the Insured Person become aware of any circumstances, this could lead to the disruption of his/her particular journey;
 3. In the event of a claim, the Insured Person must submit the following supporting documents to substantiate the claim:
 - a. documentary proof of Insured Person's payment for deposits, travel fare and accommodation charges.
 - b. written confirmation from the Public Conveyance company.
 - c. Medical report or death certificate resulting from Serious Bodily Injury or Serious Sickness, Death certified by a Registered Medical Practitioner treating the Insured Person's Immediate Family Member.
 - d. Copies of subpoena or medical certificate in respect of Insured Person's compulsory quarantine.
 4. this Policy will only pay for a claim made under either Sections 18 or 19 for the same event but not both.

The Company will pay 50% of the Benefit Limit specified in the The Schedule for loss of and/or forfeiture of deposits or charges paid in advance or contracted to be paid by the Insured in the event of necessary and unavoidable cancellation of the whole Trip by the Insured Person arising from: -

- i. The Insured Person or Insured Person's Travel Companion are Diagnosed with COVID-19 and confirmed by a Registered Medical Practitioner; or
- ii. Death or hospitalization of the Insured Person's Immediate Family Member due to COVID-19;

The effective date of the above cover shall commence within thirty (30) days before the date of commencement of the scheduled Trip.

N.B. This Policy will only pay for a claim made under either Sections 18 or 19 for the same event but not for more than one of the Sections.

EXCLUSIONS APPLICABLE TO SECTION 18

No benefit will be payable under Section 18 for loss arising from:

1. Government regulations or act, delay or amendment of the booked itinerary, or failure in provision of any part of the booked holiday (including error, omission or default) by the provider of any service forming part of the booked holiday as well as of the agent or tour operator through whom the holiday was booked.
2. Insure Person's disinclination to travel or financial circumstances.
3. Any unlawful act or criminal proceedings of the Insured Person or any person on whom the holiday plan depends, other than witness summons, jury service or compulsory quarantine.
4. Any illness or disease, Pre-Existing Medical Condition, compulsory quarantine, strike or other industrial action, riot or civil commotion not assuming the proportions of or amounting to an uprising, military or usurped power, hijack, adverse weather condition or Travel Alert existing at the time of departure of the Insured Person's Business Trip.
5. Failure to notify the travel agent, tour operator or provider of transport or accommodation immediately after it is found necessary to cancel or curtail the travel arrangement.
6. The covered events if this Policy is purchased less than three (3) days prior to the commencement of the scheduled Business Trip.
7. Loss that is covered by any other existing insurance scheme, government program or that it will be paid or refunded by a hotel, Public Conveyance, travel agent or any other provider of travel and/or accommodation.

8. Insured Person, Insured Person's Travel Companion and/or Immediate Family Member being Diagnosed or suspected to be infected with COVID-19 at the time of application for this insurance.
9. Any positive diagnosis of COVID-19 within three (3) days of the Issue Date as indicated in The Schedule or Endorsement Letter for the purpose of changing Insured Person's Travel Insurance Plan or the addition of Insured Person to the Policy.
10. Insured Person is not Fully Vaccinated.

SECTION 19 - TRIP CURTAILMENT

If, during the Period of Insurance, an Insured Person is forced to curtail or alter the itinerary of any part of a planned Business Trip, the Company shall reimburse the Insured Person, up to the Benefit Limit specified in The Schedule, the unused portion of irrecoverable prepaid tour fares or transport or accommodation costs included in the Business Trip and for additional travelling and accommodation expenses reasonably incurred arising due to:

- a) Death, Serious Bodily Injury or Serious Sickness,, jury service, being subpoenaed as a witness or compulsory quarantine occurring to the Insured Person or to any Immediate Family Member of the Insured Person
- b) serious damage to the Insured Person's Home in Country of Residence by a natural disaster or burglary occurring within fourteen (14) days from the scheduled departure date of the Business Trip and during the Period of Insurance. For avoidance of doubt, we will have sole discretion in determining whether the damage sustained to Your Home is "serious damage" such that the said clause is applicable;
- c) cancellation of the scheduled Public Conveyance in which the Insured Person has arranged to travel on to commence the Business Trip for at least twenty-four (24) hours from the time specified in the travel itinerary, due to strike or other industrial action, riot or civil commotion not assuming the proportions of or amounting to an uprising, military or usurped power, hijack, adverse weather conditions, mechanical breakdown or derangement or structural defect of that Public Conveyance; or
- d) the issuance of Travel Alert for the planned destination.

For the avoidance of doubt:

1. in the event the Insured Person becomes entitled to a refund or reimbursement of all or part of 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 other source or insurance;
2. this coverage is effective only if the expenses are incurred before the Insured Person become aware of any circumstances, this could lead to the disruption of his/her particular journey;
3. this Policy will only pay for a claim made under either Sections 18 or 19 for the same event but not both.

