Chubb Travel Insurance

Policy Wordings (Master Policy)



Contents

Benefit Schedule	3
Important Information Regarding This Policy	7
Part 1 Interpretation	7
Part 2 Eligibility	13
Part 3 Scope And Limits Of Cover And Benefits	14
Part 4 General Exclusions	15
Part 5 Special Conditions	18
Part 6 General Conditions	19
Part 7 Benefits	22
Complaints	64
Privacy Notice	65

Benefit Schedule

		Maximum Sum Insured (RM)	
Benefits		International	
		Executive	
Pe	Personal Accident		
1	Accidental Death and Permanent Disablement - Adult - Child	300,000 75,000	
2	Child Education Fund	10,000	
3	Medical Expenses a) <u>Due to Accident</u> - Up to age 64 years - Above age 65 years b) <u>Due to Sickness</u> - Up to age 64 years - Above age 65 years The age limits stated in this section refer to the age of the Insured Person at the time of commencement of latest Period of Insurance.	800,000 300,000 450,000 100,000	
4	Follow Up Medical Expenses in Malaysia (up to 30 days)* a) Due to Accident - Up to age 64 years - Above age 65 years b) Due to Sickness - Up to age 64 years - Above age 65 years	50,000 25,000 25,000 12,500	
5	Alternative Treatment	500	
6	Daily Hospital Income Max coverage day - Up to age 64 years - Above age 65 years	60 days 250 per day 100 per day	
7	Compassionate Visit	10,000	
8	Child Guard	10,000	
9	Emergency Medical Evacuation & Repatriation	Unlimited	
10	Repatriation of Mortal Remains (Include Burial & Cremation expenses)	Unlimited	

Tra	vel Inconvenience	
11	Travel Cancellation a) Cancellation Expenses b) Postponement Expenses	50,000 500
12	Travel Curtailment	50,000
13	Travel Disruption	1,000
14	Loss or Damage of Personal Belongings & Baggage a) Any one article limit b) Portable Computer Max Limit	500 1,000 5,000
15	Loss or Damage to Travel Documents	5,000
16	Loss of Personal Money**	750
17	Fraudulent Use of Lost Credit Card	500
	Baggage Delay (every 6 consecutive hours) a) Max Limit (Overseas) Per family limit b) Max Limit (Malaysia) Per family limit	200 800 2,400 200 600
19	Travel Delay (every 6 consecutive hours) Max Limit	200 3,600
20	Travel Misconnection (every 6 consecutive hours) Max Limit	200 600
21	Travel Re-Route (every 6 consecutive hours) Max Limit	200 600
22	Travel Overbook (every 6 consecutive hours) Max Limit	200 600
23	Missed Departure (every 6 consecutive hours) Max Limit	200 600
24	Hijacking Inconvenience (every 24 consecutive hours) Max Limit	400 800
25	Personal Liability	1,000,000
26	Emergency Mobile Phone Charges	100

Life	Lifestyle		
27	Home Inconvenience Allowance - Single Article Limit	3,000 500	
28	Pet Care (amount per 24 hour) Max Limit	50 50	
Oth	ners		
29	Terrorism Extension	Included	
30	Chubb Assistance Benefits - Cashless Hospital Admission - 24 Hours Telephone Access - Medical Assistance - Travel Assistance	Included	
Benefits Extended to Cover COVID-19			
Ber	nefits Extended to Cover COVID-19		
Bei 31	Medical Expenses due to Sickness - Up to age 64 years - Above age 65 years	450,000 450,000	
	Medical Expenses due to Sickness - Up to age 64 years		
31	Medical Expenses due to Sickness - Up to age 64 years - Above age 65 years	450,000	
31	Medical Expenses due to Sickness - Up to age 64 years - Above age 65 years Emergency Medical Evacuation & Repatriation	450,000 Unlimited	
31 32 33	Medical Expenses due to Sickness - Up to age 64 years - Above age 65 years Emergency Medical Evacuation & Repatriation Repatriation of Mortal Remains Daily Hospital Income Max coverage day - Up to age 64 years	Unlimited Unlimited 60 days 250 per day	

^{*} an Excess of RM50 is applicable for each and every medical receipt/bill/invoice in the event medical treatment is not sought Overseas. You must seek treatment in Malaysia within 24 hours from the date of Your return to Malaysia and You have up to 30 days to continue the medical treatment in Malaysia.

