

若英文译本与中文有异，以中文版本为准。Should there be any inconsistencies between Chinese and English versions, the Chinese version shall prevail.

CHARTIS General Insurance Company China Limited

Group Business Travel Accident Insurance Endorsement

It is hereby understood and agreed that the terms and conditions of the Group Travel Accident Insurance Policy (“GTA”) are amended as follows as per the provisions of this endorsement:

1. The following paragraphs are hereby added in the Definition of the Basic Policy:

(17) **Business Travel** shall mean any travel of the Insured Person appointed by his/her employer for the purpose of Business Travel covered herein shall exclude the travel or transportation between the residence and work place or personal trips of the Insured Person.

2. The Item 2 of Paragraph 2 under Article 4 of the Group Personal Effects Rider is hereby amended as follows:

The Company shall not be liable for any of the following property or loss of or damage to the Personal Effects of the Insured Person directly or indirectly arising as a result of:

(2) gold, silver, jewelry or accessories, mobile phones or Personal Digital Assistant (PDA);

3. The following document is hereby added in the Article of Evidential Documents/Filing of Claims in the Basic Policy and Riders:

Proof of Business Travel issued by the employer.

Subject otherwise to the terms, exclusions and conditions of this Policy.

(End of page)

CHARTIS General Insurance Company China Limited

No Cover Country or Territory Endorsement

It is hereby understood and agreed that the following paragraph is hereby added in the EXCLUSION of the Basic Policy :

This policy will not cover any loss, injury, damage or legal liability arising directly or indirectly from: Travel in, to, or through Afghanistan, Burma, Cuba, Democratic Republic of Congo, Iran, Iraq, Liberia, Sudan, or Syria.

Subject otherwise to the terms, exclusions and conditions of this Policy.

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Chartis Insurance Company China Limited

(hereinafter referred to as “the Company”)

Group Travel Accident Insurance

CHAPTER I GENERAL PROVISIONS

ARTICLE 1 THE ENTIRE POLICY

All terms, conditions and exclusions herein, together with the Schedule, Application Form, endorsements and other agreements, constitute the entire Policy of this “Group Travel Accident Insurance” or “GTA” (hereinafter referred to as “the Policy”).

ARTICLE 2 DETERMINATION OF AGE AND MISSTATEMENT OF AGE

The age of an Insured Person shall be the age on his/her legitimate credential. At the time of application, the Policyholder shall state the age of the Insured Person at his/her last birthday. If the age of the Insured Person is misstated, it shall be handled as follows:

(1) If such misstatement affects the amount of premiums but does not result in ineligibility of the Insured Person, reasonable adjustment of premiums will be made in light of the true age.

(2) If such misstatement affects the amount of premiums and results in the ineligibility of the Insured Person, the Company will refund the unearned premiums for such Insured Person unless otherwise provided herein.

ARTICLE 3 DESIGNATION AND CHANGE OF BENEFICIARY

With the consent of the Insured Person, the Policyholder may, at the time of application, designate one or more persons as the death beneficiary/beneficiaries. In the case of more than one death beneficiaries, the Insured Person may determine the priority of the death beneficiaries and benefit proportions for the death benefits. If the benefit proportions are not specified, all death beneficiaries shall be entitled to an equal share of the death benefits. Where the beneficiary intentionally causes the death, injury, disability or illness to the insurant or attempts to murder the insurant, the beneficiary shall lose the beneficiary right.

With the consent of the Insured Person, the Policyholder may change the death beneficiary/beneficiaries with a written notice to the Company. No such change shall be effective unless recorded by the Company and by endorsement hereto. The Company shall not be responsible for any legal disputes resulting from any change(s) in the death beneficiary/beneficiaries.

Death benefits shall be paid to the death beneficiary/beneficiaries surviving the deceased Insured Person. Unless otherwise provided, the death benefits shall be payable to the

estate of the Insured Person if none of the named death beneficiary/beneficiaries survives the Insured Person.

ARTICLE 4 CHANGE OF DOMICILE OR CORRESPONDENCE ADDRESS

In case of any change of the Policyholder's domicile or correspondence address, a written notice shall be given promptly to the Company, failing which all notices sent by the Company to the last known domicile or correspondence address as shown in this Policy shall be deemed to have been duly served.

ARTICLE 5 AMENDMENT

Upon satisfaction of the requirements of the Company, the Policyholder may apply to amend this Policy while this Policy is in force. No amendment made shall be effective unless agreed to and recorded by the Company and by endorsement hereto.

In case of death of any Insured Person, application for any amendment to such part of this Policy as applicable to such Insured Person will not be acceptable.

CHAPTER II POLICY PERIOD

ARTICLE 6 EFFECTIVENESS

The inception date of this Policy shall be that contained in the Schedule. The said date shall determine the policy expiry date and premium due date. Settlement of full premiums either by a lump-sum or in other manners mutually agreed and the company's acceptance of the risk shall be conditions precedent to any liability of the Company under the Policy. The Company shall issue a Schedule as an underwriting certificate.

The Policy Period shall be that stated on the Schedule, based on Beijing Time, 24 hours as one day. For per trip plan, coverage for any Insured Person shall commence (1) on the effective date stated on the Schedule; or (2) at the time when the Insured Person(s) departs the municipal jurisdiction of his/her residence or workplace

Within the Territory or takes common carrier directly for the destination of the journey outside the municipal jurisdiction of his/her usual residence or work place during the Policy Period (whichever shall occur later), whichever shall occur last, and terminate at (1) the Policy expiry date; or (2) the arrival of the Insured Person at his/her residence or workplace Within the Territory, whichever shall occur first.

If policy period is one year, coverage for any Insured Person shall commence from the time when the Insured Person departs the municipal jurisdiction of his/her residence or workplace Within the Territory or takes common carrier directly for the destination of the journey outside the municipal jurisdiction of his/her usual residence or workplace during the Policy Period, and terminate at (1) the arrival of the Insured Person at his/her

residence or workplace Within the Territory after the journey; or (2) the last day of the maximum coverage period per trip as stated in the Application Form as of the time of commencement of coverage aforesaid (both the first and last dates included); or (3) the policy expiry date, whichever shall occur first.

ARTICLE 7 EXTENSION OF POLICY PERIOD

If through circumstances outside the Insured Person’s control, including but not limited to inclement weather, natural disaster, hospitalization due to Severe Body Injury arising as a result of sickness or accident, the insured journey may be extended beyond the period stated in this Policy, the Company will automatically extended the Policy Period free of charge for such a period as is reasonably necessary for completion of such insured journey.

CHAPTER III ELIGIBILITY

ARTICLE 8 ELIGIBILITY AND ADDITIONS

(1) Members of the organization(s) (not including any terrorist or member of any terrorist organization, narcotics trafficker, or illegal purveyor of nuclear, weapon, chemical or biological weapon identified by any country or international organization) as defined in the Policy are eligible for coverage upon approval of the Company of the Applicant’s written application for enrolling the said members in this Policy.

(2) Members eligible for coverage shall become Insured Persons under the Policy.

(3) For the additional Insured Person with annual premium, if the actual covered period is less than one year, the company shall collect the applicable premium as agreed as follows:

Number of Days from Inception Date to Policy Expiry Date	Percentage of annual premium to be collected
330 days or more	100%
up to 300 days but no less than 330 days	90%
up to 270 days but no less than 300 days	85%
up to 240 days but no less than 270 days	80%
up to 210 days but no less than 240 days	75%
up to 180 days but no less than 210 days	70%
up to 150 days but no less than 180 days	65%
up to 120 days but no less than 150 days	60%
up to 90 days but no less than 120 days	55%
up to 60 days but no less than 90 days	50%
up to 30 days but no less than 60 days	40%
less than 30 days	25%

ARTICLE 9 LOSS OR TERMINATION OF ELIGIBILITY

If any of the following occurs, the relevant Insurance Person shall cease to be eligible and cease to be covered under the Policy:

(1) If the Company declines to further provide coverage to an Insured Person under this Policy due to any significant change in underwriting risks, or the Policyholder requests to delete an Insured Person, or the Insured Person is no longer the member of the group, such Insured Person shall not be included for coverage under this Policy as of 24:00 of the date on which the eligibility of such Insured Person is terminated; Unless otherwise agreed herein, the Company shall refund the applicable unearned premium calculated on a daily basis for such Insured Person. For Insured Person with annual premium, if the actual covered period is less than one year, the company shall refund the applicable unearned premium as agreed as follows:

Number of Days from Termination Date to Policy Expiry Date	Percentage of annual premium to be refunded
300 days or more	60%
up to 300 days but no less than 270 days	50%
up to 270 days but no less than 240 days	40%
up to 240 days but no less than 210 days	30%
up to 210 days but no less than 180 days	25%
less than 180 days	0%

(2) If the Policy Period is one year, an Insured Person shall cease to be covered under this Policy as of 24:00 of the Policy expiry date immediately following such Insured Person's attaining the upper age limit as specified in the Schedule;

(3) In case of the death of any Insured Person or exhaustion of the limit stated in the Schedule applicable to such Insured Person by aggregate payments of benefits to such Insured Person, the Company shall not be liable for any benefits for such Insured Person, and such Insured Person shall cease to be covered under this Policy as of the date of such occurrence.

CHAPTER IV SUM INSURED

ARTICLE 10 SUM INSURED

Sum Insured referred to in this Policy means the benefit amount for relevant coverage of each Insured Person as stated in the Schedule. In case of any changes in such amount as a result of other provisions of the Policy or by endorsement(s) hereto, the changed amount shall be treated as the sum insured.

CHAPTER V BENEFITS

ARTICLE 11 ACCIDENTAL DEATH, BURNS AND DISMEMBERMENT BENEFIT

This benefit may be referred to as "ADD".

The aggregate benefits payable under this Article shall not exceed the Sum Insured stated in Article 10.

(1) **Accidental Death Benefit:** In case of an Accident to any Insured Person during the Policy Period which results in death within one hundred and eighty (180) days from the date of the Accident during a travel, the Company shall, up to the limit stated in the Schedule, pay the death beneficiary/beneficiaries the death benefit. If the said Insured Person has received benefits payable under paragraph (2) or (3) of this Article before his/her death, the benefit payable for Accidental Death shall be the balance after deduction of any paid benefits.

(2) **Accidental Dismemberment Benefit:** If, whilst the Policy is in force, any Insured Person sustains an injury which results in any dismemberment listed in the "Schedule of Benefits for Dismemberment" ("Table 1") within one hundred and eighty (180) days from the date of Accident during a travel, the Company shall pay the Insured Person the Dismemberment Benefit equal to an amount derived by applying the percentage specified in the said Table 1 to the limit stated in the Schedule applicable to such Insured Person.

If multiple dismemberments occur to the same part of the body as a result of one Accident, only one of the Accidental dismemberment Benefits shall be paid, and that will be the higher or highest percentage of sum insured for that part of the body. If multiple dismemberments occur to the same part of the body as a result of different Accidents, the higher or highest percentage of the sum insured for dismemberment of that part of body shall be paid only. If a subsequent Accident results in a more serious dismemberment after benefits have been paid, any previous payment shall be deducted from the further payment for this subsequent dismemberment. No further payment shall be made if the previous dismemberment is of a more serious degree.

If multiple dismemberments as listed in Table 1 occur to a different part of the body as a result of the same or different accident, the Company shall pay the percentage of sum insured for each such dismemberment provided that total payments shall not exceed the limit stated in the Schedule.

