CHUBB°

Policy Schedule

Policyholder:	Philippine Airlines
Group Policy Number:	PALIB06997
Address:	PNB Financial Center President Diosdado Macapagal Avenue CCP Complex, Pasay City
Effective Date:	May 23, 2022 12:01 am standard Time
Expiry Date:	November 23, 2022 12:01 am standard Time
Insured:	Passengers of the Policyholder (All eligible international passengers of Philippine Airlines traveling to the Philippines).
Period of Insurance:	From: per declarations
	To: per declarations
Premium:	Total Premium: per declarations (premium paid by the Policyholder Philippine Airlines)
	Premium Tax: to be determined
	DST: Exempt
	LGT: to be determined

Documentary stamps have been paid and affixed to the premium register.

Benefit Section	Benefit Amount USD
Section 1. Personal Accident Benefit	2,000
Section 2. COVID-19 Benefits	

a) Medical Hospitalization Expenses Benefit	35,000
b) Emergency Medical Evacuation Benefit	35,000



Aggregate Limit of Liability: not applicable

INSURANCE COMPANY OF NORTH AMERICA (a Chubb Company)

Mari Rachelle L. Carea

Mari Rachelle L. Canta

Country President

Chubb Customer Service Telephone Number +63.2.8859.2799

Chubb Assistance 24-Hour Worldwide Travel Assistance Emergency Hotline +632-8864-0865

Assistance Company: Assist and Assistance Concept, Inc.

Medical Assistance

- Telephone Medical Assistance
- Medical Service Provider Referral
- Arrangement of Appointment with Local Doctors for Treatment
- Arrangement of Hospital Admission
- Monitoring of Medical Condition During and After Hospitalization
- Guarantee of Medical Expenses Incurred during Hospitalization
- Arrangement of Emergency Medical Evacuation

Travel-Related Assistance

- Inoculation and Visa Requirement Information
- Interpreter Referral
- Lost of Luggage Assistance
- Lost of Passport Assistance
- Delivery of Medicine
- Embassy Referral
- Weather and Foreign Exchange Information Services
- Emergency Message Transmission Assistance

Group Travel Insurance Policy for Inbound Philippines Travel



Group Policy No. NAC - PALIBO6997

Group Travel Insurance Policy for Inbound Philippines Travel

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Insurance Agreement

In consideration of the statements in the Application or other acceptable means of enrollment, which shall be the basis of this contract and whose original copy or proof is filed with Insurance Company of North America (a Chubb Company), hereinafter called the "Company", and made a part of this Group Policy, upon the payment of premium and subject to all the exclusions, provisions and other terms of this Group Policy, the Company 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 Group Policy.

IN WITNESS WHEREOF, the Company has caused this Group 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 Confirmation of Cover is signed by an authorized representative of the Company.

Mari Rachelle L. Canta Country President

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(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 matter.)

Definitions

- 1. **Accident**, as referred to in the definition of Bodily Injury, means a sudden, unforeseen and fortuitous event.
- 2. Accidental Death means death occurring as a result of an injury.
- 3. **Air Carrier** means any aircraft which, might or might not be provided and operated by the Policyholder (including its code share and interline partners), is duly licensed for the regular transportation of ticketed passengers, and has established routes.
- 4. **Alternative Medical Physician** means a legally licensed traditional medicine practitioner (including Chinese acupuncturist or bonesetter) or chiropractor or physiotherapist duly registered and practicing within the scope of his/her license pursuant to the laws of the country in which such practice is maintained. An Alternative Medical Physician cannot be the Insured or his/her relative.
- 5. **Application** means the application for this Group Policy which forms an integral part hereof.
- 6. **Assistance Company** means the medical assistance company appointed from time to time by the Company as stated in the Policy Schedule and Confirmation of Cover issued by the Company prior to each Trip.
- 7. **Benefit Amount** means the respective Benefit Amount, as stated in the Policy Schedule, payable by the Company under the terms and conditions of this Group Policy in respect of each event or loss covered by this Group Policy.
- 8. **Biological Agent** means any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins) which cause illness and/or death in humans, animals or plants.
- 9. **Bodily Injury or Injury** means Accidental Bodily Injury occurring while this Group Policy is in force, resulting solely, directly and independently of all other causes from an Accident caused by external, violent and visible means.
- 10. **Chemical Agent** means any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.
- 11. **Confirmation of Cover** means the document in PDF copy which may be issued by the Company to the Insured describing in general the insurance protection to which the Insured is entitled to under the Group Policy. Any Confirmation of Cover in effect when the Group Policy is cancelled, non-renewed or otherwise terminated shall continue to be in effect for the period of coverage specified therein.
- 12. **Common Carrier** means any bus, coach, ferry, ship, taxi, train, tram or train provided and operated by a carrier duly licensed for the regular transportation of fare-paying passengers; any

helicopter provided and operated by an airline which is duly licensed for the regular transportation of fare-paying passengers provided that such helicopter is operating only between established commercial airports and/or licensed commercial heliports; and any fixed-wing aircraft provided and operated by an airline company which is duly licensed for the regular transportation of fare-paying passengers.