Chubb Travel Insurance Policy

Policy is issued to the Policyholder for the benefit of its customers. Please read this Policy and keep it together with the Certificate of Insurance.

This Policy records the terms under which Chubb Insurance Malaysia Berhad, Registration Number:

^{**} RM100 Excess per claim on Loss of Personal Money.

	564 (9827-A), of Wisma Chubb, 38, Jalan Sultan Ismail, 50250 Kuala Lumpur, Malaysia referred to as "Chubb") has agreed to provide insurance cover to the customers of the r.
	d Person will have the right to make claims on his/her own behalf against Chubb under the ervices Act 2013.
This Policy i	s underwritten by Chubb Insurance Malaysia Berhad. Chubb Insurance Malaysia Berhad is ler the Financial Services Act 2013 and regulated by Bank Negara Malaysia.
<u>Important</u>	Information Regarding This Policy
1. The	Policy
	This Policy, all written proposals, Certificate of Insurance and endorsements (if any) that We may issue from time to time sets out the entire rights and obligations between the Policyholder, Insured Person and Us under the Policy. This Policy is issued in consideration of the information, answers and disclosures provided.

1.2 In return for the Insured Person paying Us the premium, We will insure the Insured Person for the Benefits to the extent provided in this Policy, subject to the terms, conditions, definitions and exclusions contained in this Policy and Certificate of Insurance.

2. Please read the Policy

2.1 It is important that the Policyholder and the Insured Person carefully read and understand this Policy and Certificate of Insurance because they describe the terms, conditions and exclusions that apply to the insurance under this Policy.

3. Checking the Policy

3.1 Please check the Policy and/or Certificate of Insurance to make sure all the information on them is correct. Please let Us know immediately if any alterations are needed. Please contact Us if there is a change of address or account details.

4. Contacting Us

4.1 If the Insured Person or the Policyholder have any queries or need to contact Us, please write to Us at Chubb Insurance Malaysia Berhad, Registration Number: 197001000564 (9827-A), Wisma Chubb, 38 Jalan Sultan Ismail, 50250 Kuala Lumpur, Malaysia or contact Us at 1-800-88-2846 Monday to Friday 8.30am to 5.15pm, excluding public holidays. The Insured Person or the Policyholder can also email Us at Travel.MY@chubb.com

5. Keeping the documents safe

- 5.1 The Insured Person or the Policyholder should keep the Policy and/or Certificate of Insurance in a safe place in case of a need to refer to them in the future.
- 5.2 Certain types of cover under this Policy requires the Insured Person to provide receipts and other documentary evidence to Us. The Insured Person should keep those documents in a safe place in case We need them to consider a claim.

6. Interpretation

- 6.1 This Policy including the proposal form or enrolment form (if applicable), Certificate of Insurance, Endorsements and amendments, if any, shall be read together as one contract and any word or expression to which a specific meaning has been attached shall, unless the context otherwise requires, bear that specific meaning wherever it may appear.
- 6.2 In the event of any inconsistencies between the Bahasa Malaysia version and the English version of this Policy, the English version shall prevail.

7. Condition Precedent to Liability

7.1 The due observance and fulfilment of the terms, provisions and conditions of this Policy by the Insured Person and in so far as they relate to anything to be done or complied with by the Insured Person shall be conditions precedent to Our liability to make any payment under this Policy.

