

Attached and forming part of:

Date of Issue:

Place Issued:

Notwithstanding anything to the contrary contained in the Terms and Conditions of the Travel Shield Insurance Policy herein referred to as the Policy, IT IS HEREBY DECLARED AND AGREED that COVID-19 is included as part of coverage, effective _____:

COVID-19 ENDORSEMENT

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

A special rider package is extended to Policyholders of Prudential Guarantee's Travel Shield Insurance Policy. The Terms and conditions of this COVID-19 Travel Indemnified Rider Package are as follows:

BENEFITS	LIMITS
Medical Treatment/Expenses due to COVID-19	100% of the medical limit maximum of USD 50,000 or whichever is lower on the respective plan
Repatriation of Mortal Remains	Covered up to USD 5,000 Repatriation for cremated body up to USD 1,000
Medical Evacuation/Transport and/or Repatriation in case of illness (COVID-19)	Not Covered
Trip Cancellation due to COVID-19	50% of the benefit limit but not exceeding USD 1,000 or whichever is lower on the respective plan
Trip Curtailment due to COVID-19	50% of the benefit limit but not exceeding USD 1,000 or whichever is lower on the respective plan
Rebooking Charges, Meals and Accommodation IF STRANDED abroad	Not Covered

Note: Covid-19 Rider limits are part of and NOT in addition to the respective benefit limits above.

MEDICAL EXPENSES ABROAD

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

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

SPECIFIC EXCLUSIONS COVID-19 HEALTH EXPENSES

In addition to the General Exclusions to all the guarantees of the General Conditions, the benefits required for the care of the COVID-19 disease will not be covered when it is pre-existing to the contracting of this COVID-19 Endorsement; that is, the Insured has tested positive in a COVID-19 detection test or already presents the symptoms of this disease on the effective date of this COVID-19 Endorsement.

Maximum Days of Coverage

- a) For Two Way continuous leisure/business trips – COVID-19 is covered up to a maximum one hundred-eighty (180) days only
- b) For Two Way Annual Multi Trip – COVID-19 is covered up to a maximum of ninety (90) days per Trip Only
- c) For OFW One Way Trip for Travel Requirements to go to country of work destination abroad– COVID-19 is covered up to a maximum of twenty-one (21) days only; Excluding USA and Canada
- d) For One Way Trip Non OFWs – COVID-19 is covered up to twenty-four (24) hours upon reaching immigration

Note: c) and d) are only applicable to International Travel

TERMS AND CONDITIONS OF COVID-19 RIDER

- 1) RT PCR Tests is part of the medical expenses limit and is only covered for symptomatic patients
- 2) Hospitalization due to COVID-19 will only be covered if medically required and necessary as determined by a medical practitioner based on the condition of the Insured patient.
- 3) Any quarantine expenses are not covered either as a requirement upon arrival in the foreign country (i.e., known risk) or as a requirement for a covid positive Insured.
- 4) Does not cover any medical evacuation / repatriation of people with the active virus.
- 5) Does not cover the hospitalization expenses if the required quarantine facility for an asymptomatic or mild case patient is in a hospital in that particular country abroad.
- 6) Medical check-ups due to COVID-19 for symptomatic patients that do not require hospitalizations (i.e., mild cases) IS NOT covered; Only the RT PCR Tests are covered for MILD symptomatic cases that would not require hospitalization
- 7) For Trip Cancellation coverage (Prior to commencing on the scheduled domestic trip or prior to leaving the Philippines): "Serious illness understood as any unexpected alteration of the Insured's state of health that involves risk of death or implies hospitalization and makes it impossible to start the contracted trip". If the reason for cancellation is due to COVID-19, the insured is obliged to submit a positive COVID-19 test performed fourteen (14) days before the start of the trip. Contracting

COVID-19 would require a positive COVID-19 test to validate that Insured has COVID-19, and would not rely self-diagnosis or unsubstantiated doctors report.

- 8) EXCLUDES coverage on expenses due to prolonging the stay of a positive COVID-19 who cannot travel but is asymptomatic and has not required medical attention and carrying out COVID-19 tests as a preventive measure or in asymptomatic policyholders, expenses related to mandatory quarantines without medical criteria. For those who have undergone hospitalization, our policy has a standard wording that only allows automatic extension of up to ten (10) days only from the initial expiry date if extension is due to a covered illness.
- 9) Commercial gestures related to COVID-19 coverages, by general definition, will not be allowed unless covered under the Terms and Conditions of this COVID-19 cover.
- 10) We reserve the right to the possibility of cancelling the travel insurance subscription to certain destinations if we see the possibility of adverse loss experience or increase in utilization in that particular destination abroad.
- 11) This Covid Rider is specific to COVID-19 ONLY and will not extend to cover any other epidemic, pandemic and any communicable disease declared by any government agency, entity or in an executive order causing a state of emergency in any area and necessitating the setting up of appropriate quarantine measures therein.
- 12) Any other epidemic, pandemic and any communicable disease declared by any government agency, entity or in an executive order causing a state of emergency in any area and necessitating the setting up of appropriate quarantine measures therein are also NOT covered under the main travel contract.
- 13) This is applicable to International and Domestic Travel.

ALL OTHER TERMS, EXCLUSIONS, AND CONDITIONS OF THIS POLICY SHALL REMAIN UNCHANGED.

Conforme of Insured

PRUDENTIAL GUARANTEE and ASSURANCE, INC.



ANTHONY G. SY

President & CEO

TRAVEL SHIELD INSURANCE POLICY

In consideration of the statements in the Policy application or other acceptable means of enrolment, which shall be the basis of this contract and whose original copy or proof is filed with PRUDENTIAL GUARANTEE AND ASSURANCE, INC. (hereinafter called "PGA" and "Prudential Guarantee") and made a part of this Policy, the payment of premium in advance and subject to all the exclusions, provisions and other terms of this Policy, Prudential Guarantee hereby insures the persons named (hereinafter called the "Insured") against loss indicated as covered in the Schedule of Benefits occurring during the term of this Policy.

IN WITNESS WHEREOF, Prudential Guarantee has caused this Policy to be executed and commenced on the Effective Date stated in the Policy Schedule, provided that no Insurance shall be in force unless the Policy Schedule or Travel Itinerary Page is signed by an authorized representative of the Company.

DEFINITIONS

1. **"Accident"** means the bodily injury sustained during the life of the contract, which derives from a violent, sudden, external cause and one that is not intended by the Insured. The following will also be construed to be accidents:
 - i. Asphyxia or injuries as a consequence of gases or vapours, immersion or submersion, or from the consumption of liquid or solid matter other than foodstuffs;
 - ii. Infections resulting from an accident covered by the policy;
 - iii. Injuries that are a consequence of surgical operations or medical treatments resulting from an accident covered by the policy;
 - iv. The injuries sustained as a result of self-defense.
2. **"Accidental Death"** means death occurring as a result of an injury.
3. **"Annual Policy"** means a policy issued for the selected plan where the Insured(s) is covered or travelling for three hundred sixty-five (365) consecutive days to the selected destination.
4. **"Annual Multi Trip Policy"** means a policy issued for a selected plan where the Insured(s) can make an unlimited number of Trips to the selected destination of travel during the Period of Insurance.
5. **"Application"** means the application for this Policy which forms an integral part hereof.
6. **"Authorized Company"** means the medical assistance company appointed from time to time by Prudential Guarantee.
7. **"Beneficiary"** for the effects of Personal Accident coverage (as applicable), the person or persons to whom the Policyholder or, where applicable, the Insured, acknowledges the right to received, in the appropriate amount, the compensation arising from the aforesaid coverage provided by this policy. Should no-one have been specified, the compensation will form part of the assets of Insured.

8. **"Benefit Amount"** means the respective amount, as stated in the Policy Schedule, Confirmation of Insurance and/or Certificate of Insurance, payable by Prudential Guarantee under the terms and conditions of this Policy in respect of each event or loss covered by this Policy.
9. **"Bodily Injury or Injury"** means Accidental Bodily Injury occurring while this Policy is in force, resulting solely, directly and independently of all other causes from an Accident caused by external, violent and visible means.
10. **"Certificate of Insurance"** means the individual certificate of insurance issued to the Policyholder to be given to the Insured. It describes in general the insurance protection to which the Insured is entitled but shall not, however, form part of the contract by and between Prudential Guarantee and the Policyholder. In the event of discrepancy between the provisions of such certificate and this Policy, the provisions of this Policy shall prevail.
11. **"Common Carrier"** the Common Carrier object of this guarantee will be understood like hired to carry out the trip object of this insurance and will remain limited to the plane, ship, train, or coach, including when going into and going out of the above mentioned way of transport. Equally there remains covered the Accident of the way of public transport (limited to taxi, rent car with driver, tramway train, bus, train, underground train) during the direct route between the point of departure or arrival (domicile or hotel) up to the end of the trip (station, airport, port).
12. **"Company"** or **"Insurer"** whenever used in this Policy shall mean Prudential Guarantee and Assurance, Inc., duly authorized and licensed to do business in the Philippines by the Insurance Commission.
13. **"Confined"** or **"Confinement"** means confinement for a continuous uninterrupted period in a Hospital as a Resident In-patient upon the advice of and under the regular care and attendance of a Physician.
14. **"Damage"** means the physical destruction of inanimate objects.
15. **"Date of Endorsement"** means the day, month and year stated on any subsequent endorsement that is issued by Prudential Guarantee to be the effective date of any amendment or endorsement to the terms and conditions of this Policy.
16. **"Dangerous sports"** such as fighting or self-defense sports, (semi) professional sports, racing of any kind other than on foot, mountaineering expeditions, deep sea diving (deeper than 40 meters), solo sea-sailing, ski jumping, gliding, horse riding, pot holing, free climbing without ropes, motor sports, use of fire- or other arms, yachting out of territorial waters and any other sport involving an exceptional risk of accidents. Participation in these activities is never covered under the terms of this policy.
17. **"Domestic Trip"** means a trip within the territorial limits of the Republic of the Philippines, which is undertaken by the Insured and which destination is no less than one hundred (100) kilometers from the limits of his normal place of residence or place of business wherever the trip commenced when traveling by land or sea, or which shall require at least one round trip air travel to and from the planned domestic destination.

Start of Cover for Via Non-Air commence upon the Insured's actual departure from the usual place of residence.
18. **"Effective Date"** means the date on which insurance under this Policy commences as stated in the Policy Schedule.
19. **"Eligibility"** means to be eligible for cover under this Policy, the Insured must be a resident of the Republic of the Philippines "zero (0) year old but not more than ninety-nine (99) years old" on the Effective Date of Insurance.

Subject to the Insured being covered, there shall also be eligible to cover his/her:

- Legal Spouse/Relatives who is a resident of the Republic of the Philippines, at least eighteen (18) years of age and not more than ninety-nine (99) years old on the Effective Date of Insurance
 - **“Dependent Children”** means the Insured’s unmarried dependent children, including stepchildren or legally adopted children, who are zero (0) year old to eighteen (18) years old or, who are over eighteen (18) years old to twenty-one (21) years old in case they are full-time students at an institution of higher learning and are primarily dependent upon the Insured for maintenance and support.
20. **“Epidemic Disease”** means the rapid spread of infectious disease to a large number of people in a given population within a short period of time, usually two weeks or less.
21. **“Expiry Date”** means the date on which insurance under this Policy expires or ends as stated in the Policy Schedule.
22. **“Extra Hazardous Sports”** means American Football, rugby, bungee jumping, caving, horse riding, parachuting, trekking above two thousand five hundred (2,500) meters, aviation other than as a fare-paying passenger on a scheduled flight, hang-gliding, microlight flying, mountaineering with the use of ropes, rock climbing with the use of ropes, scuba diving (up to forty (40) meters), white water canoeing, white water rafting, water skiing, off piste skiing and off piste snowboarding. Participation in these activities is never covered under the terms of this policy.
23. **“Family Policy”** means a policy covering the Insured and his Spouse and four (4) Dependents or Relatives as defined under the policy. Family package may also just include five (5) Dependents/Relatives together with the Principal Insured. Dependents/Relatives will receive one hundred percent (100%) of the Benefit Amounts as stated in the Policy Schedule, except in Personal Accident Benefit where each Dependent/Relative will receive twenty-five percent (25%) of the Personal Accident Benefit.
24. **“Geographical Limits”** means the Benefits under this Policy shall apply twenty-four (24) hours a day anywhere in the world unless otherwise endorsed or amended.
25. **“Hazardous sports”** such as abseiling (rappelling), ice-skating, off-road mountain biking, ice hockey, canyoning, bobsleighing, rodel, downhill skiing and langlaufen on the normally marked public open pistes, snowboarding, big foot skiing, ballooning (as an organized excursion), mono-skiing and any sport involving an extra risk of accident. Participation in these activities may be covered against payment of an additional premium. Participation in competitions or tournaments organized by sporting federations or similar organizations is not included
26. **“Hospital”** means a legally constituted establishment operated pursuant to the laws of the country in which it is based, which holds a license as a hospital and meets the following requirements: operates primarily for the reception, care and medicare and treatment of sick, ailing or injured persons as in-patients; provides full-time nursing service by and under the supervision of a staff of Nurses; has a staff of one or more Physicians available at all times; maintains organized facilities for the medical diagnosis and treatment of such persons, and provides (where appropriate) facilities for major surgery within the confines of the establishment or in facilities controlled by the established; is not primarily a clinic, nursing, rest or convalescent home or similar establishment and is other than a place for alcoholics or drug addicts; and shall not include the following: a mental institution; an institution confined primarily to the treatment of psychiatric disease including sub normal; the psychiatric department of a hospital; a place for the aged; a rest home; a place for drug addicts or alcoholics; a health hydro or nature cure clinic; a special unit of a hospital used primarily as a place for drug addicts or alcoholics, or nursing, convalescent, rehabilitation, extended-care facility or rest home.
27. **“Illness”** means any deterioration in health diagnosed and confirmed by a legally recognized doctor during the life of the policy and which is not comprised in the two groups below:
- i. Congenital disease: that exists at the moment of birth as a consequence of hereditary factors or complaints acquired during pregnancy