- 13. **Confined or Confinement** means 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. **Communicable Disease Outbreak or Communicable Disease** means a disease that may be transmitted directly or indirectly by one person or animal to another by any means due to a virus, bacteria or other microorganism and that leads to:
 - (i) the imposition of quarantine or restriction in movement of people or animals by any national or international body or agency; or
 - (ii) a travel advisory or warning being issued by a national or international body or agency.
- 15. **COVID-19** refers to the strain of Novel Coronavirus 2019 classified in February 2020 by the World Health Organization (WHO) as "Coronavirus Disease 2019 (COVID-19)" or any mutation or variation thereof or any related strain, contracted and commencing while this Group Policy is in force and results, directly and independently of all other such causes.
- 16. **Dependent Children** means the Insured's unmarried dependent child or children (including stepchildren or legally adopted children), who are between two-weeks old and up to and including seventeen (17) years old or, up to and including twenty-one (21) years old while they are full-time students at an accredited institution of higher learning and are primarily dependent upon the Insured for maintenance and support.
- 17. **Effective Date** means the date on which insurance under this Group Policy commences as stated in the Policy Schedule.
- 18. **Expiry Date** means the date on which insurance under this Group Policy expires or ends as stated in the Policy Schedule.
- 19. **Group Policy** means this document, and the Policy Schedule describing the insurance contract between the Company and the Policyholder. It shall also include, after this Group Policy has taken effect, any amendment, rider, clause, warranty, endorsement or any other document attached to this Group Policy and which has been endorsed by an authorized executive officer of the Company and countersigned by the Policyholder.
- 20. **Home Country** means any country or territory of which the Insured is a citizen or a permanent resident and excludes the Philippines.
- 21. **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:

- a) operates primarily for the reception, care and medicare, and treatment of sick, ailing or injured persons as in-patients;
- b) provides full-time nursing service by and under the supervision of a staff of licensed nurses;
- c) has a staff of one or more Physicians available at all times;
- d) 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 establishment; and
- e) is not primarily a clinic, nursing, rest or convalescent home, or similar establishment and is other than a place for alcoholics or drug addicts.

Hospital shall not include the following:

- a) a mental institution, an institution confined primarily to the treatment of psychiatric disease including sub-normal, the psychiatric department of a hospital;
- b) 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.
- 22. **Immediate Family Member** means the Spouse, parent, parent-in-law, step-parent, Dependent Children, brother, sister, brother-in-law, sister-in-law, daughter-in-law, son-in-law, half brother, half sister, niece, nephew, uncle, aunt, stepchild, grandparent or grandchild.
- 23. **Insured** means such person or persons named as such in the Policy Schedule and with respect to whom premium has been paid or agreed to be paid.
- 24. **Limb** includes a hand or foot.
- 25. **Loss** means, with respect to hands and feet, actual severance through or above wrist or ankle joints; with respect to eyes, entire and irrecoverable loss of sight; with respect to thumb and index finger, actual severance through or above metacarpophalangeal joints, and in each case caused by an Accidental Injury. This term shall not include loss of use of a part of the body.
- 26. Loss of Hearing means permanent irrecoverable and complete loss of hearing.
- 27. **Loss of Sight** means the total and irrecoverable loss of all sight of an eye which is beyond remedy by surgical or other treatment.
- 28. **Loss of Speech** means the disability in articulating any three of the four sounds which contribute to speech such as the Labial sounds, the Alveololabial sounds, the Palatal sounds and the Velar sounds or the total loss of vocal cord or damage of speech center in the brain resulting in Aphasia.
- 29. **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.

- 30. **Medical Expenses** means usual, reasonable and customary Physician's fees, ambulance services, hospitalization fees, medical supplies and medications all of which have been necessary and reasonably incurred and as arranged directly by the Assistance Company or its authorized representative.
- 31. **Nuclear, Chemical or Biological Terrorism** means the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical Agent and/or Biological Agent during the Period of Insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.
- 32. **Originating Country** means any country or territory of which the Insured is coming from and excludes the Philippines.
- 33. **Period of Insurance** means the period during which the individual insurance under this Group Policy is effective pursuant to the Effective Date and Termination Date of Insurance section and/or as stated in the Confirmation of Cover.