(3) **Accidental Burns Benefit:** If, while the Policy is in force, any Insured Person sustains an accidental injury which results in any Third Degree Burns listed in the "Schedule of Benefits for Third Degree Burns" ("Table 2") from any accident during a travel, the Company shall pay the Insured Person the Accidental Burns Benefit equal to an amount derived by applying the percentage specified in the said Table 2 to the limit stated in the Schedule applicable to such Insured Person.

If the Insured Person suffers multiple Burns to the same part of the body as a result of one

Accident, only one of the Accidental Burns Benefits shall be paid and that shall be the higher or highest percentage of sum insured for the body part. If multiple Burns occur to the same part of the body as a result of different Accidents, only one of the events shall be paid for the more serious injury. If subsequent Burns are of a higher benefit, benefit payment shall only be made after deducting any previous benefit payments. If previous Burns are of a high benefit, no indemnity shall be paid for this subsequent injury.

If the Insured Person suffers Burns on a different body part as a result of a different Accident or the same Accident, the Company shall pay the benefit amount for each Accidental Burn provided that total payments shall not exceed the limit stated in the Schedule.

If the Insured Person is afforded the same benefits under several comprehensive insurance policies (excluding group insurance) for the same travel by the Company, the Company shall only make payment up to the benefits under the policy with highest limit, and refund premium paid for such other same benefits under other policies.

CHAPTER VI EXCLUSIONS

ARTICLE 12 EXCLUSIONS

The Company shall not pay under this Policy for any injury arising as a result of:

- (1) any wars, military actions, riots, strikes or armed insurrection;**
- (2) any explosions, burning or radiation caused by biological, chemical or atomic weapons, or atomic or nuclear equipment;**
- (3) any intentional actions by Policyholder; self-inflicted injuries or suicide by the Insured Person whether sane or insane;**
- (4) fighting, being attacked or being murdered resulting from the provocative or intentional actions of the Insured Person;**
- (5) the Insured Person engaging in or serving in military missions or the armed forces;**
- (6) violations or attempted violations of the law or resistance to arrest by the Insured Person or during the period of detention or imprisonment;**
- (7) the Insured Person under the influence of alcohol, drugs, or controlled drugs;**
- (8) driving under the influence of alcohol or without a driving license or a valid vehicle license;**
- (9) mental or nervous disorder of the Insured Person, including but not limited to insanity;**
- (10) ingestion, application, or injection of medicine by the Insured Person without compliance with the prescription of Qualified Medical Practitioners;**
- (11) Acquired Immune Deficiency Syndrome (AIDS) or infection of the Human Immune Deficiency Virus (HIV) (as defined by the World Health Organization (WHO); the confirmation of infection by such virus requires the existence of the above mentioned disease or its antibodies found in the blood);**
- (12) on board of any airplanes or air transportation vehicles or conveyances except**

- as a passenger in any properly licensed private and/or commercial aircrafts;
- (13) any Pre-existing Conditions or complications thereof;
- (14) the Insured Person participating in any professional sporting activity or any kind of sporting activity with rewards.
- (15) the Insured Person participating in horse racing, any vehicle performances, vehicle racing or go-karting, or stunt shows.
- (16) the Insured Person participating in gliding or parachute jumping.
- (17) the Insured Person being hired for merchant vessel, engaging in the naval or air force service, or any professional activities including operating or testing of any kind of vehicle.
- (18) the Insured Person engaging in the activities in connection with career such as oil rigging, mining, areophotography, or handling explosive materials, lumbering, civil construction, being driver or crew of any public carrier, conveyance, loading, unloading, works on water or at high altitude (according to PRC GB3608-83 standard), etc.
- (19) pregnancy, miscarriage, childbirth, medicine allergy, food poisoning, cosmetic or plastic surgery, or other medical incidents or any injuries caused by such events;
- (20) any bacterial or virus infection (except for infections caused by an Accident).

CHAPTER VII PREMIUM

ARTICLE 13 PAYMENT OF PREMIUMS

For an annual policy, the stipulated premiums may be paid in lump sum or by installments as agreed upon by the Company provided that the subsequent installments shall be paid on or before the premium due date by way as specified in the Application Form. If the premium is payable by installments and the limit stated in this Schedule will be exhausted, the Company shall have the right to request the Policyholder to settle the remaining premium for the policy year before proceeding with the claim. If the Policy Period is less than a year, the premium shall be paid by way as specified in the Application Form.

ARTICLE 14 GRACE PERIOD

If the Policy Period is one year and the Policyholder pays the premiums by installments, a grace period of thirty (30) days will be granted for the payment of each premium falling due after the first installment. If a claim occurs during the grace period, the Company shall have the right to request the Policyholder to settle the outstanding premium before proceeding with the claim.

ARTICLE 15 RENEWAL

For annual policy, the Policyholder may, on or before the expiration of the Policy Period, apply for renewal of Policy by payment of premium, in which event the Policy shall be

still effective within next Policy Period subject to the approval of the Company and collection of renewal premiums from the Policyholder. This Policy may be extended, in the above-mentioned renew manner, to the Policy expiry date immediately following all the Insured Persons' attaining the upper age limit as specified in the Schedule. If the Company has expressly declined to renew this Policy, any paid renewal premiums will be refunded without interest.

CHAPTER VIII CANCELLATION AND TERMINATION

ARTICLE 16 DUTY OF DISCLOSURE AND POLICYVALIDITY

The Policyholder or the Insured Person(s) shall provide truthful information in response to written inquiries by the Company.

(1) If any intentional withholding of the truth, when discovered, is sufficient to affect the judgment of the company in deciding whether to provide coverage or increase the premium rate, the company have the right to terminate the policy based on relative law without any refund of the premium, whether a covered Accident has occurred or not at the time of such discovery. The company shall not be liable for any otherwise covered Accident which has occurred prior to the termination of the Policy. If such intentional withholding is sufficient to affect the judgment of the company in deciding whether to provide coverage to one Insured Person, his eligibility of the Insured Person shall be terminated. The company shall not be liable for any otherwise covered Accident which has occurred prior to the termination of the Policy.

(2) If such unintentional withholding is sufficient to affect the judgment of the company in deciding whether to provide coverage to one Insured Person, his eligibility of the Insured Person shall be terminated and we will refund the premium of this Insured Person without interest . The company shall not be liable for any otherwise covered Accident which has occurred prior to the termination of the Policy. The policyholder shall pay additional premiums accumulated as of the effective date of the Policy together with the interest accrued thereon. (Note: Accrued interest shall be determined in interest rate as agreed herein this Policy). If such unintentional omission or misstatement has a material impact on the covered Accidents which occurred prior to the cancellation of the Policy or loss of eligibility, The company shall not be liable for this Accident.

(3) If any unintentional omission or misstatement is sufficient to affect the judgment of the company in deciding whether or not to increase the premium rate, The policyholder shall pay additional premiums accumulated as of the effective date of the Policy together with the interest accrued thereon. (Note: Accrued interest shall be determined in interest rate as agreed herein this Policy).

ARTICLE 17 CANCELLATION

Policyholder may, while the Policy is in force, cancel the Policy by giving at least thirty

(30) days prior written notice to the Company, in which event the Policy shall be terminated at 24:00 of the date shown in the written notice and the Company shall return the premium paid on a pro-rata basis as shown in the following table:

Number of Days between Termination Date and Policy Expiry Date	% of annual premiums to be refunded
300 days or more	60%
up to 300 days but no less than 270 days	50%
up to 270 days but no less than 240 days	40%
up to 240 days but no less than 210 days	30%
up to 210 days but no less than 180 days	25%
less than 180 days	0%

If the increase of the covered risks has an impact upon the basis on which the Company has agreed to provide coverage, the Company may, while the Policy is in force, cancel the Policy by giving the Policyholder a thirty (30) days prior written notice. In this event, the Policy will be terminated at 24:00 of the date shown in the written notice. The written notice will be delivered in person, by registered mail or other similar mails to the address of domicile or correspondence of the Policyholder. A pro-rata unearned premium will be returned.

ARTICLE 18 TERMINATION OF POLICY

The Policy shall terminate automatically in any of the following circumstances:

- (1) The Policy expiry date immediately following all Insured Persons' attaining the upper age limit as specified in the Schedule;
- (2) The Policy Period expires and the policyholder do not intend to renew the Policy or The company decline to renew the Policy;
- (3) For annual policy, premium due remains outstanding after the grace period;
- (4) This Policy terminates as per other provisions herein.

Note: Under the circumstances mentioned in (1) or (2), the Policy shall automatically terminate 24 hours following the expiry date of the Policy. Under the circumstances mentioned in (3), the Policy shall automatically terminate 24 hours following the Premium Due Date.

CHAPTER IX CLAIMS

ARTICLE 19 NOTICE OF CLAIMS

Notice of claim must be given by a Claimant to the Company within 30 days after an Accident occurred to any Insured Person. The company shall not be liable for paying claims for the undeterminable part, where the claimant fails to do so intentionally or for gross negligence, which makes it difficult to determine the nature, cause, degree of

damage, etc. of the covered Accident, unless the company have known or should have known the incident in a timely manner through any other channel.

ARTICLE 20 EVIDENTIAL DOCUMENTS/FILING OF CLAIMS

In case of claim, the Claimant shall fill in a claim form and provide the following proofs and original documents to the company so as to apply for the benefits:

- 1) the Policy;
- 2) proof of cancellation of household registration of the Insured Person or other relevant proofs or identity documents of similar nature(if available);
- 3) proof of household registration of the death beneficiary/beneficiaries or other relevant proofs or identity documents of similar nature(if available);
- 4) a death certificate or other relevant documentation of similar nature issued by Hospital or police or approved by the company (if available);
- 5) report on the degree of dismemberment or burns of the Insured Person issued by such hospital which ranked as Grade II or above or other hospitals appointed by the company or judicial authentication institutions as approved by the company (if available);
- 6) other proof and material could be provided by claimant in connection with the claim.

If the Claimant can not provide any of the above supporting documents due to certain reason, he or she should provide other relevant supporting document that is acceptable under the law in filing a claim.

In case of any loss under the Policy, the company shall, after receiving the completed claim materials from the Insured, adjust the claim in time. If the claim can not be adjusted within the statutory period under complex circumstances, the both parties agree to extend the period but the extended period shall not exceed 30 days.

The Company shall notify the claimant of the assessment result. For a claim which falls within the insurance coverage, the company shall perform the obligation of paying indemnity or insurance money within 10 days after reaching an agreement on payment of indemnity or insurance money with the claimant. If the company contract provides otherwise for the time limit for payment of indemnity or insurance money, the company shall perform the obligation of paying indemnity or insurance money as agreed upon therein. After completing an assessment under hereinbefore agreement, for a claim which does not fall within the insurance coverage, the company shall, within three days after completing the assessment, send a notice of its refusal to pay indemnity or insurance money to the claimant, and give reasons.

The time limitation period for a claimant to file a claim with us shall be two (2) years, which shall be counted from the day when the claimant knows or should have known the occurrence of the insured incident.

ARTICLE 21 SUPPLEMENT OF CERTIFICATES AND MATERIALS

If the company deems that the relevant certificates and materials are incomplete

according to the contract, it shall notify, in a timely manner and at one time, the claimant of all certificates and materials to be supplemented.

ARTICLE 22 OBLIGATION OF PAYMENT IN ADVANCE

Where the company cannot determine the amount of indemnity or insurance money to be paid within 60 days after receiving a claim for indemnity or insurance money and the relevant certificates and materials, it shall first pay the amount which may be determined according to the current certificates or materials, and after it finally determines the amount of indemnity or insurance money to be paid, pay the difference.