- ii. Pre-existing disease: that the Insured suffered prior to the date of taking out the insurance and refer to any pre-existing disease known or unknown to the Insured at the time of enrolment.
28. **“Immediate Family Member”** means the spouse, children, parents, brother and sister
29. **“Insured”** means the natural person identified in the Policy Schedule, and who is entitled, where fitting, to the rights derived from this policy. For the purpose of this Policy, Insureds are considered to be:
- i. Filipinos travelling as fare-paying passenger on a commercial scheduled flight outside of the Philippines or within the Philippines via non-air of no less than one hundred (100) kilometers from Insured’s usual place of residence, place of employment or on a cruise outside of the Philippines
 - ii. Foreigners, officially residing in the Philippines at the same time of purchase of policy, living/working/studying, who want to travel as fare-paying passenger on a commercial scheduled flight outside of the Philippines to a third party country. In this case, Philippines is their Home Country. All emergency repatriations will be to their Usual place of residence, place of employment or on a cruise outside of the Philippines.
30. **“International Trip”** means a trip outside the territorial limits of the Republic of the Philippines, which is undertaken by the Insured.
31. **“Itinerary Page”** means the document issued by an authorized representative which contains the passenger, flight and insurance details.
32. **“Limb”** includes a hand or foot.
33. **“Loss”** means any financial loss/es caused as a direct result of an identifiable bodily injury or material damage sustained by the claimant whose consequences are totally and partially covered by the guarantees of this Policy.
34. **“Loss of Hearing”** means permanent irrecoverable and complete loss of hearing.
35. **“Loss of Sight”** means the total and irrecoverable loss of all sight of an eye which is beyond remedy by surgical or other treatment.
36. **“Loss of Speech”** means the disability in articulating any three of the four sounds which contributes to speech such as the Labial sounds, the Alveololabial sounds, the Palatal sounds and the Velar sounds or the total loss of vocal cord or damage of speech center in the brain resulting in Aphasia.
37. **“Loss of Use”** means, with respect to a part of the body, the complete inability of the part of the body to function as a result of an Injury sustained on that part.
38. **“Medical Necessary”** refers to covered service or treatment that is absolutely necessary to protect and enhance the health status of a patient, and could adversely affect the patient’s condition if omitted, in accordance with accepted standards of medical practice.
39. **“Medically Stable”** means that in the two (2) years prior to, and including, the day the Insured purchases the travel insurance, there cannot have been any medical condition which:
- a. Manifested itself, became acute or exhibited symptoms which would have caused one to seek diagnosis, care or treatment;
 - b. Required the taking of prescribed drugs or medicine, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or
 - c. Required medical treatment or treatment was recommended by a legally qualified physician

40. **“Natural disaster/Acts of Nature”** refers to extraordinary natural phenomena such as floods, earthquakes, landslides, volcanic eruptions, atypical cyclonic storms, falling objects from space and aerolites, and in general any extraordinary atmospheric, meteorological, seismic or geological phenomena as declared by the official and relevant body/agency of the government.
41. **“Osteosynthesis material”** means parts or pieces of metal or of any other kind used to join together the ends of a fractured bone, or to knit together the tips of joints, by surgical operation and which can be reused.
42. **“Orthopedic material or orthosis”** means anatomical parts or items of any kind used to prevent or correct temporary or permanent deformations of the body (walking sticks, cervical collar, and wheelchair).
43. **“Overseas”** means anywhere outside the Republic of the Philippines.
44. **“Pandemic Disease”** means an epidemic of infectious disease that has spread through human populations across a large region; for instance, multiple continents, or even worldwide.
45. **“Period of Insurance”** means the period of individual insurance coverage of the Insured as stated in the Policy, Certificate of Insurance and/or Certificate of Insurance.
46. **“Permanent Total Disability”** means disablement, which having lasted for at least twelve (12) consecutive months, will, in all probability, entirely prevent the Insured from engaging in gainful employment of any and every kind for the remainder of his life.
47. **“Physician”** are Doctors of Medicine who underwent years of formal education in a School/College of Medicine, followed by internship training and passed the licensure examination for medical doctors and shall not include the Insured or his Spouse or any of his Immediate Family Members unless approved by Prudential Guarantee.
48. **“Policy Schedule”** means the schedule attached to this Policy.
49. **“Pre-Existing Condition”** any illness or medical condition already affecting an Insured before the effectivity date of his/her coverage. An illness or injury is considered to have been in existence prior to the effectivity date if:
- Any pre-enrolment professional advice or treatment was obtained by the Insured or such illness or injury.
 - Such illness or injury has been by its nature, manifestations and conditions evident to the Insured.
 - The onset and pathogenesis can be clinically determined to have started prior to the Insured’s enrolment.
 - The illness or injury can be clinically determined to have started prior to the effective date of the Insured’s coverage
 - Medical conditions disclosed in the application form
 - Within the look back period of two (2) years prior to the day the Insured purchase the Travel Shield policy, if the Insured with the condition has any symptoms, appointment, visit or consultation with a medical professional, test, diagnosis, medication adjustment or change, then this condition would be considered pre-existing.

If the Insured is medically stable after the look back period and secure insurance contract, it is not considered pre-existing condition subject to the Insured being medically stable when purchasing this travel insurance policy. Medical and Repatriation expenses covered under this benefit are subject to the limits stated under the policy schedule.

Pre-existing illnesses shall include, but are not limited to the following:

- Bronchial Asthma and Systemic Allergies
- Chronic obstructive pulmonary disease (COPD) Diabetes Mellitus
- Tuberculosis
- Thyroid diseases
- Systemic allergies
- Dysfunctional uterine bleeding
- Chronic EENT conditions that may require surgery
- Cardiovascular diseases
- Chronic cholecystitis/cholelithiasis
- Benign or malignant new growth
- Endometriosis
- Stroke /paralysis /epilepsy
- Hernia
- Hemorrhoids and fistula
- Gastric or duodenal ulcers
- Liver cirrhosis
- Kidney diseases
- Blood dyscrasia
- Immunologic and collagen diseases
- Hallus valgus and lithiasis
- Urolithiasis and glomerunephritis
- Hypertension of whatever etiology

50. **“Premium”** means the price of the insurance that the Policyholder must pay Prudential Guarantee in consideration for the coverage of the risks provided for him/her by the latter, the receipt for which will include, moreover, the surcharges and taxes legally applicable.
51. **“Prosthesis”** means these are deemed to be any item of any kind that temporary or permanently replace the lack of an organ, tissue, organic fluid, member or part of any of them. By way of an example, mechanical or biological items such as cardiac valve parts, joint replacements, synthetic skin, intraocular lenses, biological materials (cornea), fluids, gels and synthetic or semi synthetic liquids that replace organic humours or liquids, medicine reservoirs, mobile oxygen therapy systems, etc.
52. **“Relatives”** shall be taken to refer solely to spouses, children, parents, grandparents, grandchildren, siblings, and parents-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law of the

Insured, save specific provisions of each Cover or Guarantee. Likewise, the Insured's legal guardians shall be included in this definition.

53. **"Robbery"** means the appropriation and taking of another's personal property by violence or intimidation to persons, or violence to things.
54. **"Serious Injury or Serious Sickness"** means deterioration in health that requires admission to hospital and which, in the option of the Company's medical team, prevents the Insured from starting the trip or from continuing it on the date planned, or which involves risk of death.
55. **"Sickness"** means any illness or disease of the Insured occurring during a Trip but does not include a terminal condition of the Insured diagnosed prior to the commencement date of the Trip, or any chronic or other medical condition (other than mild and controlled asthma or hypertension) for which the person on whom the claim depends: has received daily medical treatment or medication in the thirty (30) days immediately prior to commencement date of the Trip; or has been hospitalized or has undergone surgery (or was on a waiting list for hospitalization or surgery) in the six (6) months immediately prior to the commencement date of the Trip.
56. **"Single Trip Policy or One-way trip"** means a policy issued for the selected plan where the Insured(s) can only make a single Trip to the selected destination of travel during the Period of Insurance.
57. **"Skyjacking"** means any seizure or exercise of control by force or violence or threat of force or violence, of an aircraft.
58. **"Spouse"** means the legally married spouse of the Insured.
59. **"Strike"** means organized industrial action or any temporary stoppage of work by the concerted action of the Common Carrier's employees or airport's employees as a result of an industrial or labor dispute.
60. **"Third Party"** means any natural or legal person other than:
 - a) The Policyholder, the Insured or the causer of the Accident;
 - b) The spouses, ascendants or descendants of the persons listed in the previous subsection;
 - c) The relatives of the people listed in the subsection (a) above who live with them;
 - d) The partners, directors, wage-earners (including contractors and subcontractors) and persons who, de facto or by right, depend on the people listed in the first subsection, while acting within the scope of the dependency.
61. **"Travelling companion"** means the person who is to travel with the Insured for at least 50% of the trip and who made arrangements to accompany Insured before Insured began the trip.
62. **"Trip"** means any trip made by the Insured which commences five (5) hours before the Insured's scheduled departure time and ceases five (5) hours after scheduled time of arrival, on the date stated in the Policy Schedule or Certificate of Insurance or any subsequent endorsements issued by Prudential Guarantee to amend the travel dates as requested by the Policyholder or Insured.
63. **"Unforeseen Circumstances"** means adverse weather conditions, act of God, mechanical breakdown or derangement of the aircraft, the Insured is denied boarding due to over-booking of the scheduled flight, or the inability to travel back to country of residence due to Sickness or Bodily Injury sustained by the Insured during the Trip.
64. **"Usual Place of Residence"** means the locality where the Insured is usually resident, should of necessity be in the Philippines and to where the emergency repatriations and returns envisaged in this policy will be made.
65. **"Usual Country of Residence" or "Home Country"** means the Philippines

66. **“Valuable Article”** means an article, any goods or any personal belongings with value greater than USD 500 including but not limited to the following: Camera and Photographic, audio, video and electrical equipment (including cd, dvd, video and audio tapes and electronic games), portable audio or media players and their accessories including but not limited to iPod or other MP3 players, computer equipment, binoculars, antiques, jewelry, watches, furs, silks, objects made from precious metals, paintings, object d’ art, silver and gold articles, unique objects, mobile telephones and their accessories, rifle, hunting guns, as well as their optical accessories, wheelchairs and medical appliances
67. **“Valuable Document”** means a valuable document such as money, cheques, bank cards and travel documents.
68. **“Winter sports”** such as bigfoot skiing, cat skiing, cross country skiing (along a designated cross country ski route only), glacier skiing, heli-skiing, ice hockey (not competitive), ice skating, lugeing (ice only), mono skiing, off piste skiing (with a professional guide only), recreational ski racing (not training for, or participating in a competition), recreational skiing, snowmobiling and tobogganing. In all cases skiing also means snowboarding. Participation in these activities are not covered under Personal Accident and Personal Liability Benefits. The following winter sports activities such as a) skiing b) ski jumping and/or c) ski mountaineering are deemed excluded.

EFFECTIVE AND TERMINATION DATES OF INDIVIDUAL INSURANCE

All benefits, except Trip Cancellation, commence five (5) hours before the Insured’s scheduled flight departure time (there should be no deviation or side trips from this “itinerary” from Usual Place of Residence in the Philippines on the way to the airport) and ceases: after the trip that is the object of the insurance has ended and/or Insured has returned to the Usual Place of Residence within 5 hours of the actual flight arrival time (for Domestic Travel) and the Usual Country of Residence (for International Travel) within 5 hours of the actual flight arrival time (there should be no deviation or side trips from this “itinerary” from Usual Place of Residence in the Philippines on the way to the airport)

Period up to a maximum of one hundred-eight (180) consecutive days per trip depending on the chosen Single Trip Policy or for Annual Policies a total of ninety (90), one hundred-twenty (120) or one hundred-eight (180) days per trip for annual multi trips or three hundred sixty-five (365) consecutive days depending upon the plan bought by Insured.

Insureds who avail of the Travel Shield policy on an overseas trip from the Philippines who have not indicated a return date on their purchase travel policy will be covered from effective date of coverage, as stated on the policy schedule, for up to twenty-four (24) hours only after passing the immigration point at the airport of final destination. The coverage cease after said twenty-four (24) hour period.

It is therefore required to declare the actual date and time of departure and arrival at the overseas airport of the final destination.

LIMITS OF COVERAGE:

1. The conditions to cover Annual and Single Trip Policies shall be as follows (and if not met shall result in the Insured, Insured Spouse and Insured Dependent Children not being covered for the Trip in question):
 - a. For both Annual Policies and Single Trip Policies, Dependent Child shall only be covered if he is accompanied by the Insured or the Spouse on a Trip.
 - b. For Annual Policies, Dependent Relatives shall only be covered if she is accompanied by the Insured on a Trip.
 - c. For Annual Policies, the Spouse shall be covered for any Trip made independently of the Insured.

For Single Trip Policies, the Insured Spouse shall only be covered for a Trip if the Insured is also making a Trip to the same destination (whether or not they travel together) within the Period of Insurance.

2. For the avoidance of doubt, if by operation of this clause, the Insured Spouse and/or Insured Dependent Children or Relatives are not covered for the Trip in question, there shall be no refund or reduction of premium.
3. Any cover under this Policy in respect of an Insured shall terminate on the earliest of the following events:
 - a. Upon the expiry of any Period of Insurance during which the Insured ceases to satisfy any of the eligibility requirements set out herein;
 - b. Upon the death of the Insured.
4. Unless otherwise provided in an appropriate endorsement, the Insured shall only be covered:
 - a. If this Policy is an Annual Policy: for the first ninety (90), one hundred twenty (120), one hundred-eighty (180) per trip for Annual multi trips or three hundred sixty-five (365) consecutive days depending on the plan bought by the Insured.
 - b. If this Policy is a Single Trip Policy: up to a maximum of one hundred-eighty (180) consecutive days of any Trip or up to the date stated in the Certificate of Insurance, and Prudential Guarantee shall not be liable in respect of any loss occurring after 12.01 a.m. on the one hundred-eighty first (181st) or day after the commencement of any Trip.

DESCRIPTION OF BENEFITS

SECTION 1: MEDICAL AND EMERGENCY EXPENSES BENEFIT including Follow-up Treatment

If the Insured is admitted into a hospital as an inpatient or suffers from any medical emergency situation, the Insured or someone on his behalf must contact immediately the Company's hotline or contact number.

The company will pay up to the amount shown in the policy schedule for the necessary and reasonable cost incurred outside the Usual Place of Residence (For trips outside of the Philippines involving a domestic flight as transit to international flights) or outside the Philippines as a result of the Insured's becoming ill, being injured or dying during his/her trip. This includes:

- i. Medical, surgical and hospital treatment and ambulance cost;
- ii. The cost of Insured's return ticket to Philippines earlier than planned if this is medically necessary and if approved by the Company;
- iii. If the Insured cannot return to Philippines as he/she originally planned and if the Company approve this. The company will pay for:
 - a) Extra Accommodation (Room Only) and Travel Expenses (Economy Class unless a higher grade of travel is confirmed as medically necessary and authorized by the Company to allow the Insured to return to Philippines; and
 - b) Extra Accommodation (Room Only) and Travel Expenses for someone to stay with the Insured and travel home with the Insured if this is necessary due to medical advice and authorized by the Company.

The Company's medical team will maintain the telephone contacts necessary with the hospital and with the doctor's attending to the Insured to supervise the provision of proper health care.

The coverage will be on a cashless basis if done within the accredited network of medical providers. Otherwise, it will be paid by the Company thru reimbursement.