8. Duty to Take Reasonable Care

- 8.1 The Insured Person and the Policyholder must take reasonable care when applying wholly for himself/herself, or other person:
 - (a) not to make a misrepresentation to Us when answering any questions We ask in the proposal form or enrolment form (if applicable); and
 - (b) not to make a misrepresentation to Us for the Insured Person's Coverage, when answering any

- questions, or confirming or amending any matter previously disclosed; and
- (c) to disclose to Us any matter, other than what We have asked in (a) and (b) above, that the Insured Person or the Policyholder knows to be relevant to Our decision on whether to accept the Insured Person or not and the rates and terms to be applied.
- 8.2 The Insured Person also has a duty to tell Us immediately if at any time after Coverage has been entered into, varied or renewed with Us, any of the information the Insured Person or the Policyholder gives on his/her proposal form or enrolment form (if applicable) is inaccurate or has changed.
- 8.3 Breach of such duties as stated above may result in Us voiding the Coverage under the Policy and refusing all claims, or the amount to be paid on a claim being proportionately reduced, depending on the type of misrepresentation or non-disclosure and the effect of the said misrepresentation or non-disclosure, in accordance with Schedule 9 of the Financial Services Act 2013.

Part 1 – Interpretation

Section 1 - Definitions

Accident or Accidental means a sudden, unforeseen and fortuitous event.

Act of Terrorism means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or commission of an act dangerous to human life or property, against any individual, property or government, which the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered Act of Terrorism. Act of Terrorism shall also include any act, which is verified or recognized by the (relevant) government as an act of terrorism.

Annual Policy means a Coverage issued for the selected plan where the Insured Person can make an unlimited number of Journeys to the selected Zone of travel during the Period of Insurance.

Benefit means the respective benefit, as stated in the Benefit Schedule and according to the type of plan stated in the Insured Person's Certificate of Insurance, payable by Us under the terms and conditions of this Policy in respect of each event or loss covered by this Policy.

Benefit Schedule means the document which is incorporated and forms part of this Policy which contains details of the Benefits for this Policy, according to the type of plan stated in the Certificate of Insurance.

Bodily Injury means Accidental injury sustained resulting solely, directly and independently of all other causes from an Accident and caused by external, violent and visible means.

Cancellation Expenses means loss of deposits, advance payments for Journey or accommodation or other charges, which are either forfeited, deemed non-refundable or levied due to the cancellation of the Journey, resulting from a Specified Cause under Part 7 – Section 11 or COVID-19 Specified Cause under Part 7 – Section 36.

Certificate of Insurance means the document entitled Certificate of Insurance issued to confirm that the Insured Person has been accepted according to the terms and conditions of this Policy. The Certificate of Insurance contains details specific to the Insured Person and forms part of this Policy.

Child(ren) means the legal unmarried dependent child(ren), including stepchild(ren) and/or legally adopted child(ren) of the Insured Person purchasing this policy, who is/are at least thirty (30) days old and not older than eighteen (18) years old (or twenty-three (23) years old if studying full-time in a recognized tertiary institution), on the commencement of the Period of Insurance.

Civil Commotion means a disturbance, commotion or disorder created by civilians usually against a governing body or the policies thereof.

Claimant means the Insured Person, the Nominee, or any other person, as the case may be, who is legally entitled to claim the Policy Benefits, according to the terms and conditions of the Policy and/or in law.

Common Carrier means any land, sea or air carrier operated under a license for the transportation of fare paying passengers, and which has fixed and established routes only. It does not include taxi, private car or e-hailing services nor does it mean any such carrier if chartered or arranged as part of a tour even if such services are regularly scheduled.

Communicable Disease Outbreak or Communicable Disease means a disease that may be transmitted directly or indirectly by one person or animal to another by any means due to a virus, bacteria or other microorganism and that leads to:

- (i) the imposition of quarantine or restriction in movement of people or animals by any national or international body or agency; or
- (ii) a travel advisory or warning being issued by a national or international body or agency.

Compulsory Quarantine means the Insured Person is quarantined in a facility appointed by the government authorities for at least one (1) full day until discharged. Compulsory Quarantine does not mean the closure of borders by a government or travel body, the enforcement of social distancing measures, a stay-at-home notice, or a period of isolation or social distancing required either before the Insured Person's departure or at the Insured Person's destination Overseas.