ARTICLE 23 PROVISION OF DATA

The Applicant shall retain the personal data of each Insured Person encompassing the name, gender, enrolment age, dates of birth, insurance plans, designated death beneficiary/beneficiaries, premium and any other information in connection with the Policy. When necessary, the Applicant shall provide such data at the request of the Company.

The Applicant shall, upon the request of the Company, provide the personal data of each Insured Person and ensure that such data so provided be accurate. Any untrue personal data declared by the Applicant will not operate to prejudice other valid provisions herein provided that the Company reserves the right to make appropriate adjustments to relevant items including applicable premium rates upon discovery that the personal data is untrue. All other data furnished by any Insured Person to the Applicant in connection with this Policy shall be made accessible to the Company at any time.

The Company may collect all personal information of any Insured Persons in connection with the Policy. Such personal information so collected will be held or used by the Company, and may be disclosed to any individual or organization associated with the Company for the purpose of the Policy and relevant services.

ARTICLE 24 DISAPPEARANCE

If an Insured Person disappears as a result of an Accident while the Policy is in force, and is later declared dead by a PRC (People's Republic of China) Court, the Company shall pay the benefit amount applicable to accidental death of the Insured Person. However, if the Insured Person is later found to be alive, the recipient of death benefits shall return the paid amount to the Company within one (1) month as of the Insured Person being found alive.

ARTICLE 25 PHYSICAL EXAMINATION AND JUDICIAL FORENSIC

The Company reserves the right to request the Insured Person to be subject to physical examination or provide relevant reports thereof pending a claim. In case of Accidental Death, the Company reserves the right to conduct a judicial forensic evaluation by

judicial forensic institutions.

ARTICLE 26 EXCHANGE RATE

If currency conversion is required in any claim settlement, the Company shall apply the RMB central parity rate as publicized by the People's Bank of China (PBOC) on the day when the Claimant completes the Claim Form.

CHAPTER X MISCELLANEOUS

ARTICLE 27 DISPUTES RESOLUTION

Any disputes arising from the execution of this Policy or riders hereof shall be resolved through one of the following means to be selected by the Parties:

- (1) the said disputes shall be resolved by the Parties through negotiations, failing which shall be referred to the xxxx Arbitration Commission for arbitration;
- (2) the said disputes shall be resolved by the Parties through negotiations, failing which shall be referred to a PRC court.

ARTICLE 28 GOVERNING LAW

The Policy and riders hereof shall be governed by the law of the People's Republic of China.

ARTICLE 29 DEFINITIONS

- (1) **Applicant** shall mean an independent legal person or branches with contracting capacity legally established within the territory of the People's Republic of China not established merely for the purpose of purchasing insurance coverage.
- (2) **Group** shall mean all employees or members of the Applicant or partial of employees or members eligible for coverage as stated in the Schedule.
- (3) **Accident** shall mean any unexpected, unintentional, unforeseen events caused by external and sudden incident which results in solely, directly and independently of any other causes the bodily injury, dismemberment or death of any Insured Person.
- (4) **Burns** shall mean that the entire skin layer of an Insured Person was damaged by Accidental Burns, defined as 3rd degree burns, while the Policy is in force. Third degree burns damage the skin (epidermis and dermis), to muscle tissue, bone and subcutaneous fat, and result in scarring. The degree of burns and damaged area are determined by the standard of "new rule of nines".
- (5) **War** shall mean any war, whether declared or not, including military action by any

sovereign to achieve economic, geographic, nationalistic, racial, religious or other ends.

(6) **Stunt Show** shall mean performance of any special skill such as equestrianism, acrobatics, beast taming, etc.

(7) **Force Majeure** shall mean any external event which is unforeseen, unavoidable and can not be overcome.

(8) **Severe Bodily Injury** shall mean any bodily injury of the Insured Person which results from the accident or sickness and which may pose as a threat to the life as determined by a Qualified Medical Practitioner after diagnosis.

(9) **Claimant** shall mean the Insured Person, death beneficiary/beneficiaries defined herein, legal heir of the Insured Person or any other person legally entitled to the benefits provided by the Policy.

(10) **Recipient of Death Benefit** shall mean the death beneficiary/beneficiaries defined herein, legal heir of the Insured Person or any other person legally entitled to the death benefits.

(11) **Hospital** shall mean any medical institutions designated by the Company or any institution that:

1. holds a legal business license;
2. is to mainly offer Hospital medical treatments and nursing services to the injured and patients;
3. has Qualified Medical Practitioners and nurses offering medical treatments and nursing services twenty-four (24) hours a day;
4. is not a medical institution which serves as a convalescent home, a nursing or therapeutic institution, a place for alcoholics or drug addicts.

If the sickness requires admission into a hospital Within the Territory for treatment, the hospital must be ranked as Grade II or III and satisfied the above requirements.

(12) **Within the Territory** shall mean Mainland China excluding Hong Kong and Macau Special Administrative Regions, and Taiwan province.

(13) **Qualified Medical Practitioner** shall mean any doctor who is authorized to conduct practice in a Hospital and give prescription, or any doctor who is duly licensed and qualified in the geographical area in which the Insured Person receives medical consultation, treatment, prescription or surgical services, but excluding the Insured Person or any Immediate Family Member of the Insured Person.

(14) **Immediate Family Member of the Insured Person** shall mean the spouse, parent, son or daughter, brother or sister, grandparent and grandchild of the Insured Person.

(15) **Pre-existing Conditions** shall mean the existence of symptoms as a result of injury

that cause an ordinarily prudent person to seek diagnosis, care, or treatment within a six (6) month period preceding the effective date of the Policy, or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a six (6) month period preceding the effective date of the Policy.

(16) **Interest** shall be calculated at 2% plus (i) the bank interest rate in force or proposed by the People's Bank of China on the first business day every month for residents' 2 year time deposit in the same period; or (ii) the annual interest rate set at 2.5%, whichever is the greater.

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TABLE 1 Schedule of Benefits for Dismemberment

Degree	Item	Degree of Dismemberment	Percentage of Sum Insured
Level 1	1	Permanent Total Loss of sight of both eyes (note 1)	100
	2	Loss of both upper limbs at or above the wrist or of both limbs at or above the ankle	
	3	Loss of one upper limb at or above the wrist and of one lower limb at or above ankle	
	4	Permanent Total Loss of sight of one eye and of one upper limb at or above the wrist	
	5	Permanent Total Loss of one eye and of one lower limb at or above the ankle	
	6	Permanent Total Loss of function of joints of all the limbs (note 2)	
	7	Permanent Total Loss of function of chew and swallow (note 3)	
	8	Severe damage to the function of the central nervous system or the internal organs such as the abdomen and thorax, resulting in the permanent loss of the ability to engage in any job occupation and independently perform daily activities that are essential to the maintenance of life (note 4)	
Level 2	9	Permanent Total Loss of function of two or more of the three great-joints of both upper limbs or of both lower limbs or of both an upper limb and a lower limb (note 5)	75
	10	Total Loss of all fingers (note 6)	
Level 3	11	Permanent Total Loss of one upper limb at or above the wrist or of function of three great-joints of an upper limb	50
	12	Permanent Total Loss of one lower limb at or above the ankle or function of three great-joints of a lower limb	
	13	Permanent Total Loss of hearing in both ears (note 7)	
	14	Permanent Total Loss of function of joints of all fingers (note 8)	
	15	Loss of all toes (note 9)	
Level 4	16	Permanent Total Loss of sight of one eye	30
	17	Permanent Total Loss of function of two great-joints of the three great-joints of an upper limb	
	18	Permanent Total Loss of function of two great-joints of the three great-joints of a lower limb	
	19	Loss of four or more fingers (including a thumb and a forefinger) of one hand	
	20	Permanent Shortening of Leg by at least 5 cm	
	21	Permanent Total Loss of Speech (note 10)	
	22	Permanent Total Loss of function of all toes	
Level 5	23	Permanent Total Loss of function of one great-joint of the three great-joints of an upper limb	20
	24	Permanent Total Loss of function of one-great joint of the three great-joints of a lower limb	
	25	Loss of both thumbs of both hands	
	26	Total loss of five toes of one foot	
	27	Obvious defect of two eyelids (note 11)	
	28	Permanent Total Loss of hearing in one ear	
	29	Defect of nasal part and severe dysosmia (note 12)	
Level 6	30	Loss of forefinger and thumb of one hand, or of more than three fingers including thumb or forefinger	15
	31	Permanent Total Loss of function of three or more fingers of one hand including thumb or forefinger	

	32	Permanent Total Loss of function of five toes of one foot	
Level 7	33	Loss of a thumb or a forefinger of one hand, or two or more fingers of middle-finger, ring-finger or little finger	10
	34	Permanent Total Loss of function of a thumb and a forefinger of one hand	

Notes:

- (1) Loss of sight of eye(s) shall include removal or loss of eyeball(s), or anopia, or only the ability for light sensation, or visual acuity after correction of lower than 0.02 of the international standard eyesight chart, or a visual field narrower than 5 degrees. Medical evidence must be provided by a qualified ophthalmologist appointed by the Company.
- (2) Loss of function of joint(s) shall mean permanent total stiffness, or paralysis of the joints, or that the joints may not be able to move willfully.
- (3) Loss of function to chew and swallow shall mean the organic or functional disturbance of such functions as chewing and swallowing by any means other than dental causes, and which renders the Insured Person incapable of eating or swallowing anything other than fluid diet.
- (4) Inability to perform independently the daily activities that are essential to life shall mean complete and continuous inability of the Insured Person to perform such activities independently as eating, going to the toilet, dressing, walking, bathing, etc., and must rely on the assistance of others.
- (5) The three great-joints of upper limb include shoulder joint, elbow joint, and wrist joint; three great-joints of lower limb include hip joint, knee joint, and ankle joint.
- (6) Total loss of finger shall mean complete severance through or above the proximal phalangeal joints (interphalangeal joints of thumb).
- (7) Total loss of hearing shall mean the average frequency hearing loss is above 90 dB where speech frequencies are at 500, 1,000, 2,000 Hz.
- (8) Total loss of function of joints of fingers shall mean complete severance through the distal phalangeal joints, or stiffness of proximal phalangeal joints or moving disturbance of the phalangeal joints.
- (9) Total loss of toes shall mean complete severance through or above the metatarsophalangeal joints.
- (10) Total loss of speech shall mean the loss of articulating ability of any three of the four sounds which contribute to the speech (from the labial sounds, alveolar sounds, palatal sounds, and the velar sounds) or total loss of vocal cord or damage of speech center in brain resulting in aphasia. However, all psychiatric related causes are excluded. Medical evidence must be supplied by a qualified otorhinolaryngology specialist.
- (11) Obvious defect of two eyelids shall mean eyelids incapable of covering corneas completely when the Insured Person closes his/her eyes.
- (12) Defect of nasal part and severe dysosmia shall mean the irrecoverable defect of total or one half nasal cartilage and nasal atresia, nasal dyspnea or anosmia of both sides.

Permanent total loss shall mean bodily injury beyond hope of improvement at the expiry of at least one hundred eighty (180) days medical treatment from the date of Accident, but exclude the irrecoverable status such as removing the eyeball.