Coverage includes assistance for Emergency Medical, Surgical and Hospital treatment. After receiving the Emergency Medical Assistance and the final cause or diagnosis appears to be pre-existing, the Company shall inform the insured immediately and advise that all expenses incurred upon admission to the hospital shall be for the account of the Insured.

If the doctor has yet to establish if the cause of illness is pre-existing or not, the Company may still assist the client until such time the diagnosis is known. If the cause of illness is not pre-existing, it is at no cost to the Insured. However, if the cause of illness is pre-existing, Insured will have to pay for the entire cost.

The Company will extend benefits for covered medical expenses in the Usual place of residence upon return from the trip, for the treatment of an illness or accident which is caused by, resulting from, or incurred during the trip. Initial treatment for such illness or accident must be received during the trip and all expenses must be incurred within thirty (30) days from the date the Insured returns to his or her Usual place of residence. Admission to the Hospital must be within twelve (12) hours after arrival and must be a continuation of medical attention sought while travelling. The maximum sum payable for Medical Expenses incurred upon return to the place, is equivalent to ten percent (10%) of the maximum benefits stated for Medical Expenses.

In no event shall the total amount payable under this Section exceed one hundred (100%) of the limits stated in the policy schedule.

Insured may not claim under more than one benefit (i.e., Medical Evacuation or Medical Repatriation) which is covered under this section, for the same event if said benefit is already covered under the Emergency Medical Evacuation and Emergency Medical Repatriation sections below.

If the claim relates to the Insured's return travel to Philippines and he/she does not hold a return ticket, The Company will deduct from the Insured's claim an amount equal to his/her original carrier's published one-way airfare (based on the same class of travel as that paid by the Insured for his/her outward trip) for the route used of the Insured's return.

This section does not apply if you become ill or are injured during trips outside the geographical limit of the Policy.

SECTION 2: EMERGENCY AND ACCIDENTAL DENTAL EXPENSES

Prudential Guarantee shall pay directly to the Authorized Company, or its authorized representative, the expenses for strictly necessary emergency dental treatment of natural teeth only for the immediate relief of pain and not occasioned by the previous deteriorated state of the teeth, gums or jaws up to the limit provided in the Benefit Amount stated in the Policy Schedule.

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

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

SECTION 3: EMERGENCY MEDICAL EVACUATION AND REPATRIATION BENEFIT

Emergency Medical Evacuation

If, during the Period of Insurance, while the Insured is on a Trip and in the event of an accident or sudden illness, the Company will take charge of transferring or repatriating the Insured to a properly equipped health center or to his/her Usual place of residence or usual country of residence.

The Company, through its medical team, will decide which health center the Insured is transferred to or whether repatriation is necessary, depending on the situation or gravity of the state the latter is in. The

Company's medical team will maintain the telephone contacts necessary with the medical center and with the doctors attending to the Insured, and on the basis thereof will decide whether to transfer or repatriate the Insured, and on the most suitable means of transport to use. For minor or less serious illnesses or accidents, which in the opinion of the medical team do not require repatriation, transfer will be performed in ambulance or another means of transport, to the place where adequate medical assistance can be provided.

Repatriation of Mortal Remains

If, during the Period of Insurance, while the Insured is on a Trip and as a result of covered Bodily Injury or Sickness, the Insured dies, the Authorized Company, or its authorized representative, shall make the necessary arrangements for the return of the Insured's mortal remains to his place of residence. Prudential Guarantee shall pay directly to the Authorized Company, or its authorized representative, the covered expenses for such repatriation up to the Benefit Amount as stated in the Policy Schedule. Payment of expenses for interment, cremation (excluding death from Covid-19) or funeral ceremony is excluded from this benefit.

SECTION 4: DAILY HOSPITAL CONFINEMENT ALLOWANCE

If, during the Period of Insurance, while the Insured is on a Trip, the Insured is admitted to a hospital abroad as an in-patient as a direct result of injury or illness covered by this Policy, the Company will compensate the Insured up to the limit stated on the policy, for each period of twenty-four (24) hours during which the Insured is hospitalized provided that this benefit shall only be payable only if the following conditions are met:

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

SECTION 5: COMPASSIONATE VISIT BENEFIT

If, during the Period of Insurance, while the Insured is on a Trip, the Insured is admitted to a Hospital as an in-patient for more than five (5) consecutive days as a result of covered Bodily Injury or Sickness occurring during the Period of Insurance while the Insured is on a Trip and his/her medical condition does not allow evacuation and no adult member of the Insured's family is with him/her, the Insurer shall arrange for the transfer of a person chosen by the Insured or an Immediate Family Member from the Usual Place of Residence or Usual Country of Residence of the Insured. The Company shall meet the cost in respect of an economy round-trip transfer and necessary and relevant accommodation, transportation and meal expenses there of one (1) Immediate Family Member from the Usual Place of Residence or Usual Country of Residence of the Insured, subject to the limits under Policy Schedule.

SECTION 6: RETURN OF MINOR CHILDREN BENEFIT

If, during the Period of Insurance, while the Insured is on a Trip, the Insured is hospitalized due to sudden illness or accident for more than five (5) days or is deceased, and accompanied by a minor child of under fifteen (15) years of age during the event and if no adult accompanies the said minor, the Company will provide a suitable person to look after him/her during the trip to the hospital where the former is hospitalized or The Company will meet the cost in respect of an economy round-trip (inbound and outbound) transfer and the necessary and relevant accommodation, transportation and meal expenses there of one immediate family member, having the same country of residence as the Insured to accompany the Insured and minor considering this minor is unable to travel by his/her own means of transport or the means of transport used for the initial trip.

Insured may not claim under more than one of the benefits under this section if said benefit is already covered under Emergency Medical Evacuation and Emergency Medical Repatriation or other relevant sections of the program.

ADDITIONAL EXCLUSIONS APPLICABLE TO:

Medical and Emergency Expenses (Section 1), Emergency and Accidental Dental Expenses (Section 2), Emergency Medical Evacuation and Repatriation (Section 3), Daily Hospital Confinement Allowance (Section 4), Compassionate Visit Benefit (Section 5), Return of Minor Children Benefit (Section 6):

1. Any treatment or surgery which we think Insured does not need immediately and can wait until Insured returns home;
2. Any costs of treatment or surgery that was carried out more than twelve (12) months after the date of the incident which Insured is claiming for;
3. The extra cost of single or private room accommodation unless it is medically necessary;
4. Any medical treatment that Insured receive because of a medical condition or any illness related to a medical condition which Insured knew about at the time of taking out this insurance and/or, for annual multi trip policy, prior to the booking of any individual trip;
5. Any treatment or medication that Insured receive after Insured return to Insured's home area (or Insured's final country if Insured is on a one-way trip), unless it falls within the criteria of a follow-up treatment as defined on the succeeding paragraph of Medical Expenses coverage;
6. Any extra costs after the time when, in our medical advisor's opinion, Insured is fit to return to Insured's home area (or Insured's final country if Insured is on a one-way trip);
7. Any medical treatment that Insured receive after Insured has refused the offer of returning to Insured's home area, when, in the opinion of our medical advisors, Insured is fit to travel;
8. The cost of any phone calls, other than the first call to us to tell us about the medical problem; The cost of any taxi fares (except for taxi costs paid for the initial journey to a hospital abroad due to an insured person's illness or injury) and the cost of any food and drink (unless these are a part of Insured's hospital costs if Insured is kept as an inpatient);
9. Any claim that comes from pregnancy or childbirth;
10. Any claim where the Insured failed to follow the advice or instruction of The Company, such as when you refuse to come back to Philippines when The Company considered you were fit to return home;
11. Any claim in relation to any psychological or psychiatric disorder, anxiety, depression, nervous or stress related disorder of the Insured, or any other person whose condition may give rise to a claim;
12. Costs which we have not agreed beforehand;
13. Any medical treatment or tests that the Insured has planned or expect to have;
14. Any costs that result from taking part in winter sports or sports and other leisure activities, unless Insured has paid the winter sports or sports and other leisure activities premium or bought annual multi-trip cover which includes cover for winter sports;
15. Treatment or services provided by a private clinic or hospital, health spa, convalescent home or any rehabilitation centre; unless we have agreed that this is medically necessary;
16. Cosmetic treatment, unless we have agreed that this treatment is necessary as the result of an accident covered under this policy;
17. Any cost that are as a result of an Epidemic or Pandemic, and any communicable disease declared by any government agency, entity or in an executive order causing a state of emergency in any area and necessitating the setting up of appropriate quarantine measures therein;

18. Any costs that are as a result of a tropical disease, if Insured has not had the recommended vaccinations or taken the recommended medication. Tropical diseases encompass all diseases that occur solely, or principally, in the tropics. In practice, the term is often taken to refer to infectious diseases that thrive in hot, humid conditions, such as, but not limited to, malaria, leishmaniasis, schistosomiasis, onchocerciasis, lymphatic filariasis, Chagas disease, African trypanosomiasis and dengue;
19. The excess as shown in the Table of Benefits (as applicable);
20. Any search and rescue cost (cost charged to the Insured by a government, regulated authority or private organization connected with finding and rescuing an individual. This does not include medical evacuation costs by the most appropriate transport);
21. Private medical treatment where satisfactory public care or treatment is readily available in any country under any reciprocal health agreement between Philippines and any foreign governments, where The Company have agreed that this is medically necessary;
22. Excluding Emergency Dental Care (excluded under emergency medical benefit since this is covered under a separate benefit with its own limit);
23. Travelling contrary to the advice of a Physician;
24. Expenses incurred for surgery pertaining to perineal repair, sex transformation and enhancement, circumcision and any condition arising therefrom;
25. Medical expenses or surgical procedures that are not accepted as standard expenses/procedures by the medical profession or treatments subsequent to refusal by an Insured Person to follow recommended therapeutic procedures;
26. Expenses by harvesting and storage of stem cells when it is carried out as a preventive measure against future possible illness or diseases;
27. Treatment which includes hyper alimentation, cost of transplantation whether it is part of an organ itself for donor or recipients including the costs of organ acquisition, follow up treatment and sequelae;
28. Experimental medical procedures, chelation and laser treatment regardless of purpose;
29. Auto-immune conditions and their complications arising thereof and the use of immunoglobulin and other forms of immune therapy as well as hypersensitivity testing;
30. Expenses due to vaccination except the first dose of anti-rabies, anti-venom and anti-tetanus;
31. Care or treatment for which payment is not required or to the extent that is payable by any other insurance or indemnity covering the Insured Person;
32. Food supplement, care or treatment by herbalist, bonesetter, hypnotherapist, chiropractor, acupuncturists or any experimental medical procedure or treatment not yet acceptable as standard of practice;
33. Charges with respect to special and/or private nursing except in the event of Medical evacuation being necessary subject to Company approval;
34. All hospital charges and professional fees incurred after the day and the time the hospital discharge has been fully authorized;
35. Any expenses incurred for services provided by another party for which the Insured person is not liable to pay or any expenses already included in the cost of the scheduled trip;
36. Expenses incurred in rest cures, convalescent, intermediate, domiciliary or home care;

37. Screening and treatment for error of refraction, laser or eye surgery to correct refractive error;
38. Expenses which are in excess of normal, usual and customary charges for similar treatment, supplies or medical services in the geographical area where the expenses were incurred, as determined by the Company in consultation with reputable medical practitioners and institutions located in the geographical area;
39. All expenses related to osteoporosis and Benign Prostatic Hypertrophy.

SECTION 7: PERSONAL ACCIDENT BENEFIT

If, during the Period of Insurance, while the Insured is on a Trip and as a result of an Accident, the Insured sustains Injury and it causes Accidental Death or Permanent Total Disability or causes the Insured to receive continuous medical treatment as a Resident In-patient in a Hospital and loss of life occurs later because of such Injury, Prudential Guarantee will pay compensation in accordance with the Benefit Amount as stated in the Policy Schedule, subject to the limits provided in the table below:

Maximum Payable: Total Permanent Disablement 100%

This shall be deemed to consist of the permanent anatomic loss or lack of functionality or limbs or organs as a result of an accident.

The amount of the indemnity shall be determined by applying to the Sum Insured the percentages established in the Injury Table of this Benefit.

If the Insured die before determination of the permanent disablement, and the death is not a result of the accident, then the right to the benefit remains. The benefit is determined based on the expected definite degree of disablement based on the medical reports, if the Insured has not died.

Injury Table	Percentage of indemnity
Head and nervous system	
• Complete mental derangement	100%
• Maximum expression of epilepsy	60%
• Total blindness	100%
• Loss of one eye or the sight thereof, where the other had previously been lost	70%
• Loss of one eye, while conserving the other, or reduction of binocular vision to 50%	25%
• Operated bilateral traumatic cataract	20%
• Operated unilateral traumatic cataract	10%
• Total deafness	50%
• Total deafness in one ear, having previously lost hearing in the other	30%
• Total deafness in one ear	15%
• Total loss of sense of smell or taste	5%
• Total mutism with impossibility of emitting coherent sounds	70%

- Ablation of the lower jaw 30%
- Grave disorders in the articulations of both jawbones 15%

Spine

- Paraplegia 100%
- Quadriplegia 100%
- Mobility limitations as a result of vertebral fractures, without neurological complications or grave deformations of the spine: 3 per cent for each vertebra affected 20%
- Barré-Lieou syndrome 10%

Thorax and Abdomen

- Loss of a lung or a reduction to 50 per cent of lung capacity 20%
- Nephrectomy 10%
- Enterostomy 20%
- Splenectomy 5%

Upper Limbs

- Amputation of an arm from the articulation of the humerus 100%
- Amputation of an arm at the level of, or above, the elbow 65%
- Amputation of an arm below the elbow 60%
- Amputation of a hand at the level of, or below, the wrist 55%
- Amputation of four fingers of a hand 50%
- Amputation of a thumb 20%
- Total amputation of an index finger or two joints thereof 15%
- Total amputation of any other finger or two joints thereof 5%
- Total loss of movement of a shoulder 25%
- Total loss of movement of an elbow 20%
- Total paralysis of the radial, cubital or median nerve 25%
- Total loss of movement of a wrist 20%

Pelvis and Lower Limbs

- Total loss of movement of a hip 20%
- Amputation of a leg above the knee 60%
- Amputation of a leg, while conserving the knee 55%

• Amputation of a foot	50%
• Partial amputation of a foot, while conserving the heel	20%
• Amputation of a big toe	10%
• Amputation of any other toe	5%
• Shortening of a leg by 5 cm or more	10%
• Total paralysis of the external popliteal sciatic nerve	15%
• Total loss of movement of a knee	20%
• Total loss of movement of an ankle	15%
• Serious walking difficulties subsequent to the fracture of one of the heel bones	10%

Applying the table of injuries shall be governed by the following principles:

- a. When the injuries affect the non-dominant upper limb, the left of a right-handed person or vice versa, the indemnity percentages for the same shall be reduced by fifteen (15) percent.
- b. In order to determine the said percentages, neither the Insured's profession or age, nor any other factor not included in the table shall be taken into account.
- c. The accumulation of all the disablement percentages arising from the same accident shall not give rise to an indemnity of over one hundred percent (100%).
- d. The total lack of functionality of some limb or organ shall be considered as total loss thereof.
- e. The sum of diverse partial percentages related to the same limb or organ shall not exceed the percentage of indemnity established for the total loss thereof.
- f. Those types of disablement not expressly specified shall be indemnified by analogy with other cases that do appear therein.
- g. Partial limitations and anatomic losses shall be indemnified proportionally, with respect to the total loss of the affected limb or organ.
- h. In the event that, prior to the accident, some member or organ suffered amputations or functional limitations, the percentage of the indemnity shall be the difference between the pre-existing disablement and that present after the accident.