Confined or Confinement means confinement in a Hospital for at least a Day as a resident in-patient (other than for day surgery) upon the advice of and under the regular care and attendance of a Physician and for this purpose. **Day** shall mean a period for which the Hospital charges for room and board.

Coverage means the cover provided to the Insured Person named in the Certificate of Insurance under this Policy.

COVID-19 refers to the strain of Novel Coronavirus 2019 classified in February 2020 by the World Health Organisation (WHO) as "Coronavirus Disease 2019 (COVID-19)" or any mutation or variation thereof or any related strain), contracted and commencing whilst this Policy is in force and results, directly and independently of all other such causes.

Cruise means travel or accommodation on a ship, sailing vessel (other than a private sailing vessel or a privately registered vessel), boat or river cruise (other than a day trip which do not involve over-night accommodation), which is owned and operated by a registered company, during all or part of the Insured Person's Journey.

Death means death occurring solely, directly and independently of all other causes, as a result of a Bodily Injury.

Dental Expenses means reasonable and necessary charges for emergency dental treatment due to Bodily Injury to natural tooth/teeth caused by an Accident, carried out by a Dentist, medically necessary to treat the Insured Person's condition that has manifested whilst the Insured Person is on a Journey, including charges for medical supplies or services, not exceeding the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred and does not include charges that would not have been made if no insurance existed.

Dentist means a legally licensed dentist or dental surgeon qualified by a medical degree and duly registered to practice dentistry and who, in rendering treatment, is practicing within the scope of his licensing and training in the geographical area of practice. Dentist shall not include the Insured Person, the Spouse or any of his/her Family Member.

Designated Facility means facility that the local government has authorised to provide quarantine services to those diagnosed with COVID-19.

Destination means the place(s) where the Insured Person expects to travel to on the Journey, as shown on the travel itinerary.

Domestic means anywhere within Malaysia only.

Extreme Sports and Sporting Activities means any sports or sporting activities that presents a high level of inherent danger (i.e. involves a high level of expertise, exceptional physical exertion, highly specialised gear or stunts) including but not limited to big wave surfing, private white water rafting grade 4 and above, canoeing down rapids, cliff jumping, horse jumping, ultra-marathons, biathlons, triathlons, bungee jumping, sky diving, paragliding and stunt riding. This Extreme Sports and Sporting Activities does not mean usual tourist activities that are accessible to the general public without restriction (other than height or general health or fitness warnings) and which are provided by a recognised local tour operator but always providing that the Insured Person is acting under the guidance and supervision of qualified guides and/ or instructors of the tour operators when carrying out such tourist activities.

Excess means the first amount of any covered loss or expense incurred by the Insured Person which We will not pay.

Family Member means the Insured Person's Spouse, parents, parents-in-law, grandparents, grandparents-in-law, great grandparents, great grandparents-in-law, Child(ren), daughter-in-law, son-in-law, brothers or sisters, brother-in-law, sister-in-law, grandchild(ren), step-brother, step-sister, step-parents, Legal Guardian.

Family Plan means a plan under an Annual Policy and/or Single Trip Policy that shall comprise of Insured Persons purchasing this Policy and include the Spouse and/or Child(ren), as applicable. Notwithstanding anything to the contrary set forth in this Policy, the Child(ren) covered under a Family Plan must be accompanied by the Insured Person purchasing the Policy or the Spouse for any Journey made during the Period of Insurance.

Financial Default means either the complete suspension of operation due to financial circumstances whether or not bankruptcy/liquidation petition is filed; or partial suspension of operations following a filling of a bankruptcy/liquidation petition.

Home means the Insured Person's usual place of residence in Malaysia.