34. **Permanent Loss** means:

- a) Physical severance or total loss of the use of a Limb having lasted twelve (12) consecutive months and at the expiry of that period is beyond hope of improvement;
- b) Irrecoverable loss of all sight in an eye;
- c) Entire and irrecoverable loss of hearing;
- d) Entire and irrecoverable loss of the ability to speak; or and in each case caused by an Accidental Injury.
- 35. **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/her life.
- 36. Personal Medical Quarantine means a medically necessary and compulsory isolation order:
 - a) issued in response to the Insured contracting COVID-19 or suspected of being exposed to COVID-19, including Insured having travelled to certain designated countries, territories or regions;
 - b) issued by a government authority vested with the power to issue such an order; and
 - c) where non-compliance of the order would result in civil or criminal penalties.
- 37. **Physician** means a doctor or surgeon duly licensed and practicing within the scope of his/her license pursuant to the laws of the Philippines and shall not include the Insured or his/her Spouse or any of his/her Immediate Family Members unless approved by the Company.
- 38. **Policyholder** means the airline partner and policy owner of this Group Policy.
- 39. **Policy Schedule** means the schedule attached to this Group Policy.

- 40. **Pre-existing Condition/s** means any condition for which:
 - a) The Insured received medical treatment, diagnosis, consultation, or prescribed drugs, or for which symptoms or manifestations have existed whether treatment was actually received within a twelve (12)-month period preceding the commencement of a Trip;
 - b) Medical advice or treatment was recommended by a Physician within a twelve (12)-month period preceding the commencement of a Trip; or
 - c) The Insured should reasonably be aware of within a twelve (12)-month period preceding the commencement of a Trip.
- 41. **Resident In-patient** means an Insured whose Confinement is as a resident bed patient and whose Confinement is covered by this Group Policy and not merely for any form of nursing, convalescence, rehabilitation, rest or extended-care.
- 42. **Schedule of Benefits** means the table of benefits, which is incorporated in and forms part of this Group Policy.
- 43. **Sickness** means a sickness or disease which requires treatment by a medical practitioner and which is not a Bodily Injury.
- 44. **Spouse** means the legally married spouse of the Insured.
- 45. **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.
- 46. **Trip** means a trip made by the Insured to the Philippines from the Insured's Originating Country and must commence on the arrival date in the Philippines as shown on the Insured's ticket issued by the airline partner.
- 47. **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.

Effective Date and Termination Date of Insurance

In the case of round trip booking, the coverage under this Group Policy will start upon arrival of the Insured in the Philippines and when the Insured has obtained the appropriate immigration clearance to enter the Philippines, and will cease upon the departure of the Insured from the Philippines upon obtaining the appropriate immigration clearance to exit the Philippines, or after thirty (30) consecutive days from arrival of the Insured in the Philippines, whichever is sooner.

In the case of one way booking, the coverage under the Group Policy will start upon arrival of the Insured in the Philippines and when the Insured has obtained the appropriate immigration clearance to enter the Philippines, and will cease upon the departure of the Insured from the Philippines upon obtaining the appropriate immigration clearance to exit the Philippines , or after two (2) consecutive days from arrival of the Insured in the Philippines, whichever is sooner.

Eligibility Requirements

- (a) The following are the eligibility requirements for cover under this Group Policy: the Insured must be at least two (2) weeks old but not more than seventy-five (75) years old on the arrival date in the Philippines as shown on the Insured's ticket issued by the airline partner within the Effective Date of insurance as stated in the Policy Schedule; and
- (b) The Insured has purchased his/her airline ticket from the Policyholder and is travelling on a Trip within the Philippines.

Description of Benefits

Section 1: 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 within one hundred eighty (180) days from the date of the Accident, 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, the Company will pay compensation in accordance with the Benefit Amount as stated in the Policy Schedule, subject to the limits provided in the table below:

Loss Covered	Percentage of the Benefit Amount Payable
Accidental Death	100%
Permanent Total Disability	100%
Permanent Loss of speech and hearing	100%
Loss of Sight in both eyes	100%
Loss of or Loss of Use of two Limbs	100%
Loss of or Loss of Use of one Limb	100%

Loss of Sight in one eye	100%
Permanent Loss of lens of one eye	60%
Permanent Loss of Speech	50%
Permanent Loss of Hearing in :	
(i) both ears	75%
(ii) one ear	15%

The occurrence of any specific Loss for which indemnity is payable under this section to an Insured shall at once terminate all cover under this Group Policy for the Insured, but such termination shall be without prejudice to any other claim originating from the Accident causing such Loss.