The following persons are not eligible under the Personal Accident cover of this Policy:

- a. Persons over the maximum insured age (per respective travel plans) at the moment of the insurance underwriting.
- b. Minors may only be insured if there is a written authorization signed by their legal guardian/s. In any case, the Accidental Death coverage cannot be taken out for children under eighteen (18) years of age or disabled unless they travel under the family plan (as applicable).
- c. Those who have not given their written consent, save where their interest in the policy may be assumed for some other reason.
- d. Insured intending to travel more than the maximum allowable trip duration per travel plan, non-residents in the country and those who have initiated the trip prior to insurance underwriting.

- e. Insured travelling for work reasons (paid or otherwise), undertaking physical or manual hazardous activities such as: driving vehicles with use of machinery, loading and unloading working at heights or in confined spaces, assembly of machinery, working on floating or underwater platforms, mines or quarries, use of mechanical substances, laboratory work of any kind and any other hazardous activities.

The occurrence of any specific loss for which indemnity is payable under this Section to an Insured shall at once terminate this Policy for such Insured, but such termination shall be without prejudice to any other claim originating from the Accident causing such Loss. In case indemnity for more than one Loss is payable under this Section, only the Loss entitled to the greatest amount under this Section shall be paid.

SECTION 8: ACCIDENT BURIAL BENEFIT

Prudential Guarantee will reimburse the cost of burial expenses to be incurred, if the Insured dies due to Accident during the Period of Insurance. The Benefit Amount payable is up to the limit as stated in the Policy Schedule, Confirmation of Insurance or Certificate of Insurance.

ADDITIONAL EXCLUSIONS APPLICABLE TO:

Personal Accident Benefit (Section 7), Accident Burial Benefit (Section 8)

1. The Company does not cover the consequences originated or produced by the following:
 - a. Bad faith on the part of the Insured or those intentionally caused by the same, save where the damage was sustained in order to avoid something worse.
 - b. Wars, with or without prior declaration, and any conflicts or international interventions using force or duress. Events arising from terrorism, mutiny or crowd disturbances. As well as damage caused during the course of strikes.
 - c. Events or actions of the Armed Forces or security Forces in peace time.
 - d. Extraordinary natural phenomena such as floods, earthquakes, landslides, volcanic eruptions, a typical cyclonic storms, falling objects from space and aerolites, and in general, any extraordinary atmospheric, seismic or geological phenomenon.
 - e. Fall of sideral bodies and meteorites.
 - f. Those derived from radioactive nuclear energy or pathogenic or poisonous biological or chemical materials.
 - g. Those caused when the Insured takes part in bets, challenges or brawls, save in the case of legitimate defence or necessity.
 - h. Accidents caused by the Insured's participation in criminal acts, or as a result of his / her fraudulent, seriously negligent or reckless actions.
 - i. Accidents suffered as a result of being inebriated or under the effect of drugs, toxics or narcotics. Inebriation shall be taken to mean when the blood alcohol level is greater than 0.50 grams per 1.000 cubic centimeters, or the Insured is fined or convicted for this cause.
 - j. Intoxication or poisoning from the consumption of foodstuff.
 - k. Infectious diseases, such as sleeping sickness, malaria, Paludism, yellow fever and, in general, illnesses of any kind, fainting fits, syncope, strokes, epilepsy or epileptiforms and caused by any kind of loss of consciousness as a result of an accident as the latter is defined in these General Conditions.

2. The consequences of accidents that occurred prior to the coming into force of this insurance are also excluded, despite the fact that they become apparent during its lifetime, as well as the consequences or after-effects of an accident covered which become apparent after the three hundred and sixty-five (365) days subsequent to the date on which it occurred.
3. Unless expressly included in the Special Policy Conditions and subject to payment of the relevant surcharge premium, the consequences of the following are excluded from the guarantee object of this contract:
 - a. Engaging in the following sports: motor racing or motorcycle racing in any of its modes, big game hunting, underwater diving using artificial lung, navigation in international waters in craft not intended for the public transport of passengers, horse riding, climbing, pot holing, boxing, wrestling in any of its modes, martial arts, parachuting, hot air ballooning, free falling, gliding, skiing, snowboarding or any snow related activities, and, in general, any sport or recreational activity that is notoriously dangerous.
 - b. Participation in competitions or tournaments organized by sporting federations or similar organizations.
 - c. The use, as a passenger or crew, of means of air navigation not authorized for the public transport of travelers, as well as helicopters.
 - d. Accidents due to a physical or manual risk activity (paid or not) such as: driving of vehicles, use of machinery, loading and unloading, work in heights/levelling or confined locations, assembly of machinery, undertaking work on floating or underwater/sub-aquatic platforms, mines or quarries, use of chemical substances, laboratories of any kind, and any other dangerous activities.
4. Accident benefits are not guaranteed when they are brought about by:
 - a. Accidents as a consequence of a risky undertaking in which the Insured has recklessly endangered his or her life or body, unless this risky undertaking was reasonably necessary for legitimate self or attempts to save himself or herself, others, animals or goods.
 - b. Accidents which arise as a consequence of a sickly condition or as a consequence of the Insured's bodily or physic abnormalities, unless these circumstances are a result of an accident for which Insurer was obliged to pay indemnification under this insurance.
 - c. Psychic affections, as a result of any cause, unless medically determinable as a direct result of brain damage caused by the accident.
 - d. Hernia inguinalis (rupture), lumbago, ruptured intervertebral disk (hernia nucleii pulposi), tend vaginitis crepitans, periarthritis humeroscapularis, tennis-elbow (epicondylitis lateralis), or golfer's-arm (epicondylitis medialis).
 - e. Injuries and diseases that are the result of surgical interventions or medical treatments not brought about by an accident covered by the policy; as well as diseases of any nature (including those of infectious origin), infarcts, cardiovascular episodes, epilepsy attacks and loss of mental faculties, except where produced by an accident.
 - f. The consequences of medical treatment, which the Insured has undergone, without there being any link with an accident covered under the policy making this treatment necessary.
 - g. Accidents to the Insured as driver of a motorcycle with a cylinder content of 50 cc. or more, if the Insured has not yet reached the age of eighteen (18) years.
 - h. Dangerous, Hazardous and Extra Hazardous Sports.
 - i. Anyone over the maximum insured at the start date of the policy.

- j. In case of Accidental death, anyone under eighteen (18) years of age if a full time student, at the start date of the policy except when under a family plan (as applicable).
- k. Damage caused during the course of strikes.
- l. Insured travelling for work reasons (paid or otherwise), undertaking physical or manual hazardous activities such as: driving vehicles, use of machinery, loading and unloading working at heights or in confined spaces, assembly of machinery, working on floating or underwater platforms, mines or quarries, use of mechanical substances, laboratory work of any kind and any other hazardous activities.

AGGRAVATION OF THE RISK

Throughout the contract period, the Policyholder or the insured must inform the Insurance Company, as soon as possible, of any and all circumstances that increase the risk and are of such a nature that, had the latter been aware of the same at the inception of the contract, it would not have entered into this contract or it would have concluded it with more onerous conditions.

The following are deemed aggravating circumstances:

- a. A change of the insured's activity or occupation, even where this is temporary, that implies a greater possibility of accidents with respect to the situation declared. Domestic work or repairs carried out on a non-profit basis shall not be considered on this.
- b. Permanent incapacity of disability and chronic diseases suffered by the Insured as a result of events not covered by this Policy.

OBLIGATIONS IN CASE OF LOSS

The Insured is duly obligated, save for some justified reason, to agree to an examination by the doctors the Insurance Company may designate, where it deems this necessary in order to complete the reports furnished, and, at the Company's expense, attend the corresponding medical facilities for said examination.

The Policyholder, the Insured, or where appropriate, the beneficiaries shall be obligated to furnish the Company with all manner of information the latter may require in order to adequately judge the case, in relation to the circumstances or state of health of the Insured prior to the occurrence of the loss incident.

The Insured shall be responsible for any injury that, through their acts or omissions, may be cause to the Company in its right to subrogation.

The actions arising from this insurance contract shall prescribe after five (5) years, as from the date on which they may be exercised.

SECTION 9: TRIP CANCELLATION BENEFIT (Cancelling Insured's Trip Before Departure)

Prudential Guarantee will pay up to the amount shown in policy schedule for the unused and non-refundable portion of the following which have been paid in advance for the following:

- 1. Travel and accommodation expenses and pre-paid meal expenses which the Insured paid or agreed to pay under a contract and which he/she cannot recover from any sources.
- 2. The cost of excursions, tours and activities which the Insured paid for and which he/she cannot recover from any sources due to any of the following:
 - a. Insured's unforeseeable death, injury or illness;

- b. The unforeseeable death, in injury or illness of the Insured's Immediate Family Member or business associate;
- c. Serious damage caused by fire, explosion or robbery in his/her usual place of residence in the Home Country, the Philippines or the Insured's own or rented business premises, which render them uninhabitable or under serious risk of greater damage occurring which justify indispensably his/her presence;
- d. Cancellation due to delayed departure beyond twenty-four (24) hours as long as the reason of flight delay falls under the conditions of Delayed Departure section. Sub-Limit of 10% of the Trip Cancellation Benefit.

Coverage will only be valid if the travel insurance was bought at least three (3) days prior to the Insured's date of departure and provided that the Insured has no knowledge of any unforeseeable circumstance that will possible lead to cancellation of the trip.

When an airline ticket was purchased using frequent flyer or similar air points, The Company will pay the Insured frequent flyer or similar air points lost following cancellation of Insured's air ticket. The amount payable will be calculated as follows:

- i. If the airline will not refund the Insured's point, the company will refund to the Insured the cost of equivalent class air ticket based on the quoted retail price at the time the ticket was issued.
- ii. If the airline will only refund a portion of the Insured's point, The Company will refund to the Insured the cost of the equivalent class air ticket based on the quoted retail price at the time the ticket was issued, less the value of the portion of the Insured's point refunded back to him/her.

SECTION 10: TRIP CURTAILMENT BENEFIT (Cutting Insured's trip short)

If the Insured needs to return home to the Philippines or return to his/her Usual place of residence in the Philippines (in case of domestic travel) earlier than planned and he/she wants the Company to pay, the Insured must contact/call the Company's hotline number for approval immediately.

The benefits relating to a trip curtailment comes into force from the time the trip begins (boarding the means of group transport used on the trip) and terminates on the day when the travel object of the insure ends. The Company will provide this cover up to the limit stated in the Policy Schedule for the proportional part of the value of the journey forfeited (which are non-refundable) if the cutting short of the Insured's trip is necessary and unavoidable as a result of the following:

- a. Insured's medical practitioner certifying that he/she is unfit to continue with the original itinerary;
- b. Unforeseen and serious illness, serious bodily accident or death sustained by the Insured during Insured's trip object of insurance;
- c. When the Insured has to cut short his/her journey because of the unforeseen death, accident or serious illness of an Immediate Family Member;
- d. Serious damage caused by fire, explosion, robbery in his/her usual place of residence in the Home Country or the Insured's owned or rented business premises, which render them uninhabitable or under serious risk of greater damage occurring which justify indispensably his/her presence.

The Insured shall:

- 1. furnish the vouchers or certificate of the event that caused the journey to be cut short;
- 2. must get written confirmation from the appropriate authority stating full details of the incident;
- 3. must keep all receipts for the extra expenses he/she pay.

The Company will pay up to the amount show in the Table of Benefits for:

- a. Travel, accommodation and meal expenses which the insured paid or have agreed to pay under a contract and which he/she cannot recover from any other source; and
- b. The cost of excursions, tours and activities which he/she paid for either before he/she left Philippines or those paid locally upon arrival overseas and which he/she cannot recover from any other source.

Coverage will only be valid if the travel insurance was bought at least three (3) days prior to the Insured's date of departure and provided that the Insured has no knowledge of any unforeseeable circumstance that will possible lead to cutting short of the trip. The Insured or a representative must contact immediately Prudential Guarantee's hotline or contact number upon knowledge of any of the events happening above.

ADDITIONAL EXCLUSIONS APPLICABLE TO:

Trip Cancellation Benefit (Section 9), Trip Curtailment Benefit (Section 10)

Sections 9 and 10 of this Policy do not cover Loss or Injury, and Prudential Guarantee will not in any event be liable in respect of any claim under Sections 9 or 10, occurring, caused by, resulting from or contributed to by the following:

1. The excess (as applicable) as shown in the Table of Benefits.
2. Any change of plans because the Insured or his/her travelling companion change his/her mind and decide not to proceed with the original trip or choose not to travel.
3. Any cost that would not have been incurred had the Insured told the appropriate holiday company, including but not limited to tour operators, travel agents, transport providers, or accommodation providers, as soon as the Insured knew that he/she had to cancel his/her trip.
4. The Insured being unable to travel due to a failure to obtain the passport or visa needed for the planned trip, or failing to check in according to the Insured's itinerary or the time advised to him/her.
5. Cost which the Insured paid on behalf of any other person, unless that person is also an Insured person named on the Insured's Policy Schedule.
6. Any terrorist act or any loss incurred as a result of any intentional use of military force or other intervention by a government or official authority to intercept, prevent or mitigate any known or suspected terrorist act.
7.
 - a.) Claims arising from Insured's business (other than severe damage to Insured's business premises) or employment, including but not limited to, not being able to take leave from that employment. This exclusion will not apply to the Insured being involuntarily retrenched from his/her usual full time employment in the Philippines.
 - b.) Claims arising from the Insured's financial or contractual obligations or those of his/her travelling companion, relative or business associate.
8. Cancellation, delays or rescheduling caused by the carrier, but only in relation to the amount paid in advance to the same carrier that is responsible for the cancellation, delay or rescheduling.
9. An aesthetic treatment, a cure, a travel or vaccination contraindication, the fact that it is impossible to continue in certain destinations the preventive medical treatment advised.
10. Epidemic or Pandemic, and any communicable disease declared by any government agency, entity or in an executive order causing a state of emergency in any area and necessitating the setting up of appropriate quarantine measures therein.
11. Failure to furnish, for any cause, the documents indispensable for any travel, such as Passport, Visa, Tickets, Identity Card or Vaccination Certificates.