The Company will pay 50% of the Benefit Limit specified in Policy Schedule for the unused portion of irrecoverable prepaid tour fares or transport or accommodation costs included in the Business Trip and for additional travelling and accommodation expenses reasonably incurred outside his/her Country of Residence arising from necessary and unavoidable Curtailment of the planned Trip as a direct result of:

- i. The Insured Person or Insured Person's Travel Companion are Diagnosed with COVID-19 and confirmed by a Registered Medical Practitioner; or
- ii. Death or hospitalization of the Insured Person's Immediate Family Member due to COVID-19.

EXCLUSIONS APPLICABLE TO SECTION 19

No benefit will be payable under Section 19 for loss arising from:

1. Government regulations or act, delay or amendment of the booked itinerary, or failure in provision of any part of the booked holiday (including error, omission or default) by the provider of any service forming part of the booked holiday as well as of the agent or tour operator through whom the holiday was booked.
2. Insured Person's disinclination to travel or financial circumstances.
3. Any unlawful act or criminal proceedings of the Insured Person or any person on whom the holiday plan depends, other than witness summons, jury service or compulsory quarantine.
4. Any illness or disease, Pre-Existing Medical Condition, compulsory quarantine, strike or other industrial action, riot or civil commotion not assuming the proportions of or amounting to an uprising, military or usurped power, hijack, adverse weather condition or Travel Alert existing at the time of departure of the Insured Person's Business Trip.
5. Failure to notify the travel agent, tour operator or provider of transport or accommodation immediately after it is found necessary to cancel or curtail the travel arrangement.
6. The covered events if this Policy is purchased less than three (3) days prior to the commencement of the scheduled Business Trip.
7. Loss that is covered by any other existing insurance scheme, government program or that it will be paid or refunded by a hotel, Public Conveyance, travel agent or any other provider of travel and/or accommodation.
8. Insured Person, Insured Person's Travel Companion and/or Immediate Family Member being diagnosed or suspected to be infected with COVID-19 at the time of application for this insurance.
9. the Insured Person is tested positive for any mandatory pre-departure COVID-19 diagnostic test prior to Business Trip.
10. Insured Person is not Fully Vaccinated.

SECTION 20 - TRAVEL DELAY

If, during the Period of Insurance, the Public Conveyance in which the Insured Person has arranged to travel is delayed in departure for at least six (6) hours from the time specified in the travel itinerary, due to strike or other industrial action, riot or civil commotion not assuming the proportions of or amounting to an uprising, military or usurped power, hijack, adverse weather conditions, mechanical breakdown or derangement or structural defect of that Public Conveyance, the Company shall reimburse the Insured Person \$250 for each consecutive six (6) hour period, up to the Benefit Limit specified in The Schedule.

Provided that:

- a. this benefit is only payable for either departure delay of the same flight or voyage; and
- b. written confirmation from the carriers or the handling agents of the number of hours of delay and the reason for such delay is obtained
- c. this Policy will only pay for a claim made under either Sections 17 or 20 for the same event but not both.

EXCLUSIONS APPLICABLE TO SECTION 20

No benefit will be payable under Section 20 for loss arising from:

1. Failure to check-in according to itinerary
2. Failure to obtain written confirmation from the Public Conveyance or the handling agents of the number of hours of delay and the reason for such delay.
3. Strike or other industrial action, riot or civil commotion not assuming the proportions of or amounting to an uprising, military or usurped power, hijack or adverse weather condition existing at the time of application for this insurance.
4. Any later arrival of the Insured Person at the airport or port after check-in or booking-in time (except for late arrival due to strike or other industrial action).

SECTION 21 - TRAVEL MISCONNECTION

If, during the Period of Insurance, the Insured Person miss the confirmed onward travel connection at the transfer point due to the late arrival of the Insured Person's incoming connecting scheduled Public Conveyance and no onward transportation is made available for the Insured Person within six (6) consecutive hours of the scheduled departure of such Public Conveyance, the Company shall reimburse the Insured Person \$100 for each consecutive six (6) hour period, up to the Benefit Amount specified in The Schedule.

Provided that:

- a) a written verification from the operator(s) of the Public Conveyance or their handling agent(s), stating the reason for the travel misconnection, the scheduled time and actual time of arrival and the scheduled time and actual time for departure of the next available Public Conveyance.
- b) in the event the Policyholder or Insured become entitled to a refund or reimbursement of all or part of 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 other source or insurance;
- c) this Policy will only pay for a claim made under either Sections 21 or 23 for the same event but not both.