TABLE 2 Schedule of Benefits for Third Degree Burns

Body Part	Percentage of Damaged Area to Total Body Surface Area	Maximum Percentage of Sum Insured
Head	2% or more but less than 5%	50%
	5% or more but less than 8%	75%
	8% or more	100%
Body (excluded head surface area)	10% or more but less than 15%	50%
	15% or more but less than 20%	75%
	20% or more	100%

(End of page)

Chartis Insurance Company China Limited

(hereinafter referred to as “the Company”)

Group Travel Double Indemnity Rider

(this Rider shall first be applied prior to taking effect)

ARTICLE 1 THE RIDER

Upon application by Policyholder of the Basic Policy and approval by the Company, the “Group Travel Double Indemnity Rider” (hereinafter referred to as “the Rider”) is hereby established. The Rider is attached to the Basic Policy and the provisions of the Basic Policy are applicable to the Rider. In the event of any contradiction between the provisions of the Rider and those of the Basic Policy, the Rider shall prevail. The Rider will not be valid unless its benefits are set forth in the Schedule or endorsement hereto.

ARTICLE 2 EFFECTIVE DATE

The Rider shall become effective at the same time as the Basic Policy, or at the time stated in the endorsement hereto.

ARTICLE 3 BENEFITS

During the effective period of this Rider, in case that any insured suffers from an accident covered by the Basic Policy while riding as a fare paying passenger in the Common Carrier during travel period (except as a driver, operator or crew member of the Common Carrier) that results in death, burns or dismemberment listed in Schedule of Benefits for Dismemberment or Schedule of Benefits for Third Degree Burns within one hundred and eighty (180) days from the date of the Accident during a travel, the Company shall, pay the amount equal to the Basic Policy.

ARTICLE 4 TERMINATION

The Rider shall be automatically terminated when:

- (1) the Basic Policy is terminated; or
- (2) the Rider expires and the Policyholder does not renew or the Company declines the renewal of the Rider;
- (3) the Policyholder surrenders within the effective period of the Rider;
- (4) the Rider is terminated as a result of any other provision.

Note: in respect of (2), the Rider shall be automatically terminated at 24:00 of the expiry date of the Policy.

ARTICLE 5 EXCLUSIONS

All the exclusions in the Basic Policy (if applicable) shall be applicable to the Rider.

ARTICLE 6 DEFINITIONS

Common Carrier referred to in the Rider shall mean any bus, coach, taxi (exclusive of motor vehicles with less than four (4) wheels), ferry, hovercraft, hydrofoil, train, tram or rail train (inclusive of subway, light train and maglev train) ship, any fixed-wing aircraft provided and operated by an airline or an air charter company and any helicopter provided and operated by an airline and operating only between established commercial airports or licensed commercial heliports provided and operated by a carrier duly licensed for the regular transportation of fare-paying passengers, and any regularly scheduled airport limousine operating on fixed routes and schedules provided and operated by a carrier duly licensed for the regular transportation of fare-paying passengers.

Any of the aforesaid Common Carrier will not be defined as Common Carrier under the Rider in case of it is used for non Common Carrier intention or purpose.

(End of page)

Chartis Insurance Company China Limited

(hereinafter referred to as “the Company”)

Group Travel Medical Reimbursement Rider

(this Rider shall first be applied prior to taking effect)

ARTICLE 1 THE RIDER

Upon application by Policyholder of the Basic Policy and approval by the Company, the “Group Travel Medical Reimbursement Rider” (hereinafter referred to as “the Rider”) is hereby established. The Rider is attached to the Basic Policy and the provisions of the Basic Policy are applicable to the Rider. In the event of any contradiction between the provisions of the Rider and those of the Basic Policy, the Rider shall prevail. The Rider will not be valid unless its benefits are set forth in the Schedule or endorsement hereto.

ARTICLE 2 EFFECTIVE DATE

The Rider shall become effective at the same time as the Basic Policy, or at the time stated in the endorsement hereto.

ARTICLE 3 BENEFITS

While the Rider is in force, if any Insured Person sustains an Accident or sickness covered in the Basic Policy during a travel and receives necessary treatment within ninety (90) days from the date of the Accident or sickness, the Company shall reimburse the Insured Person for the Necessary and Reasonable Medical Expenses actually incurred by the Insured Person.

If the aforesaid Medical Expenses incurred Within the Territory under following circumstances:

(1) if the Insured Person sustains Accident or sickness covered in the Basic Policy during a travel

Outside the Territory and needs medical treatment after he or she returns;

(2) if the insured sustains a sickness during a travel Within the Territory and receives necessary treatment within ninety (90) days from the date of the Accident or sickness, The Company shall reimburse the Insured Person as follows:

I. If the Insured Person has no social medical insurance or other expenses reimbursement medical insurance or has not got reimbursement from the above mentioned insurance, the Company shall reimburse the Insured Person for the Necessary and Reasonable Medical Expenses actually incurred by the Insured Person, up to ten (10) percent of the limit applicable to such Insured Person as stated in the Rider under the Schedule in case of circumstance under Clause (1) above , and up to limit under “Medical Reimbursement for Domestic Travel” applicable to such Insured Person as stated in the Rider under the

Schedule in case of circumstance under Clause (2) above.

II. If the Insured Person has social medical insurance or other expenses reimbursement medical insurance and has got reimbursement from the above mentioned insurance, the Company shall reimburse the Insured Person for the Necessary and Reasonable Medical Expenses actually incurred by the Insured Person, up to fifteen (15) percent of the limit applicable to such Insured Person as stated in the Rider under the Schedule in case of circumstance under Clause (1) above , and up to limit under “Medical Reimbursement for Domestic Travel” applicable to such Insured Person as stated in the Rider under the Schedule in case of circumstance under Clause (2) above.

Where, medical reimbursement = paid, Necessary and Reasonable Medical Expenses – any obtained medical reimbursement. The “any obtained medical reimbursement” referred in above includes medical expenses reimbursement obtained from social medical insurance, other expenses reimbursement medical insurance, other government organs or social welfare organizations.

The actual medical expenses shall not exceed the usual level of charges as approved by the government of the locality where the expenses are incurred. Items covered include charges for medical consultation, prescription, operation, ambulance service, confinement room and board, medicine, x-ray examination, nursing and medical supplies.

The above mentioned Medical Reimbursement for Domestic Travel which is paid by the Company to the Insured Person according to above provisions shall be only a part of the limit applicable to such Insured Person as stated in the Rider under the Schedule, but not an increment of the limit.

ARTICLE 4 EXCLUSIONS

The Exclusions in the Basic Policy are applicable to the Rider. In the event of any contradiction between the exclusions under the Rider and those under the Basic Policy, the Rider shall prevail.

The Company shall not be liable for any medical expenses incurred in the following period or as a result of the following event:

- (1) Dental treatments or surgeries unless necessitated by an Accident and denture fault or dental restoration due to any cause;**
- (2) Correction of defect of vision or optometry test for the preparation of correction of defect of vision, or treatment of refractive errors which is not necessitated by an Accident; refraction error;**
- (3) Cosmetic or plastic surgeries or any elective surgeries;**
- (4) Lumbosacral disc disease or disorder;**
- (5) Congenital anomalies or congenital diseases;**
- (6) Any Pre-existing Sickness or complications thereof;**
- (7) Mental diseases, disorder, insane, under the influence of alcohol, drug, controlled medicine, or abuse or misuse of medicine;**

- (8) Pregnancy, miscarriage, childbirth, infertility, contraceptive or operations related to sterilization; sexually transmitted disease;**
- (9) General health check-ups, convalescence, custodial, rest care, rehabilitation, or psychological treatment;**
- (10) Any injuries caused by drug allergy or other treatments;**
- (11) The treatment or surgery for tonsils, adenoids, hernia or a disease peculiar to the female generative organs, excluding emergent treatment or surgery the Insured Person must receive to avoid life perils or permanent damage to health;**
- (12) The treatment or surgery conducted Outside the Territory as insisted by the Insured Person but in the opinion of a Qualified Medical Practitioner, such treatment or surgery can be reasonably delayed until the Insured Person returns;**
- (13) Failure to obtain a written report from the Hospital or Qualified Medical Practitioners;**
- (14) The journey is to obtain medication treatment or is against the recommendation by a Qualified Medical Practitioner.**

ARTICLE 5 EVIDENTIAL DOCUMENTS/FILING OF CLAIMS

After settlement of the medical expenses, the Insured Person shall submit the following proofs and original documents together with the completed Claim Form as required by the Company to the Company within thirty (30) days as of the completion of treatment:

- (1) complete medical report issued by the in-patient or emergency unit or the discharge summary;
- (2) original medical expense receipt issued by the Hospital;
- (3) other proof and materials relevant to the claim as required by the Company.

In the event the benefit amount cannot cover the full actual medical expenses, the Claimant may request the return of the original receipt in writing. The Company shall return the original receipt with a Company seal and remark of the amount indemnified. The right to claim under this Policy shall be extinguished if the relevant Claimant fails to exercise such right within two (2) years as he/she becomes aware of such covered Accident.

ARTICLE 6 TERMINATION

The Rider shall be automatically terminated when:

- (1) the Basic Policy is terminated; or
- (2) the Rider expires and the Policyholder does not renew or the Company declines the renewal of the Rider;
- (3) the Policyholder surrenders within the effective period of the Rider;
- (4) the Rider is terminated as a result of any other provision.

Note: in respect of (2), the Rider shall be automatically terminated at 24:00 of the expiry date of the Policy.

ARTICLE 7 DEFINITIONS

1. **Necessary and Reasonable Medical Expenses** shall mean expenses which:

(1) are charged for any medically necessary treatments, medical supplies and medical services under the order of a Hospital or Qualified Medical Practitioner to the Insured Person based on the severity of the Insured Person's Injury

(2) would have been incurred if no insurance exists.

2. **Confined to the Hospital or Confinement** referred in the Rider means admission to a Hospital for a minimum period of twenty-four (24) hours upon the recommendation of a physician with an evidence by a daily room/room & board charged by the Hospital.

3. **Outside the Territory** shall mean countries and regions rather than the mainland China, including Taiwan province, Hong Kong and Macao Special Administrative Regions.

4. **Pre-existing Sickness** shall mean the existence of symptoms that cause an ordinarily prudent person to seek diagnosis, care, or treatment within a six (6) month period preceding the effective date of the Policy, or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a six (6) month period preceding the effective date of the Policy.

(End of page)

Chartis Insurance Company China Limited

(hereinafter referred to as “the Company”)

Group Travel Medical Evacuation & Repatriation Rider

(this Rider shall first be applied prior to taking effect)

ARTICLE 1 THE RIDER

Upon application by the Policyholder of the Basic Policy, the “Group Travel Medical Evacuation & Repatriation Rider” (hereinafter referred to as “the Rider”) is hereby established. The Rider is attached to the Basic Policy and the provisions of the Basic Policy are applicable to the Rider. In the event of any contradiction between the provisions under the Rider and those under the Basic Policy, the provisions of the Rider shall prevail. The Rider will not be valid unless its benefits are set forth in the Schedule or endorsement hereto.

ARTICLE 2 EFFECTIVE DATE

The Rider shall become effective at the same time as the Basic Policy, or at the time stated in the endorsement hereto.

ARTICLE 3 BENEFITS

Whilst the Rider is in force, if any Insured Person sustains any accident as agreed in the Basic Policy or any sickness during a travel, which in the opinion of Travel Guard provider or its authorized representative, it is medically appropriate to evacuate such Insured Person to a local Hospital or Hospital nearby that is of medical standard, or otherwise to repatriate the Insured Person to the domicile stated on his/her legal credentials, TRAVEL GUARD provider or its authorized representative shall arrange such evacuation or repatriation.

TRAVEL GUARD provider or its authorized representative shall decide the means of evacuation and/or repatriation and the final destination based on the health condition of the Insured Person or medical necessity and the recommendation of Qualified Medical Practitioner(s). Means of evacuation and repatriation include transportation vehicles with the Qualified Medical Practitioner(s), nurse and necessary conveyance vehicles. Conveyance vehicles arranged may include air ambulance, surface ambulance, general commercial airlines, railroad or any other appropriate means.