12. Non-emergency dental treatment and rehabilitation treatments.
13. Illness sustained by persons aged more than the maximum age limit for Insured, and/or Insured's Immediate Family Member, Relatives, Business associate and/or Travelling companion.
14. Mental or nervous illness or anxiety for Insured, and/or Insured's Immediate Family Member, Relatives, Business associate and /or Travelling companion.
15. Expense arising from illness or injury where Insured, and/or Insured's Immediate Family Member, Relatives, Business associate and/or Travelling companion:
 - a) are proposing to travel against a doctor's advice;
 - b) are receiving, or are on a waiting list for in-patient treatment in a hospital or nursing home
 - c) have received a terminal prognosis
16. Any claim relating to a medical condition for which Insured and/or Insured's Immediate Family Member, Relatives, Business associate and/or Travelling companion received treatment in the twelve (12) months prior to arranging cover.
17. Any amount recoverable from a travel agent, tour operator, carrier or any other source.
18. Pregnancy or childbirth of Insured, and/or Insured's Immediate Family Member, Relatives, Business associate and /or Travelling companion.
19. Insured failing to allow sufficient time to reach his/her departure point from Insured's Home Country in time.
20. Visa - cost of visas which the Insured paid for and which he/she cannot recover from any sources.
21. Insurance Premium.

SECTION 11: FLIGHT/TRAVEL DELAY BENEFIT

The Company will pay for each full eight (8) – hour period is delayed up to the amount specified in the policy schedule as long as the Insured eventually goes on the trip. The Insured is covered if the first part of Insured's booked flight is delayed because of a strike or industrial action (unknown to the Insured), acts of nature, technical failure of aircraft on which Insured is scheduled to board or technical failure or mechanical fault of the airport facility. The company will pay for the delayed departure up to the amount as shown on the table of benefits.

This benefit excludes any delay that is a direct consequence of a strike called by employees belonging to the airline company and/or the departure or arrival airports for the flight, or to service companies subcontracted by the same. Also excluded from this guarantee are those delays that occur on charter or non-regular flights.

The Company will indemnify the Insured Person for the cost of the additional expenses such as transport and hotel accommodation, as well as maintenance (meals) incurred, toiletries and necessary clothing, as a result of delay up to the maximum limit of Insured's plan, subject to presentation of the corresponding original invoices.

Specific Exclusions in addition to General Exclusion, the Insured is not covered for:

1. Any terrorist act or any loss incurred as a result of any intentional use of military force or other intervention by a government or official authority to intercept, prevent, or mitigate any known or suspected terrorist act.
2. Any claims that results from the Insured missing a connection flight.
3. Any claim that results from actual or planned strike or industrial action which the public knew about

at the time the insured made travel arrangements for the trip and those delay that is a direct consequence of a strike called by employees belonging to the airline company and/or the departure or arrival airports for the flight, or to service companies subcontracted by the same.

4. Any delays that occur on charter or non-regular flights.

The Insured must obtain written confirmation from the appropriate transport company or authority stating the reason for the delay and how long the delay lasted.

SECTION 12: AIRCRAFT SKYJACKING BENEFIT

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

This section will pay the Insured Person the schedule indicated in the Policy Schedule that lasts for a period of at least six (6) consecutive hours for Domestic Trip and for at least twelve (12) consecutive hours for International Trip for delay or interruption of the journey which prevents the Insured Person from reaching the scheduled destination of the aircraft on which he or she is the passenger as a result of an act of Aircraft Hijacking. Coverage is for every six (6)-hour period or twelve (12)-hour period, as the case may be, that the Hijacking continues,

The Company will pay up to a limit and number of hours provided in the Policy Schedule.

SECTION 13: FLIGHT MISCONNECTION BENEFIT

If the flight contracted were delayed because of a strike or industrial action (unknown to the Insured), acts of nature, or a mechanical breakdown, and if as a result of this delay it were impossible to connect with the next flight booked and envisaged in the ticket, the Company will compensate the Insured up to a limit as specified in the Policy Schedule, subject to presentation of the relevant original copies of the invoices, to defray the prime necessity expenses (i.e., necessary clothing and toiletries or those items those that are indispensable while the Insured is waiting to leave).

The Company will reimburse the Insured's reasonable additional expenses incurred for the use of alternative scheduled public transport services to enable the Insured to arrive at the planned destination on time in the event that the Insured misses his flight connection due to any unforeseen circumstances mentioned above outside the Insured's control.

Missed connection as a result of a strike called by employees of or services companies subcontracted by the Airline Insurer and/or of the flight departure, port of call or destination airports, is excluded from this guarantee. The policy shall only pay for any claim either for Flight Delay or for Missed Connecting Flight but not for both benefits.

SECTION 14: LOSS OR DAMAGE OF BAGGAGE AND PERSONAL EFFECTS BENEFIT

1. Compensation for in-flight loss, robbery or destruction of baggage checked-in.

The Company will supplement for lost checked-in baggage by an airline, only the portion that is not covered by the airline baggage limit of liability as set by the airline, up to the limit stated in the Policy Schedule, as a sum of both compensation payments, for the collection of baggage and possessions checked-in by each insured, in the event of loss, stolen, or total or partial destruction during the carriage by air performed by the carrier, for the purpose of which the Insured shall furnish a list of the contents including the estimated price and date of purchase of each item, as well as the settlement of the compensation payment by the carrier. Compensation payment for loss, stolen or partial destruction will be calculated according to the procedures recommended by the international carriage by air organizations.

The minimum period of time that must elapse for the luggage to be considered to have been lost once and for all will be that stipulated by the carrier company, with a minimum of twenty-one (21) days.

Valuable Articles, Money, jewelry, debit and credit cards, and any type of document are excluded from this benefit.

Compensation payments received under this benefit will be net of the compensation received for the delay of that baggage under this policy

2. Indemnity for Robbery/Burglary or destruction of luggage delivered into the safekeeping of the carrier

Up to the limit duly established in the policy schedule the Company shall indemnify the Insured in the event of robbery or burglary or destruction of luggage or personal belongings during transportation by the carrier company. The Insured must:

- a. Lodge a formal complaint before the police at the place where it occurred, duly listing the contents of the luggage and their economic value. Obtain a certificate of the said complaint.
- b. Present a written complaint before the carrier company, within the time limits established by each company. Keep a copy of the same.
- c. Make a list of the contents of the luggage and their value.
- d. Present all the above original documentation to the Company.

3. Indemnity for Robbery/Burglary of luggage or personal belongings not checked-in

Up to the limit duly established in the policy schedule, the Company shall indemnify the Insured for material losses sustained by the Insured's luggage or personal belongings, when travelling outside the locality of their habitual residence, in cases of:

- a. Robbery - Robbery is the unlawful taking of property in which another person is threatened by either force or violence.
- b. Burglary within hotel rooms, where these are duly locked. Burglary is the unlawful taking of property within premises that have been closed and in which there are visible marks evidencing forcible entry.

Valuable items shall solely be covered against total loss due to robbery and only when they are deposited in the safe of a hotel or the Insured is wearing/carrying them. Coverage for this concept shall be for up to fifty percent (50%) of the sum insured or up to one hundred percent (100%) subject to applicable premium surcharges under the Optional cover for Valuable Articles. Valuable items shall be taken to mean jewelry, watches, objects made from precious metal, furs, paintings, objects d'art, silver and gold articles, unique objects, mobile telephones and their accessories, cameras and photographic or video equipment, audio-visual reproduction or recording equipment as well as any accessories thereof, computer equipment of any kind, radio-controlled models and accessories, rifles, hunting guns, as well as their optical accessories, wheelchairs and medical appliances.

Any luggage or personal belongings within a vehicle shall solely be covered when they are inside the boot and out of sight of others and provided the vehicle remains within a closed parking area with security measures.

The Insured must lodge a formal complaint before the police at the place where it occurred within twenty-four (24) hours, duly listing the objects and their economic value; having obtained a copy of said complaint, this must be sent to the Company.

ADDITIONAL EXCLUSIONS APPLICABLE TO:

Loss or Damage of Baggage and Personal Effects Benefit (Section 14)

- a) Merchandise, material of a professional nature, collections, securities of any kind, identity documents and, in general, any paper documents and share instruments, credit cards, any contents stored on electronic and/or computer media, documents recorded on magnetic strips or filmed, prostheses, spectacles and contact lenses. For these purposes, personal computers shall not be considered professional material.
- b) Any losses resulting from an object not delivered into the safekeeping of a carrier simply being misplaced or forgotten.
- c) Damages due to normal usage or wear and tear, inherent vice or the effects of the elements.
- d) Robbery while staying at a camping or caravan site, or in any non-permanent accommodation.
- e) Damage suffered by luggage that is not adequately packaged or identified, as well as fragile or perishable goods.

SECTION 15: LOSS OF PERSONAL MONEY BENEFIT

The Company will reimburse the Insured up to the maximum benefit amount for replacing the Insured's personal money/cash, traveler's cheque, banknotes or credit card, if it is lost or stolen due to robbery, burglary, or natural disasters and which were in the Insured's care custody or control during a Trip. Provided always that the insured shall exercise reasonable care for the safety and supervision of the property and that such loss is reported to the police having jurisdiction at the place of the loss no later than twenty-four (24) hours after the incident. Any claim must be accompanied by written documentation from the police.

It is the responsibility of the Insured to provide proof of ownership of any lost or stolen personal money and the Company are under no obligation to make payment without this proof of ownership.

SECTION 16: LOSS OF TRAVEL DOCUMENTS BENEFIT

The Company will pay up to the amount shown in policy schedule for the cost to replace the documents plus the cost from travel needed to obtain the new passport or documents as well as the accommodation expenses until it has been obtained should the trip have extended past the return date planned, up to the limit of the plan for replacing the following items:

- 1. Passports;
- 2. Travellers Cheques (if these cannot be refunded by the provider);
- 3. Visa.

The cost of replacing the Insured's passport includes the necessary and reasonable cost the Insured pay overseas associated with getting a replacement passport to allow the Insured to return to the Philippines. This benefit does not include the maintenance expenses (i.e. meals) of the insured and must be reported within twenty-four (24) hours after the incident.

SECTION 17: BAGGAGE DELAY BENEFIT

The Company will pay the Insured up to the maximum limit for the purchase of necessary/essential clothing and toiletries if the checked-in baggage accompanying the Insured has been delayed, misdirected or temporarily misplaced by the Common Carrier in delivery for more than the following number of hours from the time of the arrival at the overseas destination.

- i. After six (6) hours of the Insured's arrival at the point of the scheduled destination.
- ii. After twenty-four (24) hours of arrival, up to an additional Baggage Delay Benefit Amount as stated in the Policy Schedule for additional emergency purchases of essential clothing and toiletries if the same baggage is still not in the physical possession of the Insured.
- iii. After forty-eight (48) hours of arrival, up to an additional Baggage Delay Benefit Amount as stated in the Policy Schedule for the same purpose if the same baggage is still not in the physical possession of the Insured.

The total liability of Prudential Guarantee in aggregate shall not exceed the Baggage Delay Benefit Amount as stated in the Policy Schedule. The Insured cannot claim under both Loss or Damage of Baggage and Personal Effects Benefit and Baggage Delay Benefit for any one Trip. The Insured must get written confirmation of the length of the delay from the appropriate airline or Transport Company and the insured must keep all receipts for the essential items he/she bought. If the Insured's baggage is permanently lost, the company will deduct any payment we make for delayed baggage from the amount of any claim if Insured's baggage is permanently lost (i.e., checked-in baggage). All claims shall be accompanied by documents duly certified by the Airline attesting to the occurrence of the event.

ADDITIONAL EXCLUSIONS APPLICABLE TO: Baggage Delay Benefit (Section 17)

Section 17 of this Policy does not cover, and Prudential Guarantee will not in any event be liable in respect of any claim under Section 17 relating to:

- a. For claims not declared to an authorized employee of the airline company as soon as the Insured knows the baggage is late or lost;
- b. For any clothing or toiletries purchased more than four (4) days after the actual time of arrival at the point of destination;
- c. When the baggage delay occurs on the journey back to the Insured's normal domicile; or
- d. For purchases made after delivery of Insured's baggage by the Common Carrier.

ADDITIONAL EXCLUSIONS APPLICABLE TO:

Loss or Damage of Baggage and Personal Effects Benefit (Section 14), Loss of Personal Money (Section 15), Loss of Travel Documents (Section 16), Baggage Delay Benefit (Section 17)

In addition to the General Exclusions to all the guarantees of this policy, baggage losses and delays are not guaranteed when they are brought about by:

1. Types of property as follows: pets, motor vehicle (including its accessories), motor cycle, motor vessel, caravans/camper, trailers and trailer tents and their accessories, other transportation means, sports equipment, fruit, household appliances, antiques, manuscript, jewelry, gems, wrist watch, contact or corneal lens, hearing aids, artificial limbs, valuable documents, cash, musical instrument, false denture, all types of securities, credit cards, water craft and their accessories.
2. Loss, or damage caused by normal usage or wear and tear, depreciation, moth, vermin, germ, nature/condition of the goods, or the damage is caused by the process of or resulting from use, mechanical or electrical breakdown, any process of cleaning or restoration or alteration, atmospheric or climatic conditions or any gradually operation cause.
3. Loss of or damage to rented equipment or to property directly or indirectly caused by quarantine, confiscation by the government or smuggling risk or illegal transport of trade.
4. Loss of or damage to property which is insured by another insurance policy or indemnified by another Public Air Transportation company, hotel or another party.
5. Loss of or damage to your luggage which is sent in advance or separately.