EXCLUSIONS APPLICABLE TO SECTION 21

No benefit will be payable under Section 21 for loss arising from:

1. Failure to check-in according to itinerary
2. Failure to obtain written confirmation from the Public Conveyance or the handling agents of the number of hours of delay and the reason for such delay.
3. Strike or other industrial action, riot or civil commotion not assuming the proportions of or amounting to an uprising, military or usurped power, hijack or adverse weather condition before the start of the Business Trip.
4. Any later arrival of the Insured Person at the airport or port after check-in or booking-in time (except for late arrival due to strike or other industrial action).

SECTION 22 - FLIGHT OVERBOOKED

If, during the Period of Insurance, the Insured Person is denied from boarding a confirmed scheduled flight due to over-booking whilst and no alternative transportation is made available to the Insured Person within six (6) consecutive hours of the boarding time indicated on the travel ticket, the Company shall reimburse the Insured Person up to the Benefit Limit specified in The Schedule.

Provided that:

- a) written verification from the operator(s) of the Public Conveyance or their handling agent(s), stating that Insured Person was denied from boarding a confirmed scheduled flight due to over-booking.
- b) in the event the Policyholder or Insured become entitled to a refund or reimbursement of all or part of 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 other source or insurance.

EXCLUSIONS APPLICABLE TO SECTION 22

No benefit will be payable under Section 22 for loss arising from:

1. Failure to check-in according to itinerary
2. Strike or other industrial action, riot or civil commotion not assuming the proportions of or amounting to an uprising, military or usurped power, hijack or adverse weather condition before the start of the Business Trip.
3. Any later arrival of the Insured Person at the airport or port after check-in or booking-in time (except for late arrival due to strike or other industrial action).

SECTION 23 - FLIGHT DEVIATION

If, during the Period of Insurance, whilst the Insured Person is on a scheduled flight whereby the flight is diverted due to:

1. adverse weather
2. emergency medical treatment for a fellow passenger
3. bomb threat

which prevents the Insured Person from continuing the Business Trip and is delayed from arriving at the planned destination, the Company shall reimburse the Insured Person \$200 for each six (6) consecutive hours, up to the Benefit Limit specified in The Schedule.

Provided that:

- a) a written verification from the operator(s) of the flight or their handling agent(s), stating the reason for the flight diversion, the scheduled time and actual time of arrival and the scheduled time and actual time for departure of the next available flight.
- b) in the event the Policyholder or Insured become entitled to a refund or reimbursement of all or part of 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 other source or insurance;
- c) this Policy will only pay for a claim made under either Sections 21 or 23 for the same event but not both.

SECTION 24 - LOSS OR DAMAGE OF BAGGAGE AND PERSONAL PROPERTY

If, during the Period of Insurance, the Insured Person sustains Accidental loss or damage to his/her check-in baggage or Personal Property which the Insured Person took along or purchased during the Business Trip, the Company will indemnify the Insured Person in respect of such loss up to the Benefit Limit specified in The Schedule.

Provided that:

- a) if any article of the Insured Person (s) Personal Property and Baggage is proven to be beyond economical repair, a claim will be dealt with under this Policy as if the article had been lost.
- b) The Company shall not be liable for more than Singapore Dollars One Thousand (\$1,000 in respect of any one article or pair or set of articles.
- c) In respect of articles more than two (2) years old at the date of the loss, the Company may make payment subject to the due allowance of wear and tear and depreciation or at its option reinstate or repair such articles.
- d) the loss or damage must be reported to the police or relevant authority having jurisdiction where the loss or damage occurred within twenty-four (24) hours from the incident. Any claims for indemnity under this section must be accompanied by a copy of the police report or a report issued by the relevant authority evidencing such loss.
- e) This Policy will only pay for a claim made under either Sections 24 or 27 for the same event but not both.

- f) in the event the Policyholder or Insured become entitled to a refund or reimbursement of all or part of 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 other source or insurance;
- g) We shall have the right to opt to make payment, reinstate or repair any damaged article subject to due allowance for wear and tear and depreciation.

PAIR AND SETS CLAUSE

Where any insured item consists of articles in a pair or set, this Section will not pay more than the value of any particular part or parts which may be lost or damaged without reference to any special value which such article

EXCLUSIONS APPLICABLE TO SECTION 24

No benefit will be payable under Section 24 for:

1. Loss or damage arising from delay, confiscation, detention, requisition or destruction by Customs or other officials.
2. Loss or damage to Money, Travel Documents, stamps, bonds, coupons, negotiable instruments, title deeds, manuscripts, securities or documents of any kind.
3. Breakage or damage to fragile articles (excluding cameras and tape recorders) unless caused by an Accident to the conveyance in which the baggage is being carried.
4. Business goods or samples or equipment of any kind.
5. Perishables such as fruits or food articles and consumable articles such as cosmetics, toiletries, contact or corneal lenses, skincare products and perfume.
6. Sports equipment, musical instruments, dentures or bridges for teeth.
7. Normal wear and tear, gradual deterioration, or mechanical or electrical breakdown or derangement.
8. Loss or damage while in the custody of an airline or other carrier, unless reported immediately on discovery and in the case of an airline, a Property Irregularity Report obtained upon its discovery.
9. Losses due to Theft, Burglary or Robbery unless reported to the police within twenty-four (24) hours of loss and a police report is obtained.
10. Unattended properties unless kept inside a locked hotel room, or in the care and custody of an airline, carrier or hotelier.
11. Loss or damage to portable personal data processing/storage equipment, tablets, portable mobile phones and communication equipment including software and their accessories.
12. Hired or leased equipment.
13. Animals, motor vehicles (including accessories), motorcycles, boats, motors and any other conveyance.
14. Unexplained and mysterious disappearance of Your baggage or Personal Property.
15. Loss or damage due to Your omission, negligence or carelessness.
16. Paintings, antiques, artifacts, objects of art or gemstones.

SECTION 25 – LOSS OF PERSONAL MONEY/TRAVEL DOCUMENTS AND CREDIT CARD MISUSE

PERSONAL MONEY

If, during the Period of Insurance, whilst the Insured Person is on a Business Trip sustains loss of Personal Money in the Insured Person's care, custody or control due to Theft, Burglary or Robbery, the Company shall reimburse the Insured Person up to the Benefit Limit specified in The Schedule.

TRAVEL DOCUMENTS

If, during the Period of Insurance, whilst the Insured Person is on a Business Trip sustains loss of or damage to his/her Travel Documents, the Company shall reimburse the Insured Person up to the

Benefit Limit specified in The Schedule for the actual replacement costs of his/her Travel Documents and any additional travelling and accommodation expenses necessarily incurred by Insured Person outside his/her Country of Residence for replacement of passport or procurement of requisite documents of identity to continue the Business Trip or return to his/her Country of Residence.

CREDIT CARD MISUSE

If, during the Period of Insurance, whilst the Insured Person is on a Business Trip sustains financial loss as a direct result of a credit card(s) or banker's card being lost or stolen and being subsequently used fraudulently by any person other than the Insured Person, a member of the Insured Person's family or additionally where the card is issued on behalf of the Policyholder, an employee of the Policyholder, the Company will indemnify the Policyholder up to the Benefit Limit specified in The Schedule

Provided that:

- a) the Insured Person shall take all reasonable precautions for the safety of all Personal Money
- b) the Insured Person must have fully complied with all terms and conditions under which such credit card has been issued.
- c) the loss or damage must be reported to the police or relevant authority having jurisdiction where the loss or damage occurred within twenty-four (24) hours from the incident. Any claims for indemnity under this section must be accompanied by a copy of the police report or a report issued by the relevant authority evidencing such loss.
- d) in the event the Policyholder or Insured become entitled to a refund or reimbursement of all or part of 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 other source or insurance.

EXCLUSIONS APPLICABLE TO SECTION 25

No benefit will be payable under Section 25 for:

1. Loss or damage arising from delay, confiscation, detention, requisition or destruction by Customs or other officials.
2. Loss or damage to stamps, bonds, coupons, negotiable instruments, title deeds, manuscripts, securities or documents of any kind.
3. Losses unless reported to the police within twenty-four (24) hours of loss and a police report obtained.
4. Unattended properties unless kept inside a locked hotel room, or in the care and custody of an airline, carrier or hotelier.
5. Theft resulting from the Insured Person's negligence, willful act, omission, recklessness or carelessness.
6. Shortage due to error, omission, exchange or depreciation in value.
7. Any cost incurred while obtaining the replacement credit cards or travel documents in his/her Country of Residence.

SECTION 26 - CREDIT CARD OUTSTANDING BALANCE

If, during the Period of Insurance, whilst the Insured Person is on a Business Trip, sustains Bodily Injury or Sickness which results in his/her Death within three hundred and sixty-five (365) consecutive days from the date of the Accident, the Company will indemnify the Policyholder up to the Benefit Limit specified in The Schedule, any outstanding balance under the Insured Person's credit card(s) for purchases and services charged to such card(s). For the avoidance of doubt, this Section is not applicable to Child(ren).

EXCLUSIONS APPLICABLE TO SECTION 26

No benefit will be payable under Section 26:

1. If Insured Person is entitled to indemnity under any other insurance policy.
2. For interest accrued or financial charges or similar charges/fees.

SECTION 27 - DELAYED BAGGAGE

If, during the Period of Insurance, whilst the Insured Person is on a Business Trip, the Insured Person's checked-in baggage is temporarily lost in transit or misdirected by the carrier and not returned to the Insured Person for at least six (6) hours of the Insured Person's arrival at the baggage pick-up point of the scheduled overseas destination, the Company will pay to the Insured Person for every six (6) consecutive hours of delay, up to the Benefit Limit specified in The Schedule.