No indemnity will be paid under any circumstances for more than one of the losses, the greatest, for which provision is made in this section.

In the event of Accidental Death due to Bodily Injury the following percentage will be paid on the following conditions:

- (i) Insured who is at least eighteen (18) years old but not more than seventy- five (75) years old on the date of the Accident, will receive one hundred (100%) of all Benefit Amounts as stated in the Policy Schedule;
- (ii) Insured who is between two (2) years old and up to and including seventeen (17) years old on the date of the Accident will receive one hundred percent (100%) of all the Benefit Amounts as stated in the Policy Schedule; and
- (iii) Insured who is two (2) weeks old and up to and including two (2) years old on the date of the Accident will receive one hundred percent (100%) of all the Benefit Amounts as stated in the Policy Schedule, except for the Personal Accident Benefit where such Insured will receive ten percent (10%) of the Personal Accident Benefit.

Exclusions Applicable to Personal Accident Benefit (Section 1)

Section 1 of this Group Policy does not cover Loss or Injury, and the Company will not in any event be liable in respect of any claim under Section 1, occurring, caused by, resulting from, or contributed to, by the following:

- 1. While the Insured is riding or traveling on a motorcycle;
- 2. Any claims involving participation by the Insured in hunting, racing (other than on foot), polo playing, hang gliding, bungee jumping, sports in a professional capacity, mountaineering or rock climbing using ropes or guides, scuba diving unless (a) the Insured holds an Open Water Diving Certificate or is diving

- with a qualified diving instructor, abseiling, ballooning, parachuting, paragliding or gliding, and (b) with additional premium and with the Company's prior written approval;
- 3. Suicide or attempted suicide or intentional self-inflicted injury;
- 4. The Insured not taking all reasonable efforts to safeguard his/her property or to avoid any Injury or minimize any claim under this Group Policy;
- 5. While the Insured is taking part in a brawl or taking part in inciting a brawl;
- 6. Ophthalmological care, eyeglasses, contact lenses, hearing aids, dental care (unless such treatment is necessarily incurred to sound and natural teeth) and dentures, unless they are the direct consequence of a covered Accident; or
- 7. any loss caused by or resulting from Sickness.

Section 2: COVID-19 Benefits

a) Medical Hospitalization Expenses Benefit

If during the Period of Insurance, while the Insured is on a Trip, the Insured is necessarily and reasonably Confined in a Hospital as a direct result of COVID-19, and as diagnosed by a Physician who is directly treating, testing or attending to the Insured's medical circumstances, the Company will cover the Insured in respect of such Medical Expenses upon notification by the Insured to the Assistance Company for hospitalization and medical arrangement up to the maximum Benefit Amount specified in the Policy Schedule, subject to the terms and conditions of this Group Policy.

ADDITIONAL CONDITIONS

If due to reasons beyond the Insured's control, he/she is unable to notify the Assistance Company to make the necessary arrangements, the Company shall reimburse the Insured up to the amount which the Assistance Company would have incurred for the services provided under the same circumstances, subject to the terms and conditions of this Group Policy.

ADDITIONAL EXCLUSIONS

In addition to the General Exclusions Applicable to All Sections under this Group Policy, the Company will not pay under Section 2 a) Medical Hospitalization Expenses Benefit for any of the following:

- 1. any further expenses incurred by the Insured if the Company wishes to return the Insured to his/her Home Country, but the Insured refuses (where in the opinion of the treating Physician and the Assistance Company, the Insured is fit to travel);
- 2. any expenses relating to any treatment for COVID-19 where such treatment was first sought more than sixty (60) days from the time the COVID-19 was first sustained;
- 3. any expenses incurred in relation to treatment by an Alternative Medical Physician;
- 4. any expenses relating to specialist treatment not prescribed or referred by a Physician in general practice;

- 5. any expenses incurred for mandatory diagnostic tests that the Insured is required to take for the Trip, such as pre-departure tests and post-arrival tests; or
- 6. any expenses covered under any government sponsored scheme or project.

b) Emergency Medical Evacuation Benefit

If, during the Period of Insurance, while the Insured is on a Trip and as a result of COVID-19 suffered by the Insured during the Period of Insurance and if in the opinion of the Assistance Company, or its authorized representative, it is adjudged medically appropriate to move the Insured to another location for medical treatment, or to return the Insured to his/her. Home Country, the Assistance Company, or its authorized representative, shall arrange for evacuation utilizing the means best suited to do so based on the medical severity of the Insured's condition. The Company shall pay directly to the Assistance Company, or its authorized representative, the covered expenses for such evacuation up to the Benefit Amount as stated in the Policy Schedule or Confirmation of Cover. The means of evacuation arranged by the Assistance Company, or its authorized representative, may include air ambulance, surface ambulance, regular air transportation, railroad or any other appropriate means. All decisions as to the means of transportation and the final destination will be made by the Assistance Company or its authorized representative, and will be based solely upon medical necessity.