6. Loss of or damage to your luggage or personal belongings which are left unattended in a public space.
7. Failure by Insured to take ordinary and reasonable precautions for the safety of Insured's luggage, clothing and personal belongings. Robbery/burglary of luggage when left unattended is excluded except when locked in secured premises (hotels, etc) or locked out of sight, in the boot of a motor vehicle except that valuable articles are not covered, at any time, when left unattended in a motor vehicle.
8. Loss of or damage to merchandise or samples thereof.
9. Loss of or damage to data stored in a cassette, memory card, disk and other storage media.
10. Loss of or damage to pottery, glass or other items which are fragile or brittle other than photographic or telescopic lens.
11. Mysterious or illogical disappearance.
12. Delay, detention or confiscation by customs, the police or other officials.
13. Loss, stolen or damage to sports equipment whilst in use except you have purchased the add-on Sport & activities or Winter Sport cover.
14. Any article of a value greater than USD 200 not accompanied with official receipts and proof of ownership will not be covered.
15. An extra deduction of the value of any articles if not accompanied by the original bills of purchase and proof of ownership.
16. Any articles not documented on the police report, or other official report, compiled at the time that the robbery/burglary is reported to the respective authority.
17. Valuable Articles.
18. Valuable Documents.
19. Any unaccompanied luggage.
20. Losses resulting from currency fluctuations.
21. Ordinary care is lacking among other things in case of transportation with a motor vehicle:
 - i. If insured leaves behind Valuable Article in a car, caravan/camper or motorcycle;
 - ii. If the remaining luggage in the car, caravan/camper or on the motorcycle is not stored in:
 - a. A separate, locked boot in a passenger car;
 - b. A boot of a hatchback (3-door or 5-door) passenger car including an estate car which has been covered by roller sheet back shelf or similar means;
 - c. The interior of a camper, delivery van, car or caravan allowing no outside view on the goods due to a properly fixed provision;
 - d. A properly fixed and locked luggage boot or luggage compartment.
 - iii. If during a stay, Insured fails to take the remaining luggage practically packed in suitcases or bags to the accommodation address; in case of transportation by a passenger transport insurer:
 - iv. During a stay at the destination: If insured leaves Valuable Articles and luggage unattended in a not properly locked space. In all these situations, there is no right to indemnification if in the

given situation insured has failed to take the measures that could reasonably be expected of Insured in order to prevent or limit any damage.

Safe measures include among other things, storage in a safe of valuable articles.

- v. If during the flight or the journey by train, bus or boat Insured has not transported Valuable Articles, Valuable Documents, breakable goods and medicines as hand-luggage
- 22. Damage due to scratching or denting unless the item has become unusable as a result of this.
- 23. If the Insured's baggage is delayed on his/her inward journey returning home.
- 24. Loss of jewelry (other than wedding rings) while swimming or taking part in physical, sporting or adventure activities.
- 25. Loss of data or losses caused by mechanical or electrical breakdown or damage caused by leaking powder or fluid carried within the Insured's baggage.
- 26. Loss, robbery / burglary or damage to contact lenses, sunglass, prescription glasses or spectacles, dentures, hearing aids, artificial limbs, paintings, household equipment, mobile phones (including prepaid minutes the insured have not used, mobile rental charges or payments), bicycle and their accessories, motor vehicles and their accessories, marine craft and equipment or item of a perishable nature (meaning items that can decay or rot and will not last for long, for example, food).
- 27. Claims arising due to an unauthorized person fraudulently using his/her credit or debit cards.

SECTION 18: PERSONAL LIABILITY BENEFIT

Prudential Guarantee shall indemnify the Insured for legal liability to a third party as a result of:

- a. Accidental Death or an Accidental Bodily Injury to any person;
- b. Accident loss of or Property Damage of that person, up to the maximum benefit amount, which shall be the aggregate limit for all losses incurred during the Policy period. Included within this same limit are all costs and expenses incurred with the written consent of Prudential Guarantee in connection with the defense of claims against the Insured which may be the subject of any indemnity under this section.

Subject to the limit stated in the Schedule of Benefits, the Insured can also be covered for the following, even in the case of groundless claims:

- a. The furnishing of court bail, to guarantee the civil results of the procedure;
- b. Legal court costs, which will be paid in the same proportion that exists between the compensation that Prudential Guarantee should pay, according to what is provided for in the policy, and the total amount of liability of the Insured in the loss.

Save express agreement to the contrary, Prudential Guarantee will assume legal supervision as regards to the claim by the damaged party and will meet the cost of defense expenses that arise. The Insured shall provide the collaboration necessary to assist the legal supervision assumed by Prudential Guarantee.

If in the court procedures brought against the Insured there should be a conviction, the Company will decide whether it is appropriate to appeal to the competent Higher Court; if it does not deem appeal appropriate, it will inform the party concerned thereof, and the latter will be free to lodge it on its own exclusive account. In this latter event, if the appeal lodged were to give rise to a sentence favorable to the interest of Prudential Guarantee, it will be obliged to meet the cost of the expenses arising from such appeal.

When any conflict arose between the Insured and Prudential Guarantee, prompted by the latter having to maintain the loss if interests contrary to the defense of the Insured, Prudential Guarantee will inform the

Insured thereof, without prejudice to taking the measures which, because of their urgent nature, are necessary for the defense. In this case, the Insured may choose between maintaining the legal supervision of Prudential Guarantee or entrusting its own defense to another person and Prudential Guarantee will cover up to the limit stated in the Schedule of Benefits.

“Property Damage” refers to any physical damage to, destruction of, or loss of use of, tangible property.

ADDITIONAL EXCLUSIONS APPLICABLE TO: Personal Liability Benefit (Section 18)

- a. Bodily Injury and Property Damage to any Insured;
- b. Property owned by the Insured or property in care, custody or control by the Insured;
- c. Damage relating to any liability assumed under contract;
- d. Damage relating to the willful, malicious or unlawful act or omission on the part of the Insured;
- e. The ownership, possession or use of any vehicles, aircraft, watercraft, firearms or animals, or arising from the negligent supervision and vicarious liability for the acts of a minor in connection with the above;
- f. Past or present business, trade or professional activities, including the rendering of or failure to render business, trade or professional activities;
- g. Any criminal proceedings whether actually convicted or not;
- h. The transmission of communicable disease by an Insured;
- i. The possession or use of any controlled substances/drugs unless prescribed by a licensed Physician;
 - a. Sexual molestation, corporal punishment or physical or mental abuse;
 - b. Pollution which includes the alleged or potential introduction of substances causing the impurities or harmful effects to the environment. Prudential Guarantee shall have no duty to defend any suit in connection with such pollution; and judgments which are not in the first instance delivered by or obtained from a court of competent jurisdiction within the Republic of the Philippines;
 - c. Loss or damage to Property Insured while the Insured is suffering from mental and nervous disorders, including but not limited to insanity.
 - d. Damage which has its origin in the breach of or voluntary failure to observe positive Legal rules or of those governing the activities object of the insurance.
 - e. Damage to goods or animals that are in the possession of the Insured, or the person for whom the latter is answerable, for his/her own use, or that have been entrusted or rented out to him/her to use, look after, transport, use for working purposes or operate.
 - f. Damage caused by risks that should be the object of compulsory insurance cover.
 - g. Damage arising from the use and running of motor vehicles, and of the elements towed or incorporated therein.
 - h. Damage caused by the transport, storage and handling of corrosive, toxic, inflammable and explosive substances and gases.
 - i. Liability arising from labour accidents sustained by the personnel in the service of the Insured.
 - j. Damage caused by products, completed works and services rendered, after they have been delivered to clients or after they have been rendered.

- k. Damage caused to movable or immovable property which, for their use or enjoyment, handling, transformation, repair, safe-keeping, deposit or transport, have been entrusted, assigned or rented to the Insured, or which are in his/her possession or sphere of control.
- l. Financial losses that are not the consequence of a material damage covered by the policy, as well as the financial losses that are the consequence of a bodily harm or material damage not covered by the policy.
- m. Damage caused by engaging in obviously dangerous sports, such as mountaineering, underwater activities, shooting or similar.

SECTION 19: AUTOMATIC EXTENSION BENEFIT

When, as a result of an accident or illness covered by this policy, an Insured has to extend his/her period of stay outside his/her home, the period of insurance of this policy are automatically extended for that Insured person, once only and up to a maximum period of ten (10) days. The limits referring to benefits derived from the claim that have given rise to the extension are not increased or extended.

The Insured shall submit at Insurer's Expense to medical examination as often as may be required by the Insurer in connection with any claims.

SECTION 20: CAR RENTAL PROTECTION UP TO PHP10,000

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

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

In addition, on General Exclusions, the Insured is not covered for:

- a) Loss or damage arising from operation of the Rental Vehicle in violation of the terms and the rental agreement or loss or damage which occurs beyond the limits of any public roadway;
- b) Wear and tear, gradual deterioration, damage from insects or vermin, inherent vice.

ADDITIONAL EXCLUSIONS APPLICABLE TO: Car Rental Protection (Section 20)

- a) Any claim where no Excess is applicable, or where the Excess is reimbursed, waived, recovered, or not exceeded.
- b) Any Excess in relation to breakdown; misfueling; personal effects or any in-car electrical equipment (such as phone, satellite navigation system, CD player or radio); deliberate damage, or damage that existed prior to the Start Date of the Rental agreement.
- c) Any liability to another party or any liability that the Insured accepts by agreement or contract, unless the Insured would have been liable in any way under the motor insurance of the Rented Vehicle.
- d) Any claim arising from the Insured and/or driver of the Rented Vehicle being intoxicated by alcohol or being under the influence of non-prescribed drugs, or where they have been advised not to drive by a registered medical practitioner.

- e) Loss of use of the Rented Vehicle or any other consequential losses that are directly or indirectly caused by the event which led to Your claim, such as travel expenses or loss of earnings

EXCLUSIONS APPLICABLE TO ALL SECTIONS

1. Anyone below the minimum or over the maximum insurable age at the start date of the policy
2. Those caused directly or indirectly by the bad faith of the Insured, by his/her participation in criminal acts, or as a result of his/her fraudulent, seriously negligent or reckless actions. The consequences of the actions of the Insured in a state of derangement or under psychiatric treatment are not covered either.
3. Extraordinary natural phenomena such as floods, earthquakes, landslides, volcanic eruptions, atypical cyclonic storms, falling objects from space and aerolites, and in general any extraordinary atmospheric, meteorological, seismic or geological phenomenon unless specifically mentioned as covered in some benefits
4. Events arising from terrorism, mutiny or crowd disturbances.
5. Events or actions of the Armed Forces or Security Forces in peacetime.
6. Wars, with or without prior declaration, and any conflicts or international interventions using force or duress, civil war, invasion, insurrection, revolution, use of or threatened use of military power, usurpation of government or military power and any conflicts or international interventions using force or duress, with or without prior declaration.
7. Those derived from radioactive nuclear energy or pathogenic or poisonous biological or chemical materials
8. Those caused when the Insured takes part in bets, challenges or brawls, save in the case of legitimate defense or necessity.
9. Unless expressly included in the Specific Policy Conditions and subject to payment of the relevant surcharge premium:
 - i. Those that occur as a result of the participation by the Insured in competitions, sports, and preparatory or training tests.
 - ii. Engaging in the following sports: motor racing or motorcycle racing in any of its modes, big game hunting, underwater diving using artificial lung, navigation in international waters in craft not intended for the public transport of passengers, horse riding, climbing, pot holing, boxing, wrestling in any of its modes, martial arts, parachuting, hot air ballooning, free falling, gliding and, in general, any sport or recreational activity that is notoriously dangerous.
 - iii. Participation in competitions or tournaments organized by sporting federations or similar organizations.
10. Ski-ing and/or similar sports, unless coverage for it has been expressly agreed.
11. The use, as a passenger or crew, of means of air navigation not authorized for the public transport of travelers, as well as helicopters.
12. Dangerous, Hazardous and Extra Hazardous Sports unless there is a buy back cover for the hazardous NON-PROFESSIONAL /NON-COMPETITION SPORTS
13. The accidents deemed legally to be work or manual labour accidents, consequence of a risk inherent to the work performed by the Insured such as: driving vehicles with use of machinery, loading and unloading working at heights or in confined spaces, assembly of machinery, working on floating or underwater platforms, mines or quarries, use of mechanical substances, laboratory work of any kind

and any other hazardous activities. Work/Labour accidents are not covered, except in the performance of activities that represent no risk for the physical integrity.

14. Any claims arising directly or indirectly from the Insured and Insured's, travelling companion for whom the Insured may cancel or alter his/her travel plans:
- a) (i) physical, medical or dental condition for which treatment or advice has been received (whether or not a diagnosis has been made), or medication prescribed or taken in the twelve (12) months before the policy issue date of the insured, or
 - (ii) chronic or ongoing physical, medical or dental condition for which treatment or advice has been received (whether or not a diagnosis has been made), or medication prescribed or taken at any time before the policy issue date; or
 - b) physical, medical or dental condition for which treatment or advice was first received (whether or not a diagnosis has been made), or medication first prescribed or taken after the policy issue date and on or before your trip start date as shown on your Policy Schedule. This exclusion 14b shall not apply to Trip Cancellation/Cancelling your trip before departure; or
 - c) any complication arising from a condition outlined in a. or b. above.
15. Claim in relation to any of the following:
- a. The Insured travelling, or acting in any other way, where it is against the advice of a medical practitioner; or
 - b. The Insured travelling to receive medical treatment, medical advice or any kind of elective surgery; or
 - c. The Insured or any relative, travelling companion or other person for whom the Insured may cancel or alter his/her travel plans, have been given a terminal prognosis at the time of taking out this insurance.
16. Any claim relating to an incident which the Insured were aware of at the time he/she took out this insurance and which could reasonably be expected to lead to a claim.
17. Insured travelling for work reasons (paid or otherwise), undertaking physical or manual hazardous activities such as: driving vehicles, use of machinery, loading and unloading working at heights or in confined spaces, assembly of machinery, working on floating or underwater platforms, mines or quarries, use of mechanical substances, laboratory work of any kind and any other hazardous activities.
18. Any claim resulting from the Insured travelling in, to or through a country or area where the Philippine Government has issued a "DO NOT TRAVEL" warning. This exclusion does not apply to Trip Cancellation/Cancelling your trip before departure if the Insured decide to cancel or curtail the trip because a location in planned itinerary is added or upgraded to the "Do not Travel" locations after the policy issue date and before his/her start date as shown on the Policy Schedule. Please note that other exclusions apply which may affect the Insured's ability to claim
19. Any claim arising from;
- The Insured's suicide or attempted suicide; or
 - The Insured injuring him/herself deliberately or putting him/herself in danger (unless he/she is trying to save a human life).
20. Any claim arising directly or indirectly from the Insured's or any other person's pregnancy or childbirth.
21. Any claim arising directly or indirectly from using alcohol or drugs (unless the drugs have been prescribed by the Insured's doctor) or where insured is affected by sexually transmitted diseases

of any sort, Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC) or Human Immunodeficiency Virus (HIV).