Provided that:

- a) The delay must be verified in writing by the carrier, operator or their handling agents stating the length and reason(s) for the delay.
- b) This Policy will only pay for a claim made under either Sections 24 or 27 for the same event but not both.

EXCLUSIONS APPLICABLE TO SECTION 27

No benefit will be payable under Section 27:

1. Any claim for baggage delayed or detained by customs or other officials.
2. If the delayed baggage shall prove to be lost or damaged and for which loss or damage a claim has been made and admitted under Section 24.
3. If a baggage tag is not issued to the Insured Person by the airline for his/her check-in baggage.

SECTION 28 – HIJACKING

If, during the Period of Insurance, whilst the Insured Person is on a Business Trip, the Insured Person is a victim of a Hijack of a Public Conveyance or motor vehicle on which the Insured Person is travelling, the Company will pay to the Insured Person for each twenty-four (24) hour period that the Hijack continues, up to the Benefit Limit specified in The Schedule.

Provided that:

Any claims under this Hijacking section must be accompanied by a police report or a report issued by the carrier confirming that the Insured Person was a victim of Hijack and the duration of such Hijack.

EXCLUSIONS APPLICABLE TO SECTION 28

No benefit will be payable under Section 28 for:

1. For hijack occurring in countries, territories or areas located in Central or South America, Africa or any country, territory or area in which United Nation security forces are present and active.
2. Unless reported to the local police, where the hijack occurs, within twenty-four (24) hours of the Insured Person's release and a local police report is obtained.

SECTION 29 - STAFF REPLACEMENT BENEFIT

If, during the Period of Insurance, whilst the Insured Person is on a Business Trip, sustains Serious Bodily Injury or Serious Sickness and as a result necessarily incurs Replacement Expenses, the Company will indemnify all reasonable transportation costs necessarily incurred for sending a substitute

employee to complete the Insured Person's Business Trip, up to the Benefit Limit specified in The Schedule subject to the terms and conditions of this Policy.

Provided that:

- a) Under a written advice by a Registered Medical Practitioner causes or is likely to cause Temporary Total Disablement from continuing the Business Trip for a period a period in excess of five (5) days.
- b) Encounter the unexpected Death, Serious Bodily Injury or Serious Sickness of any of the Insured Person's Immediate Family Member.
- c) In the event the Policyholder or Insured become entitled to a refund or reimbursement of all or part of 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 other source or insurance

EXCLUSIONS APPLICABLE TO SECTION 29

No benefit will be payable under Section 29:

1. any claim for medical condition that the Insured Person has travelled against the advice of a Registered Medical Practitioner.
2. any Pre-Existing Medical Condition
3. the Insured Person contracting Acquired Immunodeficiency Syndrome (AIDS), any AIDS related disease or any sexually transmitted disease
4. including all other exclusions under Section 8 –Medical and Accidental Dental Expenses

SECTION 30 – RENTAL VEHICLE EXCESS

If, during the Period of Insurance, whilst the Insured Person is on a Business Trip, becomes liable to pay for any car rental excess under the rental car agreement in respect of loss or damage to the rental vehicle due to an Accident or Theft of the rental vehicle during the rental period while overseas, the Company will reimburse the Insured Person up to the Benefit Limit specified in The Schedule.

Provided that:

- a) The rental vehicle must be rented from a licensed agency.
- b) The Insured Person must be a named driver and/or one of the named drivers of the rented vehicle
- c) The Insured Person holds a valid license to drive the rental vehicle.
- d) As part of the hiring management, Insured Person must take up all comprehensive motor insurance against loss or damage to rental vehicle during the rental period.
- e) Insured Person must comply with all requirements of the rental Organization under the hiring agreement and of the insurer under such insurance, as well as the laws, rules and regulations of the country.

EXCLUSIONS APPLICABLE TO SECTION 30

No benefit will be payable under Section 30:

1. loss or damage arising from operation of the rental vehicle in violation of the terms of the rental agreement.
2. loss or damage which occurs beyond the limits of any public roads or in violation of laws, rules and regulations of the country.
3. loss or damage arising from wear and tear, gradual deterioration, damage from insects or vermin, inherent vice, latent defect or damage.

OVERALL POLICY COMPENSATION LIMIT

The maximum aggregate liability of the Company in respect of all Insured Persons travelling in one aircraft or surface transport vehicle or vessel shall not exceed the Conveyance Limit of \$10,000,000 or the aggregate of the amount of Compensation payable in respect of such Insured Persons, whichever is the less.

If the aggregate amount of all claims for Injury to Insured Persons travelling in one conveyance exceeds the Conveyance Limit, the Company's liability in respect of each of such Insured Persons will be a ratable proportion of the Benefits due in respect of that person.