ADDITIONAL CONDITION

If due to reasons beyond the Insured's control, he/she is unable to notify the Assistance Company to make the necessary evacuation arrangements, the Compay shall, if satisfied that the evacuation was due to the necessary medical treatment not being available, either at the nearest Hospital where the Insured was transported to or in the immediate vicinity thereof, reimburse the Insured for expenses incurred in relation to the evacuation, up to the amount which the Assistance Company would have incurred for services provided under the same circumstances, subject to the terms and conditions of this Group Policy.

ADDITIONAL EXCLUSIONS

In addition to the General Exclusions Applicabe to All Sections under this Group Policy, the Company will not pay under Section 2b) Emergency Medical Evacuation Benefit for any of the following:

- 1. any expenses incurred for services provided by another party for which the Insured is not liable to pay, or any expenses already included in the cost of a scheduled trip;
- 2. any expenses for a service not approved and arranged by Assistance Company or its authorized representative, except as otherwise mentioned in this Section;
- 3. any treatment performed or ordered by a person who is not a Physician;
- 4. any expenses incurred in relation to treatment that can be reasonably delayed until the Insured return to his/her Home Country; or
- 5. any expenses which are recoverable from any other insurance coverage that the Insured is entitled to.

Additional Exclusions Applicable to Section 2: COVID-19 Benefits

This Group Policy does not cover loss, injury or damage caused by or resulting from or contributed to by the following:

- (a) any sickness other than that caused by COVID-19;
- (b) the Insured being the subject of a Personal Medical Quarantine order issued but not Confined and/or suffering from COVID-19;
- (c) travel booked or undertaken against the advice of any Physician or for seeking medical attention;
- (d) deliberately self-inflicted injury or suicide;
- (e) the Insured committing any criminal or illegal act;
- (f) any nuclear reaction or contamination, ionising rays or radioactivity;
- (g) any Nuclear, Chemical or Biological Terrorism; or
- (h) any condition which results from or is a complication of venereal disease.

General Exclusions Applicable to All Sections

This Group Policy does not cover loss, injury or damage caused by, or resulting from, or contributed to, by the following:

- Declared or undeclared war or any act of war, invasion, foreign enemy, civil war, rebellion, revolution, insurrection, military or usurped power; Any nuclear reaction or contamination, ionizing rays or radioactivity;
- 2. Any Nuclear, Chemical or Biological Terrorism;
- 3. Any willful or intentional acts by the Insured whether sane or insane, mental and nervous disorders, self-inflicted injury, suicide or attempted suicide, suicide pacts or agreements or any attempts thereat, provoked homicide or assault;
- 4. The Insured acting as a law enforcement officer, emergency medical or fire service personnel, civil defense personnel or military personnel of any country or international authority, whether full-time service or as a volunteer;
- 5. Any condition, which is or results from or is a complication of infection with Human Deficiency Syndrome ('HIV'), any variance including Acquired Immune Deficiency Syndrome ('AIDS'), and AIDS Related Complications ('ARC'), or any opportunistic infections and/or malignant neoplasm (tumor) found in the presence of HIV, AIDS or ARC;
- 6. Any condition which is, results from or a complication of pregnancy, childbirth, miscarriage (except Accidental miscarriage) or abortion, intoxication by alcohol or absorption of any drugs, medications or treatments not prescribed by a Physician (other than over-the-counter drugs);