Expenses of evacuation and repatriation are expenses for transportation, nursing and medical equipment and supplies during transportation as arranged by the TRAVEL GUARD provider or its authorized representative. The Company shall pay the expenses of evacuation and repatriation directly to the TRAVEL GUARD provider after verification up to the limit applicable to the Insured Person under the Rider as stated in

the Schedule. If the actual expenses exceed the said limit, the difference shall be at the expense of the Insured Person.

The Company shall not be liable for any expense that has not been approved and arranged by the TRAVEL GUARD provider or its authorized representative. In case of a medical emergency situation, if the Insured Person cannot notify the TRAVEL GUARD provider due to certain reasons, the Company reserves the right to reimburse, as per the insurance plan as chosen by the Policyholder, the Insured Person only for those expenses of services which the TRAVEL GUARD provider would have otherwise provided or arranged under the same circumstances.

If the Insured Person is afforded the same benefits under several comprehensive insurance policies for the same travel by the Company, the Company shall only make payment up to the benefits under the policy with highest limit and refund premium paid under such other insurance policies.

ARTICLE 4 EXCLUSIONS

Items (1) through (18) of the Exclusions section in the Basic Policy are applicable to the Rider. In the event of any contradiction between the exclusions under this Article and those under the Basic Policy, this Article shall prevail.

The Company shall not be liable for expenses arising as a result of:

- (1) any expenses not charged for the services provided by a third party or expenses which have been included in the travelling expenses.**
- (2) dental treatment or surgery unless necessitated by an Accident and denture fault or dental restoration due to any cause;**
- (3) correction of defect of vision or optometry test for the preparation of correction of defect of vision, or treatment of refractive errors which is not necessitated by an Accident; refraction error;**
- (4) cosmetic or plastic surgery or any elective surgery;**
- (5) lumbosacral disc disease or disorder;**
- (6) congenital disease or congenital anomalies;**
- (7) any Pre-existing Sickness or complications thereof;**
- (8) mental sickness, disorder, insane; under the influence of alcohol, drug, controlled drug, or abuse or misuse of medicine;**
- (9) pregnancy, miscarriage, childbirth, infertility, contraceptive or operations related to sterilisation; sexually transmitted disease;**
- (10) general health check-ups, convalescence, custodial, rest care, rehabilitation, or psychological treatment;**
- (11) injury arising out of drug allergy or medication**
- (12) treatment or surgery for tonsils, adenoids, hernia or a disease peculiar to the female generative organs, excluding emergent treatment or surgery the Insured Person must receive to avoid life perils or permanent damage to health;**
- (13) the treatment or surgery conducted Outside the Territory as insisted by the**

Insured Person but in the opinion of a Qualified Medical Practitioner, such treatment or surgery can be reasonably delayed until the Insured Person returns;
(14) failure to obtain a written report from the Hospital or Qualified Medical Practitioners;
(15) the insured travel is to obtain medical treatment or is against the Qualified Medical Practitioner's recommendation.

ARTICLE 5 TERMINATION

The Rider shall be automatically terminated when:

- (1) the Basic Policy is terminated; or
- (2) the Rider expires and the Policyholder does not renew or the Company declines the renewal of the Rider;
- (3) the Policyholder surrenders within the effective period of the Rider;
- (4) the Rider is terminated as a result of any other provision.

Note: in respect of (2), the Rider shall be automatically terminated at 24:00 of the expiry date of the Policy.

ARTICLE 6 NOTICE OF CLAIMS

Notice of claim must be promptly given to the Company after an Accident or sickness occurred to any Insured Person; otherwise the Claimant shall be liable for any additional costs for adjustment, survey, etc incurred due to delay in the notice except for delays caused by Force Majeure. The Company shall not be responsible for claims that can not be verified and confirmed as a result of the Claimant's delay in giving the notice.

The right to claim under this Policy shall be extinguished if the relevant Claimant fails to exercise such right within two (2) years as he/she becomes aware of such covered Accident.

ARTICLE 7 DEFINITIONS

1. **Nurse** referred in the Rider shall mean any nursing professional, who has obtained the professional certificate of qualification after completion of formal nursing training and provided professional nursing services in the Hospital of the geographical area of his/her practice.

2. **Outside the Territory** shall mean countries and regions rather than the mainland China, including Taiwan province, Hong Kong and Macao Special Administrative Regions.

3. **Pre-existing Sickness** shall mean the existence of symptoms that cause an ordinarily prudent person to seek diagnosis, care, or treatment within a six (6) month period preceding the effective date of the Policy, or a condition for which medical advice or

treatment was recommended by a physician or received from a physician within a six (6) month period preceding the effective date of the Policy.

(End of page)

Chartis Insurance Company China Limited

(hereinafter referred to as “the Company”)

Group Travel Repatriation of Remains Rider

(this Rider shall first be applied prior to taking effect)

ARTICLE 1 THE RIDER

Upon application by Policyholder of the Basic Policy and approval by the Company, the “Group Travel Repatriation of Remains Rider” (hereinafter referred to as “the Rider”) is hereby established. The Rider is attached to the Basic Policy and the provisions of the Basic Policy are applicable to the Rider. In the event of any contradiction between the provisions of the Rider and those of the Basic Policy, the Rider shall prevail. The Rider will not be valid unless its benefits are set forth in the Schedule or endorsement hereto.

ARTICLE 2 EFFECTIVE DATE

The Rider shall become effective at the same time as the Basic Policy, or at the time stated in the endorsement to the Rider.

ARTICLE 3 BENEFITS

Total amount payable for the repatriation of remains and funeral expenses under the Rider shall not exceed the limit applicable to the Insured Person under the Rider as stated in the Schedule:

(1) Repatriation of remains: Whilst the Rider is in force, in case of death of an Insured Person within thirty (30) days as a result of a sickness or Accident set out in the Basic Policy during a travel solely, directly and independently of any other causes, TRAVEL GUARD provider or its authorized representative shall arrange embalming or cremation according to the local circumstances, and the repatriation of the remains or ash of the Insured Person to the domicile of the Insured Person as stated in his/her legal credentials. Expenses incurred for the repatriation of remains include those expenses charged for embalming, preservation, cremation, transportation, cinerary casket and other materials or services, and the Company shall pay directly to the TRAVEL GUARD provider after verification, up to the limit applicable to the Insured Person under the Rider as stated in the Schedule. If the actual expenses exceed the stated limit, the difference shall be at the expense of Recipient of Death Benefits or successor of the Insured Person.

(2) Funeral Expenses: Whilst the Rider is in force, in case of death of an Insured person within thirty (30) days as a result of a sickness or Accident set out in the Basic Policy during a travel solely, directly and independently of any other causes, the Company shall reimburse the successor of the Insured Person or the death beneficiary for the funeral expenses actually incurred, up to the limit applicable to the Insured Person in respect of

benefits for Funeral Expenses under the Rider as stated in the Schedule.

ARTICLE 4 EXCLUSIONS

Items (1) through (18) of the Exclusions section in the Basic Policy are applicable to the Rider. In the event of any contradiction between the exclusions under this Article and those under the Basic Policy, this Article shall prevail.

The Company shall not be liable for expenses arising as a result of:

- (1) any expenses not charged for the services provided by a third party or expenses which have been included in the travelling expenses.**
- (2) expenses incurred for the repatriation of remains not approved or arranged by the TRAVEL GUARD provider or its authorized representative.**
- (3) dental treatment or surgery unless necessitated by an Accident and denture fault or dental restoration due to any cause;**
- (4) correction of defect of vision or optometry test for the preparation of correction of defect of vision, or treatment of refractive errors which is not necessitated by an Accident; refraction error;**
- (5) cosmetic or plastic surgery or any elective surgery;**
- (6) lumbosacral disc disease or disorder;**
- (7) congenital disease or congenital anomalies;**
- (8) any Pre-existing Sickness or complications thereof;**
- (9) mental sickness, disorder, insane; under the influence of alcohol, drug, controlled drug, or abuse or misuse of medicine;**
- (10) pregnancy, miscarriage, childbirth, infertility, contraceptive or operations related to sterilisation; sexually transmitted disease;**
- (11) general health check-ups, convalescence, custodial, rest care, rehabilitation, physiotherapy or psychological treatment;**
- (12) injury arising out of drug allergy or medication;**
- (13) treatment or surgery for tonsils, adenoids, hernia or a disease peculiar to the female generative organs, excluding emergent treatment or surgery the Insured Person must receive to avoid life perils or permanent damage to health;**
- (14) the treatment or surgery conducted outside the territory as insisted by the Insured Person but in the opinion of a Qualified Medical Practitioner, such treatment or surgery can be reasonably delayed until the Insured Person returns;**
- (15) failure to obtain a written report from the Hospital or Qualified Medical Practitioners;**
- (16) the insured travel is to obtain medical treatment or is against the Qualified Medical Practitioner's recommendation.**

ARTICLE 5 EVIDENTIAL DOCUMENTS /FILING OF CLAIMS

While filing a claim, the Claimant should provide the formal invoice or receipt of the funeral expenses and other proof and materials required by the Company in relation to the claim to the Company.

ARTICLE 6 TERMINATION

The Rider shall be automatically terminated when:

- (1) the Basic Policy is terminated; or
- (2) the Rider expires and the Policyholder does not renew or the Company declines the renewal of the Rider;
- (3) the Policyholder surrenders within the effective period of the Rider;
- (4) the Rider is terminated as a result of any other provision.

Note: in respect of (2), the Rider shall be automatically terminated at 24:00 of the expiry date of the Policy.

ARTICLE 7 DEFINITIONS

1. **Outside the Territory** shall mean countries and regions rather than the mainland China, including Taiwan province, Hong Kong and Macao Special Administrative Regions.
2. **Pre-existing Sickness** shall mean the existence of symptoms that cause an ordinarily prudent person to seek diagnosis, care, or treatment within a six (6) month period preceding the effective date of the Policy, or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a six (6) month period preceding the effective date of the Policy.

(End of page)

Chartis Insurance Company China Limited

(hereinafter referred to as “the Company”)

Group Travel Compassionate Visit Rider

(this Rider shall first be applied prior to taking effect)

ARTICLE 1 THE RIDER

Upon application by Policyholder of the Basic Policy and approval by the Company, the “Group Travel Compassionate Visit Rider” (hereinafter referred to as “the Rider”) is hereby established. The Rider is attached to the Basic Policy and the provisions of the Basic Policy are applicable to the Rider. In the event of any contradiction between the provisions of the Rider and those of the Basic Policy, the Rider shall prevail. The Rider will not be valid unless its benefits are set forth in the Schedule or endorsement hereto.

ARTICLE 2 EFFECTIVE DATE

The Rider shall become effective at the same time as the Basic Policy, or at the time stated in the endorsement to the Rider.

ARTICLE 3 BENEFITS

While the Rider is in force, the Company will indemnify the insured for price of economic class air ticket or cabin ticket or train ticket back and forth between the place where the insured locates and the place where the visitor locates and for actually paid reasonable board and lodging expenses up to the limit applicable to the Insured Person under the Rider as stated in the Schedule if one of adult Immediate Family Members makes a compassionate visit to the insured at the place where the insured locates because the insured suffers from any of following injuries during travel:

- (1) Death of the Insured Person;
- (2) The Insured Person needs hospital treatment and is Confined to Hospital for more than ten (10) consecutive days due to Severe Bodily Injury.