GENERAL EXCLUSIONS

(Applicable to the whole Policy)

Unless otherwise expressly stated or extended in the Policy, this Policy does not insure any destruction of or damage to any property or any consequential loss or any legal liability or any Bodily Injury, illness or disease and Death to any person directly or indirectly caused by, or contributed to, or arising from:

1. any Death, disability, loss, damage, liability or expense directly or indirectly caused by or contributed to or arising from nuclear weapons material or ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this Exception, combustion shall include any self-sustaining process of nuclear fission.
2. any Death, disability, loss, damage, destruction, legal liabilities, cost or expense including consequential loss of whatsoever nature, directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss:
 - a) war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, mutiny, rebellion, revolution, insurrection, conspiracy, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power.
 - b) any Nuclear, Chemical, Biological Terrorism.
"Nuclear, Chemical, Biological Terrorism" shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release, or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear

This endorsement also excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to (a) and/or (b) above.

If the Company alleges that by reason of these exceptions any claim is not covered by this insurance, then the burden of proving that the claim is covered shall be upon the Insured Person.

3. An epidemic or pandemic as declared by the World Health Organization or the Ministry of Health of Singapore.
4. Injury caused by the Insured Person engaging in

- a) air travel, flying or other aerial activities except travelling as a fare paying passenger in a properly licensed, regular scheduled commercial airline operating between established and licensed commercial airports.
 - b) any trade, technical or sporting activity or as crew in connection with an aircraft and/or vessel
5. Injury caused by the Insured Person engaging in or practicing for
- a) rafting or canoeing involving white water rapids, bungee jumping, jet skiing, underwater activities involving artificial breathing apparatus such as compressed air or gas, ski racing, backcountry skiing or off-piste skiing, ski jumping, hang gliding, parasailing, parachuting, the use of bobsleigh or skeleton, hunting, pot-holing, trekking (including mountain trekking) above three thousand (3,000) metres, mountaineering or rock climbing that ordinarily requires the use of ropes or guides and any other Extreme Sports.
 - b) any kind of race or sport being engaged in professional capacity or where the Insured Person would or could earn any remuneration, donation, sponsorship, award or certificate of any kind from engaging in such kind of sport, racing other than on foot or trial of speed or reliability
 - c) Underwater activities involving artificial breathing apparatus. This exclusion does not apply to leisure scuba diving under the supervision of a qualified diving instructor or if You hold a PADI certification (or equivalent certification) and diving no exceeding thirty (30) meters,
 - d) naval, military, air force, civil defense or Police services or operations, testing of any kind of conveyance, being employed as a manual worker, whilst engaged in off-shore or in mining, aerial photography or handling of explosives, ammunitions or firearms
6. Injury caused by
- a) Suicide or attempted suicide, wilful self-inflicted injury or wilful exposure to peril (other than in an attempt to save human life)
 - b) Pregnancy, miscarriage, abortion or childbirth and their complications or fertility, sub-fertility or assisted conception operation
 - c) venereal disease, HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or any mutant derivatives or variations of this however caused
 - d) mental and nervous or sleep disorders, including but not limited to insanity or any diagnosed psychological or psychiatric disorder, anxiety or depression
 - e) any Pre-Existing Medical Conditions or pre-existing physical or mental defect or infirmity,
 - f) the Insured Person being under the influence of drugs (other than those prescribed by a Registered Medical Practitioner but not when prescribed for the treatment of drug addiction)
 - g) the Insured Person being under the influence of alcohol, unless it can be established to the Company's reasonable satisfaction by any claimant that alcohol was not a factor contributing to the happening of the Injury
 - h) taking part in expeditions or the crewing of a vessel from one country to another or engaging in active service in the armed forces of any nation.
 - i) any wilful, malicious, criminal or unlawful acts committed by the Insured Person or any person acting on the Insured Person's behalf.
 - j) Any prohibition or regulations by any government; or a breach of government regulations or 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.
 - k) Any illegal or unlawful act by the Insured Person or confiscation, detention, destruction by customs or other authorities.
 - l) The Insured Person proceeding with the Business Trip against the advice of a Registered Medical Practitioner.

GENERAL CONDITIONS

The Policy and The Schedule shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of the Policy or The Schedule shall bear such specific meaning wherever it may appear.

1. **ARBITRATION**

Any dispute arising out of or in connection with the Policy, including any question regarding its existence, validity or termination shall be referred to the Financial Industry Disputes Resolution Centre Ltd (FIDReC).