Hospital means a legally constituted establishment operated pursuant to the laws of the country in which it is based, which holds a license as a hospital (if licensing is required in the state or government jurisdiction) and meets the following requirements:

- (i) operates primarily for the reception, care and medicare and treatment of sick, ailing or injured persons as in-patients;
- (ii) provides full-time nursing service by and under the supervision of a staff of Nurses;
- (iii) has a staff of one or more Physicians available at all times;
- (iv) maintains organized facilities for the medical diagnosis and treatment of such persons, and provides (where appropriate) facilities for major surgery within the confines of the establishment or in facilities controlled by the established; and
- (v) is not primarily a clinic, nursing, rest or convalescent home or similar establishment and is not, other than incidentally, a place for alcoholics or drug addicts.

and Hospital shall not include the following:

- (a) a mental institution; an institution confined primarily to the treatment of psychiatric disease including sub-normally; the psychiatric department of a Hospital;
- (b) a place for the aged; a rest home; a place for drug addicts or alcoholics;
- (c) a health hydro or nature cure clinic; a special unit of a hospital used primarily as a place for drug addicts or alcoholics, or as a nursing, convalescent, rehabilitation, extended-care facility or rest home;
- (d) any establishment which provides Traditional or Complementary Medicine or Treatment.

Insured Person(s) means the customer(s) of the Policyholderinsured under this Policy, and named in the Certificate of Insurance who satisfy the eligibility requirements and with respect to premium which has been paid. The Insured Person is not a contracting party under this Policy with Us.

Journey means any trip undertaken by the Insured Person within the Period of Insurance which is:

- (i) **One Way Journey** means a one-way trip made by the Insured Person from Malaysia to a Destination Overseas, and shall commence on the later of the following:
 - (a) 12.00 a.m. on the commencement of the Period of Insurance; or
 - (b) the time the Insured Person leaves his/her Home or usual place of employment in Malaysia to proceed directly to the place of embarkation in Malaysia to commence the trip;

and shall terminate on the earlier of the following:

- (a) 11.59 p.m. on the expiry date of the Period of Insurance; or
- (b) the time the Insured Person leaves the airport in the Destination country.
- (ii) **Return Journey** means a return trip made by the Insured Person from Malaysia to a Destination (Overseas or Domestic) and back, and shall commence on the later of the following:
 - (a) 12.00 a.m. on the commencement of the Period of Insurance; or
 - (b) twenty-four (24) hours prior to the Insured Person's scheduled departure time from Malaysia provided the Insured Person is in direct transit between his/her Home and the Overseas departure point in Malaysia; or
 - (c) from the time the Insured Person leaves his/her Home or usual place of employment in Malaysia (excluding daily commute to and from the Insured Person's usual place of employment or work) and involves him/her traveling more than fifty (50) kilometres from his/her Home for at least one (1) paid overnight stay, to commence the trip;

and shall terminate on the earlier of the following:

- (a) 11.59 p.m. on the expiry date of the Period of Insurance specified in the Certificate of Insurance; or
- (b) twenty-four (24) hours after the Insured Person is cleared to pass through the arrival immigration check-point in Malaysia solely for the purpose of direct transit to his/her Home or usual place of employment in Malaysia.
- (c) the time the Insured Person returns to his/her Home or usual place of employment in Malaysia.

Legal Guardian means an individual who has legal guardianship over a child(ren) before he/she reaches the age of eighteen (18).

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

Loss of Limb means total and irrecoverable functional disablement which is beyond remedy by surgical or other treatment, or loss by complete and permanent physical severance, of a hand at or above the wrist or a foot at or above the ankle.

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

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

Medical Expenses means Usual, Reasonable and Customary Medical Expenses necessarily and reasonably incurred in the medical or surgical treatment of:

- (i) For Overseas Journey: Bodily Injury or Sickness covered by this Policy;
- (ii) For Domestic Journey: Bodily Injury covered by this Policy.

Mountaineering or Trekking means the ascent or descent of a mountain (including mountain trekking) ordinarily necessitating the use of specified equipment including but not limited to crampons, pickaxes, anchors, bolts, carabineers and lead-rope or top-rope anchoring equipment, as well as any form of abseiling or rock-climbing activities necessitating the use of ropes and other climbing equipment.