22. Any claim arising out of war, civil war, invasion, insurrection, revolution, use of or threatened use of military power, usurpation of government or military power and any conflicts or international interventions using force or duress, with or without prior declaration.
23. Any claim arising from civil riots, blockades, strikes or industrial action of any type unless stated otherwise on specific benefits that such is covered.
24. Loss or damage to any property, or any loss, expense or liability arising from any nuclear explosion including all effects thereof; or radioactive contamination caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste caused by the combustion and/or ongoing combustion of nuclear fuel; or the radioactive, toxic, explosive or other hazardous properties of any nuclear equipment or component thereof.
25. Any claim arising from the dispersal or application of pathogenic or poisonous biological or chemical materials; or the release of pathogenic or poisonous biological or chemical materials.
26. Events arising from terrorism, mutiny, large concentrations of people, crowd disturbances and human stampeded. These may be related, but are not limited to entertainment events, sporting events, religious events, funeral processions, riot, power failure, goods distribution, escalators and moving walkways, insurrections, commotions or other similar occurrences.
27. Illness or injuries existing prior to the claim.
28. Any claim arising from the use of a two-wheeled or three-wheeled motor vehicle unless the Insured.
 - i. as the driver or a passenger are wearing a crash helmet, and
 - ii. as the driver:
 - a. hold a driver's license appropriate for the country he/she is in, and
 - b. if using a motorcycle rated 55cc or higher, driver holds a current and valid license required for driving an equivalent rated motorcycle in the Philippines.
29. Any losses, liability or expenses that are for, related to or as a result of any consequential loss, economic or otherwise, loss of enjoyment or other loss not mentioned in this policy.
30. Any claim arising from Insured being involved in any deliberate, malicious, reckless, illegal or criminal act.
31. Any claim involving the Insured taking part in:
 - i. Missionary work and related travel.
 - ii. Humanitarian work and related travel.
32. Any claim relating to:
 - i. any form of racing other than on foot.
 - ii. any sport or activity unless you have purchased Sport & Activities Insurance and sport or activity is covered under the Table of Covered Sports and Activities section of this Policy Wording but only to the extent that cover is provided under that Table.
 - iii. any sport or activities listed under the Table of Excluded Sports and Activities of this Policy Wording.

- iv. The Insured participating in any professional sports, competition and preparatory or training tests.
 - v. Participation in competition or tournaments organized by sporting federation or similar organizations
- 33. Any claim arising as a result of the Insured, or any person for whom he/she may cancel or alter his/her travel plans, failing to get the inoculations or vaccinations that he/she needs to travel.
 - 34. Any claim where the Insured failed to follow the advice or instruction of The Company, such as when you refuse to come back to Philippines when The Company considered you were fit to return home.
 - 35. Any claim arising from government authority seizing, withholding or destroying anything of yours, any prohibition by or regulation or intervention (including but not limited to interference with the Insured's travel plans) of any government, or the operation of legal processes, law enforcement officers or immigration officials acting in the course of their duties. unless intervention of authority is covered under some specific benefits
 - 36. The refusal, failure or inability of any person, company or organization, including but not limited to any airline, other transportation provider, hotel, car rental agency, tour or cruise operator, travel wholesaler, booking agent or other provider of travel or tourism related services, facilities or accommodation, to provide services, facilities or accommodation, by reason of their own financial default or the financial default of any person, company or organization with whom or with which they deal unless otherwise provided under Financial Default section.
 - 37. Any claim arising from the Insured knowingly making travel arrangements through an unlicensed travel agent.
 - 38. Any claim arising from the insured tour being cancelled due to insufficient numbers.
 - 39. Any claim for which The Company are prohibited by legislation from providing cover or making payments in respect of claims made under this policy, including but not limited to any legislation which requires us to be registered in the insured person's country of citizenship or residence where the event occurs and/or payments are to be made.
 - 40. Any claim arising from errors or omissions in the Insured's booking arrangements by the Insured, his/her travel agent or any other person acting on his/her behalf.
 - 41. Any claim relating to winter sports (refer to definition) and/or other hazardous sports unless the Insured have purchased the Winter Sports Cover upgrade

Winter sports*

Bigfoot skiing, cat skiing, cross country skiing (along a designated cross country ski oute only), glacier skiing, heli-skiing, ice hockey (not competitive), ice skating, lugeing (ice only), mono skiing, off piste skiing (with a professional guide only), recreational ski racing (not training for, or participating in a competition), recreational skiing, snowmobiling and tobogganing.

*In all cases skiing also means snowboarding.

- 42. Any costs which the Insured would have been expected to pay had the reason for the claim not occurred (for example, the cost of food which you would have paid for in any case).
- 43. Any claim arising as a result of the Insured, or any person for whom he/she may cancel or alter his/her travel plans, failing to get the inoculations or vaccinations that he/she needs to travel.
- 44. Any claim arising from government authority seizing, withholding or destroying anything of yours, any prohibition by or regulation or intervention (including but not limited to interference with the Insured's travel plans) of any government, or the operation of legal processes, law enforcement officers or immigration officials acting in the course of their duties.

45. Any claim for which The Company are prohibited by legislation from providing cover or making payments in respect of claims made under this policy, including but not limited to any legislation which requires us to be registered in the insured person's country of citizenship or residence where the event occurs and/or payments are to be made.
46. Any loss, injury, damage or legal liability sustained directly or indirectly by the Insured if Insured is:
 - i. a terrorist;
 - ii. a member of a terrorist organization;
 - iii. a narcotics trafficker; or
 - iv. a purveyor of nuclear, chemical or biological weapons.
47. Those derived from illnesses or pathological states caused by the voluntary consumption of alcohol, drugs, toxic substances, narcotics or medicines acquired without medical prescription, as well as any kind of mental illness or mental imbalance or where Insured is affected by sexually transmitted diseases of any sort, Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC) or Human Immunodeficiency Virus (HIV).
48. Those derived from renunciation of or delay, on the part of the Insured or persons responsible for him/her, in the transfer proposed by the Insurance Company and agreed by its medical service.
49. Rehabilitation treatments.
50. An Aesthetic treatment or any treatment for beautification purposes unless it is medically necessary and was advised by the doctor. Also excludes a cure or a travel or vaccination contraindication, the fact that it is impossible to continue in certain destinations the preventive medical treatment advised.
51. Any Chiropractic, Acupuncture, Herbal Medicine, Alternative Medicine and other similar procedure/treatment
52. Epidemic or Pandemic, and any communicable disease declared by any government agency, entity or in an executive order causing a state of emergency in any area and necessitating the setting up of appropriate quarantine measures therein
53. Prostheses, orthopaedic material or orthosis and osteosynthesis material, as well as spectacles.
54. Dental expenses in excess of US\$ 50, unless another limit is expressly indicated in the Specific or Special Conditions.
55. Baggage that is not sufficiently well packaged or identified, as well as fragile baggage or perishable products.
56. Assistance or compensation for events that occurred during a trip that had commenced, in any of the following circumstances:
 - i. Before this insurance comes into force.
 - ii. With the intention of receiving medical treatment.
 - iii. After the diagnosis of a terminal illness.
 - iv. Without prior medical authorization, after the Insured had been under treatment or medical supervision during the twelve months prior to the start of the trip.

OPTIONAL BENEFITS

The Benefits under Optional Benefits will only be payable if shown in the Policy Schedule and the premiums therefore are paid in accordance with the said Policy Schedule.

A) SPORTS ACTIVITIES BENEFIT

Only the Benefits under Section 1 shall extend to cover the Insured while engaged in non-professional sports and winter sports, excluding competitive and extra hazardous sports. Provided that the Prudential Guarantee shall not pay for the first Five Thousand Pesos (Php 5,000) [for Peso Policy] or the first One Hundred Dollars (US\$100.00) [for Dollar Policy] for each and every occurrence.

B) VALUABLE ITEMS BENEFIT up to Php50,000 (subject to Php10,000 per item)

If during the Period of Insurance, while the Insured is on a Trip, Prudential Guarantee will reimburse the Insured for any loss or damage occurring to their valuable items up to the specified limit in the Schedule of Benefits. The coverage will include items limited to the following:

- (i) Jewelry;
- (ii) Watches;
- (iii) Touchscreen tablets (i.e. Ipad, Samsung, Huawei tablets and the like);
- (iv) Painting; and,
- (v) Camera and Accessories.

Coverage is subject to declaration upon issuance of the policy. None declaration will invalidate the extension of cover. Insured must ensure that Valuable items are "deposited in the safe of a hotel or the Insured is wearing/carrying" the item at the time of loss and must submit original invoices, receipts or other vouchers in case of Claim. It is the responsibility of the Insured to provide proof of ownership, receipted proof of value for any lost, stolen or damaged items and Prudential Guarantee has no obligation to make payment without the proof of ownership.

C) SPORTS EQUIPMENT (part of the policy sub-limit for checked-in luggage)

If during the Period of Insurance, whilst the Insured is on a Trip, Prudential Guarantee will reimburse the Insured for any breakage or scratching of the sports equipment excluding fragile objects whilst checked-in and declared to the airline company. Subject to declaration of sports items prior to issuance of the policy.

D) TOURIST SPOTS above 2,500 meters

Only the Benefits under Section1 shall extend to cover the Insured whilst travelling on tourist spots above two thousand five hundred (2,500) meters above sea level (i.e. Cusco, Machu Picchu), excluding ages sixty (60) and above. Subject to declaration and submission of itinerary prior to the trip and/or issuance of the policy.

Subject benefit is limited up to ten percent (10%) of the Medical Expense Benefit Limit (Section 1).

E) PRESCRIBED MEDICINES (part of the policy sub-limit for Medical Expense Benefit Limit)

Benefits under Section 1 shall extend to cover the in-patient and outpatient medicines for necessary treatment and those related only to the covered medical condition and as prescribed by authorized Physician. Subject benefit is limited up to USD200.00 as part of the Medical Expense Benefit limit (Section 1) and not in addition to.

F) CRUISE

The Benefits under Section 1 shall extend to cover the Insured whilst travelling in an International Cruise Program, which may:

- a. Start from the Philippines via cruise or;
- b. Trips that commence via Commercial Airline excluding side trips or any trip deviations from the airport to the International cruise port in the Philippines

This extension further excludes any missed departure due to delay in arrival of the Insured at any cruise ports.

COVERAGE	LIMITS
Emergency Medical Repatriation and Evacuation	Up to the policy limits
Repatriation of Mortal Remains	Up to the policy limits
MEDICAL EXPENSES	
Emergency Medical Expenses including Cabin Confinement	
Asia	Up to the policy limits
Worldwide	Up to the policy limits
TRAVEL INCONVENIENCE	
Cruise Cancellations (cancelling the Cruise before start of the Cruise)	Up to the Trip Cancellation limits
Cruise Curtailment (cutting your cruise/trip short)	Up to the Trip Curtailment limits
Baggage Loss/Damage of Personal Baggage/Property – cabin checked-in items only [minimum of twenty-one (21) consecutive days to be considered lost]	Up to the policy limits
Cruise Delays	Up to the Trip Delay/Delayed Departure limits
ACCIDENT & PERSONAL LIABILITY	
Personal Accident	Up to the policy limits
Personal Liability	Up to the policy limits

GENERAL PROVISIONS

- a. The Insured must not make any offer or promise payment, admit his fault to any other party or become involved in any litigation without the Prudential Guarantee's written approval.
- b. The Insured can only be covered under one such policy for the same Trip.
- c. Enrolment for this Policy will be allowed using any of the enrolment method:
 - i. Submission of completed and signed application form transmitted by postal or messenger delivery;
 - ii. Submission of completed and signed application form transmitted by facsimile;

- iii. Submission of completed application form via electronic mail;
 - iv. Application and purchase online via Prudential Guarantee's website or an accredited partner of Prudential Guarantee (i.e. Agents and/or Brokers)
 - v. Verbal agreement and acceptance by the applicant confirmed via recorded telephone conversation with an authorized Telemarketer of Prudential Guarantee.
- d. The following documents and/or information will form part of the entire contract of Insurance:
- i. Completed and signed application form transmitted by postal or messenger delivery;
 - ii. Completed and signed application form transmitted by facsimile;
 - iii. Completed application form transmitted via electronic mail;
 - iv. Completed application online through Prudential Guarantee's website or accredited partner of Prudential Guarantee (i.e. Agents and/or Brokers);
 - v. Tape, computer disc or any other medium used for the storage of recorded telephone conversation.

GENERAL CONDITIONS UNDER THE POLICY

Premium Payment

This Policy shall not be valid and binding unless and until the premium stated herein is paid and Prudential Guarantee issues an official receipt duly signed by its official or authorized agent for the payment made by the Insured.

Grace Period

A grace period of thirty-one (31) days will be granted for the payment of each premium falling due after the first premium during which time this Policy shall continue in force, unless this Policy has been cancelled, terminated or has not been renewed in accordance with the provisions of this Policy. However, if loss occurs within the Grace Period for which Prudential Guarantee shall be obligated to pay benefits under this Policy, any premium then due and unpaid will be deducted in settlement.

Currency

All amounts shown in this Policy are in Philippine Pesos (Php), unless specified in the Policy Schedule. If expenses are incurred in a foreign currency, then the rate of currency exchange used to calculate the amount payable in Philippine Pesos (Php) will be the rate at the time the expense was incurred or the loss occurred.

Aggregate Limit of Liability

(This condition is only applicable to Section 7 of this Policy).

1. Except as stated below, the total liability of Prudential Guarantee for all claims arising under this Policy during any one (1) occurrence shall not exceed the amount shown in the Policy Schedule against Aggregate Limit of Liability (A).
2. Except as stated below, the total liability of Prudential Guarantee for all claims arising under this Policy during any one occurrence relating to any Common Carrier which is not dispatched or flown in accordance with fixed schedules over specific routes to and from fixed terminals (i.e. non-scheduled), shall not exceed the amount shown in the Policy Schedule against Aggregate Limit of Liability (B).
3. In the event that claims made under this Policy exceed the above Aggregate Limits of Liability, Prudential Guarantee shall reduce the payments made with respect to each Insured in such manner as Prudential Guarantee may determine. Any determination as to the amount payable in these circumstances shall be made at the entire discretion of Prudential Guarantee and shall not be the subject of any challenge of any kind.

Assistance and Cooperation

The Insured shall cooperate with Prudential Guarantee and upon the latter's request, assist in making settlements, in the conduct of suits and in enforcing any right of contribution or indemnity against any person or organization who may be liable to the Insured because of Injury or damage wherein insurance is afforded under this Policy. In this regard, the Insured shall promptly attend hearings and trials and assist in securing and giving of evidence and obtaining the attendance of witnesses. The Insured shall not, except at the Insured's own cost, voluntarily make any payment, assume any obligation, or incur any expense other than for payment of first aid expenses to others at the time of Accident.

Due Diligence

The Insured will exercise due diligence in doing all things to avoid or reduce any Loss under this Policy.

Notice of Claim or Loss

In case of hospitalization or medical emergency, the Insured, a person traveling with him, or the treating medical authority must contact Prudential Guarantee or Authorized Company immediately to verify coverage and arrange the appropriate medical care. In case of Sickness or Injury, notice must be given to Prudential Guarantee via telephone or email prior to admission to hospital or as soon as reasonably possible. All claims must have written or electronic mail notice of claim given to Prudential Guarantee within thirty (30) calendar days from the date of loss/incident. Notice should include the Insured's name and the Policy Number. If the Insured's property covered under this Policy is lost or damaged, the Insured must notify Prudential Guarantee as soon as possible, take immediate steps to protect, save and/or recover the covered property, give immediate notice to the Common Carrier or bailee who is or may be liable for the loss or damage, and notify the police or other authorities in case of robbery or theft within twenty-four (24) hours from the time of discovery of the robbery or theft by the Insured.