ARTICLE 4 EXCLUSIONS

The Exclusions in the Basic Policy are applicable to the Rider. In the event of any contradiction between the exclusions under the Rider and those under the Basic Policy, the Rider shall prevail.

The Company shall not be liable for any medical expenses incurred in the following period or as a result of the following event:

- (1) Dental treatments or surgeries unless necessitated by an Accident and denture**

- fault or dental restoration due to any cause;**
- (2) Correction of defect of vision or optometry test for the preparation of correction of defect of vision, or treatment of refractive errors which is not necessitated by an Accident; refraction error;**
 - (3) Cosmetic or plastic surgeries or any elective surgeries;**
 - (4) Lumbosacral disc disease or disorder;**
 - (5) Congenital anomalies or congenital diseases;**
 - (6) Any Pre-existing Sickness or complications thereof;**
 - (7) Mental diseases, disorder, insane, under the influence of alcohol, drug, controlled medicine, or abuse or misuse of medicine;**
 - (8) Pregnancy, miscarriage, childbirth, infertility, contraceptive or operations related to sterilization; sexually transmitted disease;**
 - (9) General health check-ups, convalescence, custodial, rest care, rehabilitation, or psychological treatment;**
 - (10) Massage or acupuncture treatment received due to any reasons**
 - (11) The treatment or surgery for tonsils, adenoids, hernia or a disease peculiar to the female generative organs, excluding emergent treatment or surgery the Insured Person must receive to avoid life perils or permanent damage to health;**

ARTICLE 5 EVIDENTIAL DOCUMENTS/FILING OF CLAIMS

The Claimant or the Insured Person shall complete the Claim Form and submit the following proofs and original documents to the Company within thirty (30) days as of the completion of travel of the Immediate Family Member of the Insured Person:

I. In case of death of an Insured Person,

- (1) proof of cancellation of household registration of the Insurance Person or other relevant proofs or identity documents of similar nature;
- (2) proof of household registration of the death beneficiary/beneficiaries or other relevant proofs or identity documents of similar nature;
- (3) a death certificate or other relevant documentation of similar nature issued by Hospital or police or approved by the Company;
- (4) receipt for reasonable travel as well as board and lodging expenses which are actually paid by the Immediate Family Member and air ticket or cabin ticket or train ticket;
- (5) other proof and material required by the Company in connection with the claim.

II. If the Insured Person needs hospital treatment and is Confined to Hospitalized for more than ten (10) consecutive days due to Severe Bodily Injury, following materials must be submitted:

- (1) medical record issued by a hospital and the severe illness certification issued Qualified Medical Practitioner;
- (2) receipt for reasonable travel as well as board and lodging expenses which are actually paid by the Immediate Family Member and air ticket or cabin ticket or train ticket;
- (3) other proof and material required by the Company in connection with the claim.

The right to claim under this Policy shall be extinguished if the relevant Claimant fails to

exercise such right within two (2) years as he/she becomes aware of such covered Accident.

ARTICLE 6 TERMINATION

The Rider shall be automatically terminated when:

- (1) the Basic Policy is terminated; or
- (2) the Rider expires and the Policyholder does not renew or the Company declines the renewal of the Rider;
- (3) the Policyholder surrenders within the effective period of the Rider;
- (4) the Rider is terminated as a result of any other provision.

Note: in respect of (2), the Rider shall be automatically terminated at 24:00 of the expiry date of the Policy.

ARTICLE 7 DEFINITIONS

1. **Confined to the Hospital or Confinement** referred in the Rider means admission to a Hospital for a minimum period of twenty-four (24) hours upon the recommendation of a physician with an evidence by a daily room/room & board charged by the Hospital.

2. **Pre-existing Sickness** shall mean the existence of symptoms that cause an ordinarily prudent person to seek diagnosis, care, or treatment within a six (6) month period preceding the effective date of the Policy, or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a six (6) month period preceding the effective date of the Policy.

(End of page)

Chartis Insurance Company China Limited

(hereinafter referred to as “the Company”)

Group Travel Personal Effects Rider

(this Rider shall first be applied prior to taking effect)

ARTICLE 1 THE RIDER

Upon application by Policyholder of the Basic Policy and approval by the Company, the “Group Travel Personal Effects Rider” (hereinafter referred to as “the Rider”) is hereby established. The Rider is attached to the Basic Policy and the provisions of the Basic Policy are applicable to the Rider. In the event of any contradiction between the provisions of the Rider and those of the Basic Policy, the Rider shall prevail. The Rider will not be valid unless its benefits are set forth in the Schedule or endorsement hereto.

ARTICLE 2 EFFECTIVE DATE

The Rider shall become effective at the same time as the Basic Policy, or at the time stated in the endorsement hereto.

ARTICLE 3 BENEFITS

Whilst the Rider is in force, in case of loss of or damage to the Personal Effects of an Insured Person including baggage, personal belongings in the baggage and articles legally owned by the Insured Person as a result of theft, robbery, attempted theft by any third party or caused by carriers or any third parties, occurring during travel period, the Company shall pay, after deduction of any deductible (if any), the costs for the replacement or repair whereof up to the lesser of following:

1. the cost of repair at the time of loss or damage;
2. the cost of replacement at the time of loss or damage;
3. the limit stated in the Schedule applicable to the Insured Person.

In the event of damage to Personal Effects of the Insured Person due to any causes above-mentioned which is proven to be beyond reasonable and economical repair, the articles shall be deemed as have been lost and the Company shall pay the Insured Person for the Replacement Costs for the said Personal Effects, up to the limit as stated in the Schedule. In case of the above event, the title to the damaged Personal Effects shall be vested in the Company upon such payment by the Company.

In respect of articles purchased for more than one year, the Company may, when make payment, reinstate or repair the article subject to due allowance for wear and tear and depreciation. If the Insured Person is afforded the same benefits under several comprehensive insurance policies for the same travel by the Company, the Company

shall only make payment up to the benefits under the policy with highest limit.

The deductible, if any, in respect of each article insured under the Rider shall be stated in the Schedule. The Company shall not be liable for any loss under the deductible. If loss of or damage to Personal Effects of the Insured Person is reimbursed by the carrier or any third party, the Company shall only be liable for the balance.

ARTICLE 4 EXCLUSIONS

All the Exclusions in the Basic Policy (if applicable) are applicable to the Rider. In the event of any contradiction between the exclusions under this Article and those under the Basic Policy, this Article shall prevail.

The Company shall not be liable for any of the following property or loss of or damage to the Personal Effects of the Insured Person directly or indirectly arising as a result of:

- (1) loss resulting directly or indirectly from the Y2K problem;**
- (2) gold, silver, jewelry or accessories, mobile phones, Lap-Top computer or Personal Digital Assistant (PDA);**
- (3) loss as a consequence of delay, confiscation or detention by the Customs or other administrative authorities;**
- (4) loss of or damage to seals or documents;**
- (5) breakage or damage to fragile articles, such as glass or crystal;**
- (6) business goods or samples;**
- (7) loss or damage caused by normal wear and tear, depreciation, vermin, mould, erosion, gradual deterioration, light, or undergoing any process involving the application of heat, dehumidifying, cleaning, dyeing, replacement or maintenance, or scratch, indenture, mechanical or electrical breakdowns, misuse, faulty craftsmanship or design, or use of defective materials;**
- (8) loss of cash, bonds, instruments, stamps, coupons, title deeds, stocks, travel documents, plastic money (including credit cards);**
- (9) loss of data recorded on tapes, cards, diskettes or otherwise;**
- (10) loss of or damage to baggage sent or souvenirs and articles those are not mailed or shipped at the same time of traveling;**
- (11) any loss due to unknown causes or any mysterious disappearance;**
- (12) any animals or plants or foods;**
- (13) motor vehicles (including accessories), motorcycles, boats, motors or other conveyances;**
- (14) the articles put in the vehicle left unattended unless with clear violent traces;**
- (15) household furniture, antiques;**
- (16) hired or leased equipment;**
- (17) smuggling or illegal transportation or trade;**
- (18) articles which operate normally or recover normal functions after repair by a carrier, hotel, or any other parties liable.**

ARTICLE 5 OBLIGATIONS OF INSURED PERSON

(1) The Insured Person must take due care of his/her baggage and other personal belongings during the travel period. In the event of loss of or damage to the baggage or personal belongings covered by the Rider, the Insured Person must take immediate actions to search, protect or recover the said baggage or belongs to mitigate the loss. Once any loss or damage is realized, the Insured Person shall report immediately to the management department of the relevant hotel or carrier, and obtain a written report therefrom within twenty-four (24) hours as of such realization;

(2) A theft or robbery shall be reported to the police or other relevant authorities within twenty-four (24) hours as of the incident and a written report obtained.

ARTICLE 6 EVIDENTIAL DOCUMENTS/FILING OF CLAIMS

In the event that a third party is liable to the extent of the covered loss of or damage to the Personal Effects, the Insured Person shall first lodge a claim against such third party. At the written request of the Insured Person, the Company will make payment in accordance with the Rider provided always that the Insured Person shall assign to the Company its right to recover from such third party and assist the Company in seeking recovery from such third party.

While filing a claim, the Insured Person shall provide the following documents as proof of claim together with the completed Claim Form required by the Company to the Company within thirty (30) days as of the end of the Insured travel:

- (1) the list and the invoices for articles lost;
- (2) the written proof issued by relevant authorities or the police;
- (3) other proof and materials required by the Company in relation to the claim.

The right to claim under this Rider shall be extinguished if the relevant Claimant fails to exercise such right within two (2) years as he/she becomes aware of such covered Accident.

ARTICLE 7 MISCELLANEOUS

In the event of discovery or return of the lost, stolen, or robbed articles, or recovery from any third party, the Insured Person shall refund the said payment to the Company.

ARTICLE 8 SUBROGATION

Upon any payment under the Rider, the Company shall, to the extent of such payment, be subrogated to the Insured Person's rights of recovery therefor against the third party and the Insured Person shall provide all the assistance to the Company necessary for the exercise of such right at the expense of the Company.

ARTICLE 9 TERMINATION

The Rider shall be automatically terminated when:

- (1) the Basic Policy is terminated; or
- (2) the Rider expires and the Policyholder does not renew or the Company declines the renewal of the Rider;
- (3) the Policyholder surrenders within the effective period of the Rider;
- (4) the Rider is terminated as a result of any other provision.

Note: in respect of (2), the Rider shall be automatically terminated at 24:00 of the expiry date of the Policy.

ARTICLE 10 DEFINITIONS

1. **Accident** referred to in the Rider shall mean any involuntary and unforeseen event.
2. **Lap-top Computer** referred to in the Rider shall mean a lap-top, and notebook computers.
3. **Replacement Cost** referred to in the Rider shall mean the market price of the personal effects at the time of loss of or the damage thereto subject to due allowance for wear and tear and depreciation.

(End of page)

Chartis Insurance Company China Limited

(hereinafter referred to as “the Company”)

Group Travel Loss of Travel Documents Rider

(this Rider shall first be applied prior to taking effect)

ARTICLE 1 THE RIDER

Upon application by Policyholder of the Basic Policy and approval by the Company, the “Group Travel Loss of Travel Documents Rider” (hereinafter referred to as “the Rider”) is hereby established. The Rider is attached to the Basic Policy and the provisions of the Basic Policy are applicable to the Rider. In the event of any contradiction between the provisions of the Rider and those of the Basic Policy, the Rider shall prevail. The Rider will not be valid unless its benefits are set forth in the Schedule or endorsement hereto.

ARTICLE 2 EFFECTIVE DATE

The Rider shall become effective at the same time as the Basic Policy, or at the time stated in the endorsement hereto.