If the dispute or any part of the dispute cannot be referred to or dealt with by FIDReC, or if Insured Person do not accept the decision of the FIDReC Adjudicator, the dispute shall be referred to and finally resolved by arbitration administered by the Singapore International Arbitration Centre ("SIAC") in accordance with the Arbitration Rules of the SIAC ("SIAC Rules") for the time being in force, which rules are deemed to be incorporated by reference in this condition.

- a) The seat of the arbitration shall be Singapore.
- b) The Tribunal shall consist of one (1) arbitrator.
- c) The language of the arbitration shall be English.

2. **APPLICABLE LAW**

This Policy is governed by and is to be construed in accordance with the laws of Singapore. The court of competent jurisdiction in Singapore shall have the exclusive jurisdiction over all matters relating to the construction, validity and performance of this contract of insurance.

3. **CANCELLATION**

The Company may cancel this Policy by giving thirty (30) days' notice in writing delivered to the Insured or mailed to his/her last known address and in such event the Insured shall become entitled to the return of a proportionate part of the premium corresponding to the unexpired Period of Insurance.

The Policy may be cancelled at any time by the Insured by giving thirty (30) days' notice to the Company and provided no claim has arisen during the then current Period of Insurance the Insured shall be entitled to a return of premium subject to the Company's short period rates for the period the Policy has been in force.

Period of Coverage not exceeding	Short Period Rates
1 week	1 month
1 month	3 months
2 months	4 months
3 months	6 months
4 months	7 months
6 months	9 months
8 months	10 months
Above 8 months	Full Annual Premium

4. **CLAIMS PROCEDURE**

Written notice shall be given to the Company as soon as possible but in any case within thirty (30) days of the happening of any Injury in respect of which a claim is to be made.

The Insured or other claimant shall at the Insured's or other claimant's own expense furnish to the Company such certificates information and evidence as the Company may reasonably require to review any claim made under the Policy.

Any Insured Person shall as soon as possible after the happening of any Injury in respect of which a claim is to be made under the Policy procure and follow medical advice from a duly Registered Medical Practitioner.

Any Insured Person shall submit to medical examination by the Company's appointed Registered Medical Practitioner in relation to any claim made under the Policy, on behalf of the Company at its own expense, as often as required.

The Company shall in the case of the Death of any Insured Person be entitled to have a post mortem examination at its own expense.

5. COMMUNICATION IN WRITING

Every notice and other communication to the Company required by these Conditions must be written or printed and delivered to Company by registered mail (or send an email to HLASCS@hlas.com.sg).

6. CONDITIONS PRECEDENT TO THE COMPANY'S LIABILITY

The liability of the Company is conditional upon: -

- a) the truth of the statements and information as provided to the Company by the Policyholder and/or all Insured Persons.
- b) the due observance and fulfilment of the terms and conditions of this Policy insofar as they relate to anything to be done or complied with by the Policyholder and/or all Insured Persons.

7. CURRENCY

All amounts shown are in Singapore dollars. All claims will be paid in Singapore dollars. For claims incurred in a foreign currency, We will convert the foreign currency amount into Singapore dollars at a foreign currency rate to be determined by Us.

8. DATA PRIVACY

It is hereby declared that as a condition precedent to Our liability, You have agreed that any personal information in relation to You provided by or on behalf of You to Us may be held, used and disclosed to enable Us or individuals / organizations associated with Us or any independent third party (within or outside of Singapore) to:

- a) process and assess the Insured's application or any matter arising from the Schedule and any other application for insurance cover and/or
- b) provide all services related to this Policy.

9. EXCLUSION OF RIGHTS UNDER THE CONTRACTS (RIGHTS OF THIRD PARTIES) ACT

A person who is not a party to this Policy contract shall have no right under the Contracts (Rights of Third Parties) Act to enforce any of its terms.

10. FRAUD

If the claim be in any respect fraudulent, or if any false declaration be made or used in support of it, or if any fraudulent means or devices are used by the Insured or any one acting on his behalf to obtain any benefit under this Policy; or if the Injury or loss be occasioned by the wilful act, or with the connivance of the Insured Person; all benefits under this Policy shall be forfeited.

11. JURISDICTION

Notwithstanding anything stated herein to the contrary, the indemnity provided by this Policy shall not apply in respect of judgments which are not in the first instance delivered by or obtained from a court of competent jurisdiction within the Republic of Singapore nor to orders obtained in the said court for the enforcement of judgments made outside the Republic of Singapore whether by way of reciprocal agreements or otherwise.

12. LEGAL PERSONAL REPRESENTATIVE

The terms exceptions and conditions of this Policy, so far as applicable and with any necessary modifications, shall apply to the Insured's legal personal representative.

13. NON-ASSIGNMENT AND DISCHARGE

The Company will not be bound or be affected by any notice of trust, charge or assignment relating to this Policy. The receipt of payment by the Insured, or his legal personal representatives or of any person(s) to whom any benefit is expressed to be payable under the Policy shall in all cases effectively discharge the Company's liability.