- 7. Illegal acts (or omissions) by the Insured or the Insured's executors, administrators, legal heirs or personal representatives, loss resulting directly or directly from action taken by the government authorities including confiscation, seizure, destruction and restriction;
- 8. Air travel other than as a fare-paying passenger on a fully licensed passenger carrying aircraft operated by an airline or an air charter company for the regular transportation of passengers;
- 9. Travel booked or undertaken against the advice of any Physician or for the purpose of seeking medical attention;
- 10. Any Pre-existing Condition/s;
- 11. Any government prohibition, regulation or intervention;
- 12. Any loss or expenses which if reimbursed or paid by the Company would result in the Company being in breach of trade or economic sanctions or other such similar laws or regulations;
- 13. The Insured engaging in naval, military or air force service or operation or testing of any kind of conveyance or being engaged in manual work or while engaging in offshore activities like diving, oil-rigging, mining or aerial photography or handling of explosive;
- 14. Any condition which results from or is a complication of venereal disease;
- 15. Where the Insured becomes entitled to a refund of or reimbursement of all or part of such expenses from any other source, or if there is in place any other insurance against the events covered under this Group Policy, the Company will only be liable for the excess of the amount recoverable from such other source or insurance;
- 16. Any Communicable Disease Outbreak or any fear or threat of a Communicable Disease Outbreak except COVID-19;
- 17. Any known event/foreseen circumstance, which means riot, Strike, civil commotion, war or warlike situation or natural disaster, that is publicized or reported by the media or through travel advice issued by a national or international body or agency before the insurance cover under this Group Policy was taken up;
- 18. Any medical treatment received during the Trip which was made for the purpose of receiving medical treatment or if the Trip was undertaken while the Insured was unfit to travel;
- 19. Experimental or investigative procedures;
- 20. Action of the Insured while under the influence of alcohol, addictive drugs, narcotic drugs to the extent of being unable to control one's mind. The term "under the influence of alcohol" means that the Insured's blood/alcohol level was equal to or superior to that fixed by the law/s regulating the use of automobiles, based on the results of a blood test;

- 21. Treatment arising from any geriatric, psycho-geriatric or psychiatric condition, stress, anxiety and depression, psychoanalytic treatment, stays in rest homes, physiotherapy and detoxification, care provided by a chiropractor or osteopath;
- 22. Treatment for obesity, weight reduction or weight improvement;
- 23. Any expenses incurred for transportation, accommodation or services provided by another party for which the Insured is not liable to pay, or any expenses already included in the cost of a scheduled Trip;
- 24. Any expenses for a service not approved and arranged by the Assistance Company, or its authorized representative, except that the Company reserves the right to waive this exclusion in the event the Insured or his/her traveling companions cannot for reasons beyond their control notify the Assistance Company, or its authorized representative, during an emergency medical situation. In any event, the Company reserves the right to reimburse the Insured only for those expenses incurred for services which the Assistance Company, or its authorized representative, would have provided under the same circumstances and up to the limits indicated in the Policy Schedule; or
- 25. Any further expenses incurred by the Insured if the Company wishes to evacuate the Insured to another location or return the Insured to his/her place of residence but the Insured refuses (where in the opinion of the attending Physician and the Assistance Company the Insured is fit to travel).

Sanctions Exclusion Applicable to this Group Policy

This Group Policy does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit the Company from providing insurance, including, but not limited to, the payment of claims.

The Company is a branch of a US company and Chubb Limited, a NYSE listed company. Consequently, the Company is subject to certain US laws and regulations in addition to EU, UN and local sanctions restrictions which may prohibit it from providing cover or paying claims to certain individuals or entities or insuring certain types of activities related to certain countries such as Cuba.

General Provisions

- The Insured must not make any offer or promise payment, admit his/her fault to any other party or become involved in any litigation without the Company's written approval, which shall not be unreasonably withheld.
- 2. The Insured can only be covered under one such policy for the same Trip.
- 3. Enrollment for this Group Policy will be through the list of Insureds to be submitted by the partner airline to the Company on a regular basis., which will form part of this Group Policy.

General Conditions

Premium Payment

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

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 Group Policy shall continue in force, unless this Group Policy has been cancelled, terminated or has not been renewed in accordance with the provisions of this Group Policy. However, if loss occurs within the grace period for which the Company shall be obligated to pay benefits under this Group Policy, any premium then due and unpaid will be deducted in settlement.

Currency

All amounts shown in this Group Policy are in Philippine Peso (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 Peso (Php), as fixed by the Bangko Sentral ng Pilipinas, will be the rate at the time the expense was incurred or the loss occurred.

Due Diligence

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

Notice of Claim or Loss

In case of hospitalization or medical emergency, the Insured, a person traveling with him/her, or the treating medical authority must contact the Company or the Assistance Company immediately to verify coverage and arrange the appropriate medical care. In case of Injury or Accidental Death, written notice of claim must be given to the Company within thirty (30) days after a covered loss begins or as soon as reasonably possible. Notice should include the Insured's name and the Confirmation of Cover number. If the Insured's property covered under this Group Policy is lost or damaged, the Insured must notify the Company 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, the Company will furnish to the claimant such forms usually required by the Company 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 Group Policy, as to proof of loss, upon submitting, within the time fixed herein 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 the Company may reasonably require in support of a claim, shall be furnished by the Insured.