ARTICLE 3 BENEFITS

Whilst the Rider is in force, if the passport, travel tickets or other travel documents of any Insured Person are lost during travel period due to robbery or theft, the Company will, after deduction of any deductible (if any), reimburse the Insured Person up to the limit under the Rider stated in the Schedule for cost of replacing passports, travel tickets and other travel documents as well as additional travel and accommodation expenses incurred for the replacement of the lost documents.

The deductible in respect of each insured event under the Rider shall be stated in the Schedule. The Company shall not be liable for any loss below the deductible amount stated in the Schedule.

ARTICLE 4 EXCLUSIONS

All the Exclusions in the Basic Policy (if applicable) are applicable to the Rider. In the event of any contradiction between the exclusions under this Article and those under the Basic Policy, this Article shall prevail.

The Company shall not be liable for any loss arising as a result of:

- (1) The loss not reported to the police with 24 hours and a written policy report obtained for such loss.**
- (2) Expenses incurred for acquiring unnecessary travel documents or visas after the insured Journey.**

- (3) Mysterious disappearance of the travel documents.**
- (4) The loss to the travel documents which are attended by the tour guide or leader.**
- (5) Smuggling or illegal trading or transportation.**

ARTICLE 5 OBLIGATIONS OF INSURED PERSON

A theft or robbery shall be reported to the police or other relevant authorities within twenty-four (24) hours as of the incident and a written report obtained.

ARTICLE 6 EVIDENTIAL DOCUMENTS/FILING OF CLAIMS

While filing a claim, the Insured Person shall provide the following documents as proof of claim together with the completed Claim Form required by the Company to the Company within thirty (30) days as of the end of the Insured travel:

1. the Insurance Certificate;
2. the written proof issued by relevant authorities or the police;
3. the original invoice or receipt of the cost for the replacement of passports, travel tickets and other travel documents;
4. the original invoice or receipt of additional travel and accommodation expenses;
5. other proof and materials required by the Company in relation to the claim.

The right to claim under this Rider shall be extinguished if the relevant Claimant fails to exercise such right within two (2) years as he/she becomes aware of such covered Accident.

ARTICLE 7 TERMINATION

The Rider shall be automatically terminated when:

1. the Basic Policy is terminated; or
2. the Rider expires and the Policyholder does not renew or the Company declines the renewal of the Rider;
3. the Policyholder surrenders within the effective period of the Rider;
4. the Rider is terminated as a result of any other provision.

Note: in respect of (2), the Rider shall be automatically terminated at 24:00 of the expiry date of the Policy.

ARTICLE 8 DEFINITION

Travel Ticket referred to in the Rider shall mean train ticket, steamer ticket and air flight ticket owned but not yet used by the Insured Person during Business Travel.

(End of page)

Chartis Insurance Company China Limited

(hereinafter referred to as “the Company”)

Group Travel Loss of Money Rider

(this Rider shall first be applied prior to taking effect)

ARTICLE 1 THE RIDER

Upon application by Policyholder of the Basic Policy and approval by the Company, the “Group Travel Loss of Money Rider” (hereinafter referred to as “the Rider”) is hereby established. The Rider is attached to the Basic Policy and the provisions of the Basic Policy are applicable to the Rider. In the event of any contradiction between the provisions of the Rider and those of the Basic Policy, the Rider shall prevail. The Rider will not be valid unless its benefits are set forth in the Schedule or endorsement hereto.

ARTICLE 2 EFFECTIVE DATE

The Rider shall become effective at the same time as the Basic Policy, or at the time stated in the endorsement hereto.

ARTICLE 3 BENEFITS

While the Rider is in force, the Company shall reimburse the Insured Person up to the limit under the Rider stated in the Schedule, after deduction of any deductible (if any), for the loss of cash, traveler’s checks or money order during travel period as a result of:

- (1) Theft of the Personal Money of the Insured Person from the locked safe provided by a hotel where the Insured Person checked in, and a written proof of such loss obtained from the management department of the hotel;
- (2) Theft or robbery of the Personal Money of the Insured Person reported to the police having jurisdiction at the place of loss within twenty-four (24) hours from the incident, and a written documentation from such police obtained.

The deductible in respect of each event insured under the Rider shall be stated in the Schedule. The Company shall not be liable for any loss below under the deductible amount.

ARTICLE 4 EXCLUSIONS

All the Exclusions in the Basic Policy (if applicable) are applicable to the Rider. In the event of any contradiction between the exclusions under this Article and those under the Basic Policy, this Article shall prevail.

The Company shall not be liable for any loss arising as a result of:

- (1) Any shortages due to omissions, errors, exchanges, or depreciations in value.**
- (2) Any credit cards or plastic money.**
- (3) Loss of traveler's checks not immediately reported to the local branch or agent of the issuing authority.**

ARTICLE 5 OBLIGATIONS OF INSURED PERSON

The Insured Person must take due care of his/her money during the travel period. In the event of loss covered by the Rider, the Insured Person must take immediate actions to search the money. Once any loss or damage is realized, the Insured Person shall report immediately to the management department of the relevant hotel or the police, and obtain a written report therefrom within twenty-four (24) hours as of such realization;

ARTICLE 6 EVIDENTIAL DOCUMENTS/FILING OF CLAIMS

While filing a claim, the Insured Person shall provide the following documents as proof of claim together with the completed Claim Form required by the Company to the Company within thirty (30) days as of the end of the Insured travel:

- (1) the Insurance Certificate;
- (2) the written proof issued by relevant authorities or the police;
- (3) other proof and materials required by the Company in relation to the claim.

If the Insured Person may get recovery from the hotel or any other third party, the Company shall be only liable for the balance. In the event of discovery or return of the lost money, the Insured Person shall inform the Company and refund the said payment to the Company.

The right to claim under this Rider shall be extinguished if the relevant Claimant fails to exercise such right within two (2) years as he/she becomes aware of such covered Accident.

ARTICLE 7 TERMINATION

The Rider shall be automatically terminated when:

- (1) the Basic Policy is terminated; or
- (2) the Rider expires and the Policyholder does not renew or the Company declines the renewal of the Rider;
- (3) the Policyholder surrenders within the effective period of the Rider;
- (4) the Rider is terminated as a result of any other provision.

Note: in respect of (2), the Rider shall be automatically terminated at 24:00 of the expiry date of the Policy.

(End of page)

Chartis Insurance Company China Limited

(hereinafter referred to as “the Company”)

Group Travel Trip Cancellation Rider

(this Rider shall first be applied prior to taking effect)

ARTICLE 1 THE RIDER

Upon application by Policyholder of the Basic Policy and approval by the Company, the “Group Travel Trip Cancellation Rider” (hereinafter referred to as “the Rider”) is hereby established. The Rider is attached to the Basic Policy and the provisions of the Basic Policy are applicable to the Rider. In the event of any contradiction between the provisions of the Rider and those of the Basic Policy, the Rider shall prevail. The Rider will not be valid unless its benefits are set forth in the Schedule or endorsement hereto.

ARTICLE 2 EFFECTIVE DATE

The Rider shall become effective at the same time as the Basic Policy, or at the time stated in the endorsement hereto.

ARTICLE 3 BENEFITS

The Company shall reimburse the Insured Person, up to the limit stated in the Schedule, for loss of any pre-paid, unused and non-refundable travel fare as a result of the cancellation of the insured travel due to the following event during the effective period of this Rider:

- (1) death or Serious Injury of the Insured or the Insured’s Immediate Family Members;
- (2) unexpected outbreak of riot, strike by the employees of a Common Carrier, inclement weather, natural disaster or epidemic disease at the planned destination within seven (7) days before the departure date of the insured travel;

ARTICLE 4 EXCLUSIONS

All the exclusions in the Basic Policy (if applicable) shall be applicable to the Rider. In the event of any contradiction between the exclusions under this Article and those under the Basic Policy, this Article shall prevail.

The Company shall not be liable for any loss arising directly or indirectly as a result of:

- (1) any Pre-existing Sickness or complications thereof;**
- (2) that is covered by any other existing insurance plan, or which will be paid or refunded by the government, hotel, airline, travel agency or any other provider of**

travel and/or accommodation.

(3) caused by government regulations, or cancellation and/or disruption of the planned Journey due to negligence, omission or bankruptcy of the provider of travel and/or accommodation and/or Common Carrier.

(4) unwillingness to take the insured travel or the insured travel being beyond the means of the Insured Person.

(5) illegal or criminal act of the Insured.

(6) failure to notify the trip cancellation in time to the travel agency or tour operator or provider of transport or accommodation.

(7) the insured Journey is to obtain medical treatment or is against the Qualified Medical Practitioner's recommendation.

(8) if the Insured Person becomes aware of any circumstances or conditions which can lead to the trip cancellation before he or she books hotel, transportation or incurred any other expenses, including but not limited to any announced or occurred strike or other labor protest, and existing natural disasters or announced outbreak of epidemic disease at the destination of the Insured Journey.

ARTICLE 5 EVIDENTIAL DOCUMENTS/FILING OF CLAIMS

While filing a claim, the Insured Person shall provide the following documents as proof of claim together with the completed Claim Form required by the Company to the Company within thirty (30) days as of cancellation of the insured travel:

- (1) relevant travel proof;
- (2) medical report from the Qualified Medical Practitioner or Hospital;
- (3) other proof and materials required by the Company in relation to the claim.

The right to claim under this Rider shall be extinguished if the relevant Claimant fails to exercise such right within two (2) years as he/she becomes aware of such covered event.

ARTICLE 6 TERMINATION

The Rider shall be automatically terminated when:

- (1) the Basic Policy is terminated; or
- (2) the Rider expires and the Policyholder does not renew or the Company declines the renewal of the Rider;
- (3) the Policyholder surrenders within the effective period of the Rider;
- (4) the Rider is terminated as a result of any other provision.

Note: in respect of (2), the Rider shall be automatically terminated at 24:00 of the expiry date of the Policy.

ARTICLE 7 DEFINITIONS

(1) **Common Carrier** shall mean any bus, coach, taxi (only limited to four-wheeled motor vehicle), ferry, hovercraft, hydrofoil, ship, train, tram or rail train (inclusive of

subway, light train and maglev train), any fixed-wing aircraft provided and operated by an airline or an air charter company, any helicopter provided and operated by an airline and operating only between established commercial airports or licensed commercial heliports, and any regularly scheduled airport limousine operating on fixed routes and schedules provided and operated by a carrier duly licensed for the regular transportation of fare-paying passengers.

The aforesaid vehicles not used for public transportation purpose shall not be included in the definition of Common Carrier herein the Rider.

(2) **Pre-existing Sickness** shall mean the existence of symptoms that cause an ordinarily prudent person to seek diagnosis, care, or treatment within a six (6) month period preceding the effective date of the Policy, or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a six (6) month period preceding the effective date of the Policy.

(End of page)

Chartis Insurance Company China Limited

(hereinafter referred to as “the Company”)

Group Travel Delay Rider

(this Rider shall first be applied prior to taking effect)

ARTICLE 1 THE RIDER

Upon application by the Policyholder of the Basic Policy, the “Group Travel Delay Rider” (hereinafter referred to as “the Rider”) is hereby established. The Rider is attached to the Basic Policy and the provisions of the Basic Policy are applicable to the Rider. In the event of any contradiction between the provisions under the Rider and those under the Basic Policy, the provisions of the Rider shall prevail. The Rider will not be valid unless its benefits are set forth in the Schedule or endorsement hereto.

ARTICLE 2 EFFECTIVE DATE

The Rider shall become effective at the same time as the Basic Policy, or at the time stated in the endorsement hereto.