14. NOTICE OF MATERIAL CHANGES

The Insured shall give immediate written notice to the Company of any material information or change of circumstances which may increase the risk of a claim under the Policy, or of any other insurance effected by or on behalf of any Insured Person by the Insured providing any benefit for a Result arising out of an Injury insured by this Policy. Provided that the Insured need not notify short term travel or coupon policies or any policy where the benefit is provided as an adjunct to the main purpose of the policy.

15. OTHER INSURANCE

If at the time any claim arises under this Policy there is any other insurance policy effected by or on behalf of You with other insurance company covering the same loss, damage, expenses or liability, we shall not be liable to pay or contribute more than its ratable proportion of any claim for such loss, damage, expense or liability. This condition is not applicable to Section 1.

16. PAYMENT OF CLAIMS

Any Benefits payable under this Policy shall be paid to the Insured Person or Policyholder (except as provided in Section 13 – Emergency Medical Evacuation Assistance and Section 14 – Repatriation of Mortal Remains). Any receipt by the Insured Person or Policyholder of any Benefit payable under this Policy shall in all cases be deemed final and complete discharge of all liability of the Company in respect of such Benefit.

17. PREMIUM ADJUSTMENT

If the premium for this Policy has been calculated on any estimates furnished by the Policyholder, the Policyholder shall keep an accurate record containing all particulars relative to it and shall at all times allow the Company to inspect such record. The Policyholder shall within one (1) calendar month from the expiry date of each Period of Insurance furnish to the Company such particulars and information as the Company may require. The premium for such Period of Insurance shall then be adjusted and the difference paid by or allowed to the Policyholder as the case may be subject to receipt and retention of any minimum premium applicable.

18. PREMIUM PAYMENT WARRANTY

- a) Notwithstanding anything herein contained but subject to clause 2 hereof, it is hereby agreed and declared that if the Period of Insurance is 60 days or more, any premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within sixty (60) days of the inception date of the coverage under the Policy, Renewal Certificate or Cover Note.
- b) In the event that any premium due is not paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within the 60-day period referred to above, then: -
 - i. the cover under the Policy, Renewal Certificate or Cover Note is automatically terminated immediately after the expiry of the said 60-day period;
 - ii. the automatic termination of the cover shall be without prejudice to any liability incurred within the said 60-day period; and

- iii. the Company shall be entitled to a pro-rata time on risk premium subject to a minimum of \$25.00.
- c) If the Period of Insurance is less than sixty (60) days, any premium due must be paid and actually received in full by the Company (or the intermediary through whom this policy was effected) within the Period of Insurance.

19. RECEIPTS

No payment in respect of any premium shall be deemed to be payment to the Company unless a printed form of receipt for the same signed by an Official or duly appointed Agent of the Company shall have been given to the Insured Person.

20. RECOVERY FROM OTHER SOURCES

If at the time any claim arises under this Policy, You are able to seek recovery to be paid or refunded by other sources, including but not limited to government program, a hotel, Public Conveyance, travel agent or any other provider of travel and/or accommodation, for the same loss, damage, expenses or liability covered under this Policy, We shall not be liable to pay or contribute more than its ratable proportion of any claim for such loss, damage, expense or liability.

21. RENEWAL

This Policy may be renewed from year to year by mutual agreement between the Policyholder and the Company and provided any material change has already been notified to and accepted by Us and the premium paid when due, but in any case shall exclude in respect of any Insured Person at the end of the Period of Insurance during which that Insured Person attains the age of seventy (70) years.

22. SUBROGATION CLAUSE

Notwithstanding any provision to the contrary within this Policy or any endorsement thereto, this insurance shall, in no case, be deemed to provide cover and be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose Us to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom, United States of America or Singapore.

23. WARRANTIES IN RESPECT OF PREVIOUS INSURANCE

The Policyholder warrants that:

- a) for the risk insured, the Insured Person has never had any insurance terminated in the last twelve (12) months due solely or in part to a breach of any premium payment condition; or
- b) if the Insured Person has declared that it has breached any premium payment condition in respect of a previous policy taken up with another insurer in the last twelve (12) months:
 - i. the Insured Person has fully paid all outstanding premium for time on risk calculated by the previous insurer based on the customary short period rate in respect of the previous policy; and
 - ii. a copy of the written confirmation from the previous insurer to this effect is first provided by the named insured to the Company before cover incepts.

The warranties set out in 19(a) and (b) are condition precedent to the validity of this Policy. A breach of any of the said warranties shall render the Policy null and void.

This Policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for Your Policy under this scheme is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact HL Assurance Pte Ltd or visit the GIA or SDIC websites at www.gia.org.sg or www.sdic.org.sg

END OF DOCUMENT