Online Claims Portal

The claimant can lodge a notice of claim using the Company's online claims portal at https://www.chubbclaims.com/ace/ph-en/welcome.aspx

Proof of Loss

Written proof of loss including the original receipts, invoices and all other relevant documents must be furnished to the Company within thirty (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.

To Whom Claims Paid

Benefits payable under this Group Policy shall be made to the Insured; or in the event of his/her 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 the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of the payment.

Time of Payment of Claim

Indemnities payable under this Group Policy will be paid within thirty (30) days after receipt by the Company of due written proof of such loss and after ascertainment of the loss is made by the agreement between the Company and the Insured or by arbitration; but if such ascertainment is not had or made within sixty (60) days after such receipt by the Company of the proof of loss, then the loss shall be paid within ninety (90) days after such receipt. Refusal or failure to pay the loss within the periods prescribed herein will entitle the Insured to collect interest on the proceeds of the Group 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.

Fraudulent Claims

If any claim under this Group 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 Group Policy, the Company shall be under no liability in respect of such claim and shall be entitled to terminate the Insured's Confirmation of Cover immediately.

Fraud Warning

Section 251 of the Amended Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim.

Physical Examination and Autopsy

The Company 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.

Misstatement of Age

If the age of the Insured has been misstated, all amounts payable under this Group 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 this Group Policy would not have become effective, or would have ceased prior to the acceptance of such premium or premiums, then the liability of the Company 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 Group Policy.

Assistance and Cooperation

The Insured shall cooperate with the Company 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 Group 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.

Right of Recovery

In the event authorization of payment and/or payment is made by the Company for a medical claim whereby policy liability is not payable, the Company reserves the right to recover the amount paid against the Insured for the full sum which the Company 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 the Company as to any other insurance the Insured may have covering the same risks in this Group 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, the Company will be liable only for the excess of the amount of loss over the amount of such other Insurance, and any applicable deductible.

Reinstatement of Policy

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

Review of Premium Rate

The Company and the Policyholder agree to review the performance of this Group Policy thirty (30) days after Effective Date for any reason, including if the Philippine government amends the entry requirement. The Company reserves the right to change the premium rate, the said change in premium rate shall be effected subject to the mutual agreement of the Company and the Policyholder. In case of non-agreement as to the new premium rate, the Company may notify the Policyholder thirty (30) days from date of such notice, to withdraw the product and terminate this Group Policy.

Renewal Conditions

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

Right to Return Policy

In the event the Policyholder is not satisfied with this Group Policy for any reason, the Policyholder may cancel this Group Policy by advising the Company in writing within five (5) days after receipt hereof. Any premium paid will be refunded during this period. The Policyholder will not receive a premium refund if any one Insured has made a claim during this period.

Cancellation

This Group Policy, or any individual insurance provided thereunder, shall not be cancelled by the Company 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 Group 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 wilful or reckless acts of omissions increasing the hazards insured against;
- e) physical changes in the property insured which result in the property becoming uninsurable;
- f) discovery of other insurance coverage that makes the total insurance in excess of the value of the property insured; or

g) a determination by the Insurance Commissioner that the continuation of this Group Policy would violate or would place the Company in violation of the Amended 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, the Company will furnish the facts on which the cancellation is based.

Any Confirmation of Cover in effect when the Group Policy was cancelled by the Policyholder shall continue to be in effect for the period of coverage specified therein.

The Policyholder shall inform the Insured of its impending cancellation of the Group Policy or by the Company upon its receipt of the notice.

Termination of Insurance

Termination, cancellation or expiration of this Group Policy shall not affect any valid claim or loss occurring before such termination, cancellation or expiration. The payment to or acceptance by the Company or by an agent of the Company 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 Group Policy unless this Group Policy is reinstated pursuant to the Reinstatement provision.

In any policy year, the aggregate benefits payable to the Insured under this Group Policy or Confirmation of Cover 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 Group Policy 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 Group 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.

Clerical Error

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

Assignment

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

Age Limitation

If at the at the start of the Period of Insurance, the age of the Insured at nearest birthday is more than seventy five (75) years, the insurance cover under this Goup Policy cover shall be void and the Company shall be liable only for the return of the premiums actually paid on it.

Geographical Limits

The benefits under this Group Policy shall apply twenty- four (24) hours a day within the Philippines.

Terms and Conditions

Payment of any benefit under this Group 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 Group Policy insofar as they relate to anything to be done or complied with by the Policyholder/Insured and the truth of the statements and answers in the Application and of evidence required from the Insured in connection with this Group Policy shall be conditions precedent to any liability of the Company to give any payment due under this Group Policy.