ARTICLE 3 BENEFITS

The Company shall pay indemnity to the Insured Person up to the limit stated in the Schedule in the event that the Common Carrier by which the Insured Person has arranged to travel is delayed up to a length of time stated in the Schedule due to inclement weather, natural disaster, mechanic breakdown, strike, hijack or slowing down, temporary protest by the employees of other air and sea carriers, Terrorist Action, air traffic control, or Over-selling of Tickets by the airline during the Insured travel while this Rider is in force.

The period of delay will be the longer of:

- 1) time between the original scheduled departure time of the Common Carrier and the revised departure time of the first available alternative transportation offered by the Replaced Common Carrier; or
- 2) time between the original arrival time and the time of the actual arrival of the Insured Person at the planned destination by the alternative transportation.

ARTICLE 4 EXCLUSIONS

All the exclusions in the Basic Policy (if applicable) shall be applicable to the Rider. In the event of any contradiction between the exclusions under the Rider and those under the Basic Policy, the Rider shall prevail.

The Company shall not be liable for any travel delay arising directly or indirectly as

a result of:

(1) the failure of the Insured Person to complete check-in procedures according to the itinerary, or to obtain written confirmation from the Common Carrier on the number of hours and the reason for such delay;

(2) the failure of Insured Person to get on-board after completing the check-in procedures (unless prevented from doing so due to covered incident);

(3) the failure of Insured Person to get on-board the first available alternative transportation offered by the Common Carrier;

(4) circumstances or conditions which has existed and been known to the Insured Person when he or she the books the Common Carrier for the insured travel and which may lead to the travel delay, including but not limited to any announced or occurred strike, other kind of labor protest or any kind of inclement weather or natural disaster at that time.

ARTICLE 5 EVIDENTIAL DOCUMENTS/FILING OF CLAIMS

While filing a claim, the Insured Person shall provide the following documents as proof of claim together with the completed Claim Form required by the Company to the Company within thirty (30) days as of completion of the insured travel:

(1) written confirmation from the Common Carrier or its agent on the number of hours and the reason for such delay;

(2) other proof and materials required by the Company in relation to the claim.

The right to claim under the Rider shall be extinguished if the relevant Claimant fails to exercise such right within two (2) years as he/she becomes aware of such covered event.

ARTICLE 6 TERMINATION

The Rider shall be automatically terminated when:

1. the Basic Policy is terminated; or

2. the Rider expires and the Policyholder does not renew or the Company declines the renewal of the Rider;

3. the Policyholder surrenders within the effective period of the Rider;

4. the Rider is terminated as a result of any other provision.

Note: in respect of (2), the Rider shall be automatically terminated at 24:00 of the expiry date of the Policy.

ARTICLE 7 DEFINITIONS

(1) **Common Carrier** referred to in the Rider shall mean any ship, fixed-wing aircraft provided and operated by an airline or an air charter company, and helicopter provided and operated by an airline and operating only between established commercial airports or

licensed commercial heliports provided and operated by a carrier duly licensed for the regular transportation of fare-paying passengers.

(2) **Replaced Common Carrier** referred to in the Rider shall also include, in addition to the above-mentioned Common Carriers, any bus, coach, taxi (exclusive of motor vehicles with less than four (4) wheels), ferry, hovercraft, hydrofoil, train, tram or rail train (inclusive of subway, light train and maglev train) and any regularly scheduled airport limousine operating on fixed routes and schedules provided and operated by a carrier duly licensed for the regular transportation of fare-paying passengers.

The aforesaid vehicles not used for public transportation purpose shall not be included in the definition of Common Carrier herein the Rider.

(3) **Over-selling of Tickets by the airline** shall mean any event in which the Insured Person fails to get on-board of the arranged airplane because the number of tickets sold by the airline is more than the actual number of seats of the arranged airplane and has to take the first available alternative flight offered by the airline.

(4) **Terrorist Action** shall mean any actual or threatened force or violence conducted against and directly causing or incurring loss, injury, harm or destroy to any natural person, property or government or any action endangering human life for any declared or undeclared economic, racial, nationalistic, political or religious ends. Any robbery, criminal action basically for private interest or resulting from any pre-existing private relationship between the victim and perpetrator shall not be treated as Terrorist Action.

Terrorist Action shall also include any action verified or recognized by government of any local country as terrorist action.

(End of page)

Chartis Insurance Company China Limited

(hereinafter referred to as “the Company”)

Group Travel Baggage Delay Rider

(this Rider shall first be applied prior to taking effect)

ARTICLE 1 THE RIDER

Upon application by the Policyholder of the Basic Policy, the “Group Travel Baggage Delay Rider” (hereinafter referred to as “the Rider”) is hereby established. The Rider is attached to the Basic Policy and the provisions of the Basic Policy are applicable to the Rider. In the event of any contradiction between the provisions under the Rider and those under the Basic Policy, the provisions of the Rider shall prevail. The Rider will not be valid unless its benefits are set forth in the Schedule or endorsement hereto.

ARTICLE 2 EFFECTIVE DATE

The Rider shall become effective at the same time as the Basic Policy, or at the time stated in the endorsement hereto.

ARTICLE 3 BENEFITS

The Company shall pay indemnity to the Insured Person up to the limit stated in the Schedule in the event that the arrival of checked baggage is delayed up to a length of time stated in the Schedule after the Insured Person arrives at the planned destination by the Common Carrier during the insured travel while this Rider is in force.

If the Insured Person is indemnified by the Company under the “Individual Travel Person Effects Rider” for the same reason, the Company shall not be liable for any payment under this rider.

ARTICLE 4 EXCLUSIONS

All the exclusions in the Basic Policy (if applicable) shall be applicable to the Rider. In the event of any contradiction between the exclusions under the Rider and those under the Basic Policy, the Rider shall prevail.

The Company shall not be liable for any baggage delay arising directly or indirectly as a result of:

- (1) confiscation, detention, insulation, inspection or destroy of the checked baggage by the Customs or other administrative authorities;**
- (2) failure of the Insured Person to notify the delay of baggage to the Common**

Carrier or its agent and get the written confirmation for such delay when he/she arrives at the planned destination.

- (3) baggage or articles not checked at the same time of traveling;**
- (4) baggage left attended by the Common Carrier or its agent.**

ARTICLE 5 EVIDENTIAL DOCUMENTS/FILING OF CLAIMS

While filing a claim, the Insured Person shall provide the following documents as proof of claim together with the completed Claim Form required by the Company to the Company within thirty (30) days as of completion of the insured travel:

- (1) written confirmation from the Common Carrier or its agent on the number of hours and the reason for such delay;
- (2) other proof and materials required by the Company in relation to the claim.

The right to claim under the Rider shall be extinguished if the relevant Claimant fails to exercise such right within two (2) years as he/she becomes aware of such covered event.

ARTICLE 6 TERMINATION

The Rider shall be automatically terminated when:

- (1) the Basic Policy is terminated; or
- (2) the Rider expires and the Policyholder does not renew or the Company declines the renewal of the Rider;
- (3) the Policyholder surrenders within the effective period of the Rider;
- (4) the Rider is terminated as a result of any other provision.

Note: in respect of (2), the Rider shall be automatically terminated at 24:00 of the expiry date of the Policy.

ARTICLE 7 DEFINITIONS

Common Carrier referred to in the Rider shall mean any ship, fixed-wing aircraft provided and operated by an airline or an air charter company, and helicopter provided and operated by an airline and operating only between established commercial airports or licensed commercial heliports provided and operated by a carrier duly licensed for the regular transportation of fare-paying passengers.

(End of page)

Chartis Insurance Company China Limited

(hereinafter referred to as “the Company”)

Group Travel Personal Liability Rider

(this Rider shall first be applied prior to taking effect)

ARTICLE 1 THE RIDER

Upon application by the Policyholder of the Basic Policy, the “Group Travel Personal Liability Rider” (hereinafter referred to as “the Rider”) is hereby established. The Rider is attached to the Basic Policy and the provisions of the Basic Policy are applicable to the Rider. In the event of any contradiction between the provisions under the Rider and those under the Basic Policy, the provisions of the Rider shall prevail. The Rider will not be valid unless its benefits are set forth in the Schedule or endorsement hereto.

ARTICLE 2 EFFECTIVE DATE

The Rider shall become effective at the same time as the Basic Policy, or at the time stated in the endorsement hereto.

ARTICLE 3 BENEFITS

The Company will indemnify the Insured Person against such amount that the Insured Person becomes legally liable to a third party (excluding any dependents of the Insured Person) arising during the travel period as a result of accidental death or bodily injury or loss of or damage to the property of such third party, up to the limit applicable to such Insured Person as stated in the Schedule.

ARTICLE 4 EXCLUSIONS

All the exclusions in the Basic Policy (if applicable) shall be applicable to the Rider. In the event of any contradiction between the exclusions under the Rider and those under the Basic Policy, the Rider shall prevail.

The Company shall not be liable for any personal liability of the Insured Person arising as a result of:

- (1) Obligations assumed by the Insured Person under any contract or agreement.**
- (2) Damage or Injury caused by animal which belong to the Insured Person or is in his/her care, custody or control;**
- (3) Damage to property which belong to the Insured Person or is in his/her care, custody or control;**
- (4) Damage or Injury relating to the willful, malicious, illegal, criminal or wrongful acts on the part of the Insured Person;**

- (5) The undertaking of any trade, business or profession;**
- (6) The use (excluding temporary residence) or ownership of a real estate;**
- (7) The ownership, possession or use of vehicles, aircraft or watercraft (whether with or without operation licenses);**
- (8) The Insured Person's taking part in horse racing, vehicle racing or use of guns;**
- (9) Damage or Injury to property of or to any person who is the Insured Person's Immediate Family Member, employer or employee.**
- (10) Any cumulative, punitive or vigilant damages imposed by the court.**

ARTICLE 5 OBLIGATIONS OF INSURED PERSON

The Insured Person may not, without the written approval of the Company, make any offer or promise of payment or admit his/her liability to the third party. Whilst the Rider is in force, in case of any covered Accidents, the Insured Person shall give an immediate notification to TRAVEL GUARD. The Insured Person shall indemnify the Company against any damages suffered by the Company due to the failure of the Insured Person to the said notification.

The Company reserves the right to defend or pay the indemnity on its own or in the name of the Insured Person and seek recovery from any other related parties for its own interests at its own expenses. The Insured Person is obliged to assist the Company in any investigation or execution of any claims.

ARTICLE 6 EVIDENTIAL DOCUMENTS/FILING OF CLAIMS

While filing a claim, the Insured Person shall provide the following documents as proof of claim together with the completed Claim Form required by the Company to the Company within thirty (30) days as of completion of the insured travel:

- (1) Insurance Certificate
- (2) the judgment, ruling or mediation agreement (if any);
- (3) the settlement agreement (if any);
- (4) the proof of any payment ;
- (5) other proof and materials required by the Company in relation to the claim.

The right to claim under the Rider shall be extinguished if the relevant Claimant fails to exercise such right within two (2) years as he/she becomes aware of such covered event.

ARTICLE 7 TERMINATION

The Rider shall be automatically terminated when:

- (1) the Basic Policy is terminated; or
- (2) the Rider expires and the Policyholder does not renew or the Company declines the renewal of the Rider;
- (3) the Policyholder surrenders within the effective period of the Rider;

(4) the Rider is terminated as a result of any other provision.

Note: in respect of (2), the Rider shall be automatically terminated at 24:00 of the expiry date of the Policy.

ARTICLE 8 DEFINITIONS

“Accident” referred in the Rider shall mean any involuntary and unforeseen event.

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