Claim Forms

Upon receipt of a notice of claim, Prudential Guarantee will furnish to the claimant such forms usually required by Prudential Guarantee for filing proofs of loss. If such forms are not furnished within fifteen (15) days from receipt of such notice of claim, the claimant shall be deemed to have complied with the requirements of this Policy, as to proof of loss, upon submitting, within the time fixed in this Policy for filing proof of loss, written proof covering the occurrence, the character and extent of the loss for which the claim is made. All certificates, information and evidence, other than the usual claim forms, which Prudential Guarantee may reasonably require in support of a claim, shall be furnished by the Insured.

Proof of Loss

Written proof of loss including the original Policy, Policy Schedule or Certificate of Insurance, original receipts, invoices and all other relevant documents must be furnished to Prudential Guarantee within ninety (90) days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and not later than one (1) year from the date of loss.

Physical Examination and Autopsy

Prudential Guarantee at its own expense shall have the right and opportunity to examine the Insured when and as often as it may reasonably require during the pendency of the claim hereunder and to make an autopsy in case of death where it is not forbidden by law.

To Whom Claims Paid

Benefits payable under this Policy shall be made to the Insured; or in the event of his death, to the beneficiary designated by the Insured provided such beneficiary is not legally disqualified and survives the Insured; or in the absence of beneficiary designation, to the person or persons then surviving in the following order of preference: (a) legal spouse; (b) children; (c) parents; (d) brothers and sisters; otherwise, to the estate of the Insured. Any payment made by Prudential Guarantee in good faith pursuant to this provision shall fully discharge Prudential Guarantee to the extent of the payment.

Time of Payment of Claim

Periodic payment will be made of all indemnities payable under this Policy which accrue during a period of more than four (4) weeks. Indemnities payable under this Policy for any loss other than loss for which this Policy provides any periodic payment will be paid within thirty (30) days after receipt by Prudential Guarantee of due written proof of such loss and after ascertainment of the loss is made by the agreement between Prudential Guarantee and the Insured or by arbitration; but if such ascertainment is not had or made within

sixty (60) days after such receipt by Prudential Guarantee of the proof of loss, then the loss shall be paid within ninety (90) days after such receipt. Subject to due written proof of loss, all accrued indemnities for loss, for which this Policy provides periodic payment, will be paid at the expiration of each four (4) weeks during the continuance of the period for which Prudential Guarantee is liable, and any balance remaining unpaid upon the termination of liability will be made immediately upon receipt of due written proof. Refusal or failure to pay the loss within the periods prescribed herein will entitle the Insured to collect interest on the proceeds of the Policy for the duration of the delay at the rate of twice the ceiling prescribed by the Monetary Board, unless such refusal or failure to pay is based on the ground that the claim is fraudulent.

Subrogation

In the event of any payment under the Loss or Damage of Baggage and Personal Effects and Loss of Travel Documents Benefits in this Policy, Prudential Guarantee shall be subrogated to all the Insured's rights of recovery therefore against any person/s, organization/s or entity/ies. The Insured shall execute and deliver such instruments and papers and do whatever else is necessary to secure such rights. The Insured shall take no action after the loss that will prejudice the rights of recovery of the Insured or Prudential Guarantee by subrogation.

Right of Recovery

In the event authorization of payment and/or payment is made by Prudential Guarantee for a medical claim whereby Policy liability is not payable, Prudential Guarantee reserves the right to recover the amount paid against the Insured for the full sum which Prudential Guarantee is liable to the Hospital or medical institution where the Insured was admitted to.

Cumulative Insurances

In the event of a claim, the Insured must advise Prudential Guarantee as to any other insurance the Insured may have covering the same risks in this Policy. If, at the time of occurrence of any loss, except in respect of the Personal Accident Benefit, there are other valid and collectible insurance policy/ies in place, Prudential Guarantee will be liable only for the excess of the amount of loss over the amount of such other Insurance, and any applicable deductible.

Misstatement of Age

If the age of the Insured has been misstated, all amounts payable under this Policy shall be such as the premium paid would have purchased at the correct age. In the event the age of the Insured has been misstated, and if according to the correct age of the Insured, the coverage provided by the Policy would not have become effective, or would have ceased prior to the acceptance of such premium or premiums, then the liability of Prudential Guarantee during the period the Insured is not eligible for coverage shall be limited to the refund of all premiums paid for the period not covered by this Policy.

Reinstatement of Policy

If this Policy is terminated due to default in the payment of the agreed premium, the subsequent acceptance of a premium by Prudential Guarantee or by any of its duly authorized representatives shall reinstate this Policy, but shall only cover loss resulting from Sickness or Injury sustained after the date of such reinstatement.

Renewal Conditions

This Policy may be renewed for further consecutive periods by the payment of premium on the effective date of the renewal at Prudential Guarantee's premium rate in force at the time of renewal, subject to Prudential Guarantee's right to decline renewal of this Policy on any anniversary date of the Policy upon giving forty-five (45) days prior written notice, mailed or delivered to the Policyholder at the address shown in the Policy, of Prudential Guarantee's intention not to renew the Policy, or to condition its renewal upon reduction of limits or elimination of coverages. Prudential Guarantee's acceptance of premium shall constitute its consent to renew. Unless renewed as herein provided, this Policy shall terminate at the expiration of the grace period for which premium has not been paid.

Cancellation

This Policy shall not be cancelled by Prudential Guarantee except upon prior written notice thereto to the Policyholder, and no notice of cancellation shall be effective unless it is based on the occurrence, after the Effective Date of this Policy, of one or more of the following:

- a. Non-payment of premium;

- b. Conviction of the Insured of a crime arising out of acts increasing the hazards insured against;
- c. Discovery of fraud or material misrepresentation;
- d. Discovery of willful or reckless acts of omissions increasing the hazards insured against; or
- e. A determination by the Insurance Commissioner that the continuation of this Policy would violate or would place Prudential Guarantee in violation of the Insurance Code.

All notices of cancellation shall be in writing, mailed or delivered to the Policyholder at the address shown on the Policy Schedule and shall state (i) which of the grounds set forth in this provision is relied upon, and (ii) that, upon written request of the Policyholder, Prudential Guarantee will furnish the facts on which the cancellation is based.

If the Policyholder cancels this Policy, which must be in writing, Prudential Guarantee shall be entitled to retain a portion of the premiums computed in accordance with the applicable percentage indicated below, but in no event less than Prudential Guarantee's customary minimum premium.

PERIOD OF COVERAGE PRIOR TO CANCELLATION	PERCENTAGE OF ANNUAL PREMIUM (computed based on premiums exclusive of documentary stamp and premium taxes) TO BE RETAINED BY PRUDENTIAL GUARANTEE:
2 Months (Minimum)	40%
3 Months	50%
4 Months	60%
5 Months	70%
6 Months	75%
Over 6 Months	100%

Such cancellation by the Policyholder shall become effective on the last day preceding the date the next premium is due and payable.

Without prejudice to the immediately preceding paragraph, if the Insured cancels a Trip (a) prior to the Effective Date of this Policy or prior to the Period of Insurance as stated on the Policy Schedule or Certificate of Insurance or (b) within thirty (30) days after the Effective Date of this Policy or Period of Insurance as stated on the Policy Schedule or Certificate of Insurance, and notifies Prudential Guarantee of such cancellation, Prudential Guarantee will refund to the Insured the premium which has been paid (if any) by the Insured in respect of that Trip less the amount of documentary stamp and premium taxes.

Termination of Insurance

Individual insurance coverage under this Policy shall end on the earliest of the following dates:

- i. In the event of Accidental Death of the Insured; or
- ii. Notice to the Insured on the expiration of the Grace Period for any premium not paid when due.

Insurance in respect of an Immediate Family Member or Dependent Children shall terminate upon his death or on the termination of this Policy in accordance with the above, whichever is earlier.

Termination or cancellation of this Policy or expiration of individual coverage shall not affect any valid claim or loss occurring before such termination, cancellation or expiration. The payment to or acceptance by Prudential Guarantee or by an agent of Prudential Guarantee of any premium after such termination, cancellation or expiration shall not create any liability except to return the premium paid after the termination, cancellation or expiration of this Policy unless this Policy is reinstated pursuant to the Reinstatement provision.

In any Policy year, the aggregate benefits payable to the Insured under this Policy or Certificate of Insurance in respect of any one Accident, resulting in Injury within one hundred-eighty (180) days from the date of the Accident shall not exceed the amount equivalent to the Accidental Death Benefit payable in case of Accidental Death.

In any Policy year, the aggregate benefits payable to the Insured for Accidental Permanent Total Disability Benefit under this Policy or Certificate of Insurance in respect of one or more Accident(s) resulting in Injury within one hundred-eighty (180) days from the date of Accident shall not exceed the amount equivalent to the Accidental Death Benefit. However, the payment of the amount equivalent to the Accidental Death Benefit for Injuries for which the Insured becomes entitled to Accidental Permanent Total Disability in one year shall not terminate this Policy in so far as the Accidental Death Benefit is concerned.

In any Policy year, the amount of Accidental Death Benefit shall be the principal sum.

Fraud

Any intentional misstatement of fact made or represented by the Policyholder/Insured in the Application/individual application/enrolment constitutes fraud and shall give Prudential Guarantee the right to immediately terminate this Policy/individual insurance.

Fraudulent Claims

If any claim under this Policy shall be, in any respect, fraudulent or if any fraudulent means or devices shall be used by the Insured or anyone acting on the Insured's behalf to obtain any benefit under this Policy,

Prudential Guarantee shall be under no liability in respect of such claim and shall be entitled to terminate this Policy immediately.

Clerical Error

A clerical error by Prudential Guarantee shall not invalidate insurance otherwise validly in force, nor continue insurance otherwise not validly in force.

Assignment

No assignment of interest under this Policy shall be binding upon Prudential Guarantee unless and until the original or a duplicate copy thereof is filed with Prudential Guarantee. Prudential Guarantee does not assume any responsibility for the validity of any assignment.

Age Limitation

If at the Effective Date of this Policy or at the commencement of the Period of Insurance stated in the Certificate of Insurance, the age of the Insured at nearest birthday is more than ninety-nine (99) years, this Policy or Certificate of Insurance issued to the Insured shall be void and Prudential Guarantee shall be liable only for the return of the premiums actually paid on it.

Geographical Limits

The Benefits under this Policy shall apply twenty- four (24) hours a day anywhere in the world unless otherwise endorsed or amended.

Terms and Conditions

Payment of any benefit under this Policy is subject to the Definitions, Exclusions, and all other terms and conditions pertinent to the payment of the benefit.

Complying with Policy Conditions

The due observance and fulfillment of the terms of this Policy insofar as they relate to anything to be done or complied with an Insured and the truth of the statements and answers in any proposal and/or Application and of evidence required from an Insured in connection with Policy shall be conditions precedent to any liability of Prudential Guarantee to give any payment due under this Policy.

Entire Contract

This Policy, including endorsements and attached papers the descriptive title of which are mentioned in this Policy, if any, the Application on file with Prudential Guarantee or attached herewith and the Policy Schedule, constitute the entire contract of insurance. No change in this Policy shall be valid until approved by an

authorized executive officer of Prudential Guarantee and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Policy or to waive any of its provisions. None of the provisions, conditions and terms of this Policy shall be waived or altered except in accordance with the pertinent provisions of Section 50 of the Insurance Code.

Unless applied for by the Insured, any rider, clause, warranty or endorsement issued after the Effective Date of this Policy/Group Policy shall be countersigned by the Insured, which countersignature shall be taken as the Insured's agreement to the contents of such rider, clause, warranty or endorsement.

Governing Law

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

Arbitration

In the event of any controversy or claim arising out of or relating this contract, or a breach thereof, the parties hereto agree first to try and settle the dispute mediation, administered by the Insurance Commission or any recognized mediation institution under its Mediation Rules, before resorting to arbitration, litigation or some other dispute resolution procedure.

In case the parties cannot resolve their dispute through mediation, said dispute may be settled through arbitration. All differences as to the amount of any loss or damage covered by this Policy may be settled by final, binding arbitration under the arbitration rules of the Philippine Dispute Resolution Center, Inc. in force at the time of arbitration. The dispute may be referred to an arbitrator to be appointed by the parties in difference, or if they cannot agree upon a single arbitrator, a panel of three (3) arbitrators ("the Panel") may conduct the arbitration. Each party may have the right to appoint one (1) member of the Panel, with the third member to be mutually agreed by the two (2) Panel members appointed by the parties or appointed in accordance with the Rules of the PDRCI. The venue of arbitration shall be in the Republic of the Philippines and the arbitration proceedings shall be conducted in the English language.

Legal Action

Unless the claim has been denied, no action or suit shall be brought either to the Insurance Commission or any court of competent jurisdiction to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. In any event, no legal action shall be brought after the expiration of twelve (12) months from notice of the denial of the claim.

Free Look Provision

The Insured may return or cancel the policy, and if ever payment was made, the amount paid as premium shall be returned in full to the Insured in case the latter disagrees with the terms and conditions of the policy contract, or in case the Insured changes his/her mind in buying the policy contract.

The free look provision provides a period of fifteen (15) days for policy contracts with effectivity period of more than six (6) months, and five (5) days for contracts with effectivity period of six (6) months or less but longer than thirty (30) days.

For group contract, the free look period is not applicable. It is understood that the group contract holders who negotiated and accepted the group contract in behalf of its members or employees have full knowledge and understanding of its contents.

The following conditions will apply:

- No free look provision will be applied to short term travel policies of up to thirty (30) days
- Free look provision will NOT be applied to policies where travel / trip has already commenced
- When applicable, the free look provision will not be triggered if there is already a claim under the policy contract

Civil Code 1250 Waiver Clause

It is hereby declared and agreed that the provision of Article 1250 of the Civil Code of the Philippines (Republic Act No. 386) which reads:

“In case of extraordinary inflation or deflation of the currency stipulated should supervene, the value of the currency at the time of the establishment of the obligation shall be the basis of payment.”

shall not apply in determining the extent of liability under the provisions of this Policy.

IN WITNESS WHEREOF, Prudential Guarantee has caused this Policy to be executed and commenced on the Effective Date stated in the Policy Schedule, provided that no insurance shall be in force unless the Policy Schedule is signed by an authorized representative of Prudential Guarantee.

PRUDENTIAL GUARANTEE AND ASSURANCE, INC.



ANTHONY G. SY
President & CEO

The Insurance Commission of the Philippines, with offices in Manila, Cebu, and Davao, is the government office in charge of the faithful execution and enforcement of all laws relating to insurance and has supervision over insurance companies. It is ready at all times to render assistance in settling any controversy between an Insurance Company and an Insured relating to insurance matters