Entire Contract

This Group Policy, including endorsements and attached papers of which the descriptive title are mentioned in this Group Policy, if any, the Application on file with the Company or attached herewith and the Policy Schedule and the Confirmation of Cover, constitute the entire contract of insurance. No change in this Group Policy shall be valid until approved by an authorized executive officer of the Company and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Group Policy or to waive any of its provisions. None of the provisions, conditions and terms of this Group Policy shall be waived or altered except in accordance with the pertinent provisions of Section 50 of the Amended Insurance Code.

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

Governing Law

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

Mediation

In the event of any controversy or claim arising out of or relating to this Group Policy, or a breach hereof, the Company and the Policyholder/Insured shall first endeavour to amicably settle the matter by mediation administered by the Insurance Commission or any recognized institution under the Mediation Rules, before resorting to arbitration, litigation or some other alternative dispute resolution procedure.

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 Group Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Group 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.

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 Group Policy.

Availability of the Group Policy

This Group Policy shall be kept in the main office of the Policyholder and shall be in the custody of its authorized officer. This Group Policy shall be available to the Insured for inspection during the regular office hours of the Policyholder.

Privacy Statement

In this Privacy Statement "We", "Our" and "Us" means Insurance Company of North America (a Chubb Company). This Statement is a summary of Our Privacy Policy and provides an overview of how We collect, disclose and handle the Insured's personal information, which may include sensitive personal information. Our Privacy Policy may change from time to time and where this occurs, the updated version will be posted to Our website.

Why We Collect the Insured's Personal Information

The primary purpose for Our collection and use of the personal information of the Insured is to enable Us to provide Our services (e.g. policy administration, inquiries, claims processing).

How We Obtain the Insured's Personal Information

We collect personal Information (which may include sensitive personal information) at various points including but not limited to when We are issuing, changing or renewing an insurance policy or cover with Us or when We are processing a claim. Personal information is usually obtained directly from the Insured or through an insurance intermediary or a group policyholder. Please refer to Our Privacy Policy for further details.

When information is provided to Us via a third party, We use that information on the basis that the Insured consented or would reasonably expect Us to collect the Insured's personal information in this way. We take reasonable steps to ensure that the Insured has been made aware of how We handle his/her personal information.

How We Disclose the Insured's Personal Information

We may disclose the information We collect to third parties, including service providers engaged by Us to carry out certain business activities on Our behalf (such as claims assessors and call centers). In some circumstances, in order to provide Our services, We may need to transfer personal information to other entities within the Chubb group of companies or third parties with whom We (or the Chubb Group of Companies) have subcontracted to provide a specific service for Us, which may be located outside of the Philippines. These entities and their locations may change from time to time. Please contact Us, if you would like a full list of the countries in which these third parties are located. In the circumstances where We disclose personal information to the Chubb Group of Companies, third parties outside the Philippines, We take steps to protect personal information against unauthorized disclosure, misuse or loss.

Where access to Our products has been facilitated through a third party (e.g. insurance broker), We may also share Your information with that third party.

Access to and Correction of the Insured's Personal Information

If the Insured would like to request access to, update or correct the personal information held by Us, please contact Our Data Protection Officer.

How to Make a Complaint

In case of a complaint, please contact:

Data Protection Officer
Insurance Company of North America (a Chubb Company)
24th Floor Zuellig Building
Makati Avenue corner Paseo de Roxas
Makati City 1226, Philippines
E-mail DPO.PH@chubb.com

Contact Us

Insurance Company of North America A Chubb Company 24th Floor Zuellig Building Makati Avenue corner Paseo de Roxas Makati City 1226 Philippines O +63 2 8849 6000 F +63 2 8325 1675

About Chubb in the Philippines

Chubb is the world's largest publicly traded property and casualty insurer. With operations in 54 countries and territories, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. The company is also defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb maintains executive offices in Zurich, New York, London, Paris and other locations, and employs approximately 33,000 people worldwide.

Chubb, via acquisitions by its predecessor companies, has been present in the Philippines for more than 70 years. Chubb in the Philippines is a branch of Insurance Company of North America, which has been assigned a financial rating of AA by Standard & Poor's. The company provides specialized and customized coverages for Property, Casualty, Marine, Financial Lines, as well as Accident & Health. It leverages global expertise and local acumen to tailor solutions to mitigate clients' risks. With a focus on building strong relationships with its clients by offering responsive service, Chubb in the Philippines has become one of the leading providers of Specialty Personal Lines, Accident & Health insurance through direct marketing.

More information can be found at www.chubb.com/ph-en/

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