Natural Disasters means extreme weather conditions (including but not limited to typhoons, hurricanes, cyclones or tornadoes), naturally occurring wildfires, floods, tsunamis, volcanic eruptions, earthquakes, landslides or other convulsion of nature or by consequences of any of the occurrences mentioned above.

Nominee means a person nominated pursuant to Schedule 10 of Financial Services Act 2013 by the Insured Person who has purchased the Coverage, to receive the Policy Benefits payable under the Certificate of

Insurance upon the Accidental Death of the Insured Person.

Nurse means any qualified or trainee nurse or general nurse duly registered pursuant to the laws of the country in which the nurse is employed.

Overseas means anywhere outside Malaysia, but limited to the countries within the selected Zone of travel.

Period of Insurance means the period during which the Coverage under this Policy is effective, as stated in the Certificate of Insurance.

Permanent Disablement means disablement that results solely, directly and independently of all other causes, from Bodily Injury and which occurs within one hundred and eighty (180) consecutives days of the Accident in which such Bodily Injury was sustained, and:

- (i) falls into one of the categories listed in the Table of Benefits under Section 1 of Part 7; and
- (ii) is a disablement which, having lasted for a continuous and uninterrupted period of at least twelve (12) months, is at the expiry of that period, beyond hope of improvement.

Permanent Total Disablement means disablement that result solely, directly and independently of all other causes, from Bodily Injury which occurs within one hundred and eighty (180) consecutive days of the Accident in which such Bodily Injury was sustained, which, having lasted for at least twelve (12) consecutive months, will in all probability, entirely prevents the Insured Person from engaging in gainful employment of any and every kind for the remainder of his/her life and from which there is no hope of improvement.

Physician means a legally licensed medical practitioner qualified by a medical degree and duly registered to practice allopathic medicine and who, in rendering treatment, is practicing within the scope of his licensing and training in the geographical area of practice. Physician shall not include the Insured Person, the Spouse or any of his/her Family Member.

Policy means this policy wording, with the Benefit Schedule and the Certificate of Insurance, and any other documents We may issue that We advise will form part of the Policy.

Policyholder is the party to whom which the Policy is issued to and We enter into a contract with, and named in the Policy Schedule.

Policy Schedule means the schedule We issue to the Policyholder with this Policy or any subsequent or amended version of that schedule.

Pre-existing Condition(s) means any condition which the Insured Person has reasonable knowledge of, in the twelve (12) months prior to the commencement of the Period of Insurance. The Insured Person is considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:

- (i) he/she has received or are receiving medical treatment, diagnosis, consultation or prescribed drugs; or
- (ii) medical advice, diagnosis, care or treatment was recommended by a Physician; or
- (iii) clear and distinct symptoms are or were evident; or
- (iv) its existence would have been apparent to a reasonable person in the circumstances.

Professional Sport means any sport for which an Insured Person receives a fee, allowance, sponsorship or monetary reward as a result of their participation.

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

Scheduled Departure Date means the date on which the Insured Person is scheduled to depart on a Journey as set out in the travel itinerary or travel ticket.

Serious Bodily Injury or Serious Sickness means:

(i) For Overseas Journey: Bodily Injury or Sickness which causes the Insured Person to be Confined in a Hospital Overseas for at least forty-eight (48) hours and certified in writing by a Physician.

(ii) For Domestic Journey: Serious Bodily Injury means Bodily Injury which causes the Insured Person to be Confined in a Hospital within Malaysia for at least forty-eight (48) hours and certified in writing by a Physician.

Sickness means physical condition marked by a pathological deviation from the normal healthy state as verified by a Physician which requires immediate treatment by a Physician and which is not a Bodily Injury. For an Overseas Journey, this condition must be contracted or manifested whilst Overseas during the Overseas Journey.

Single Trip Policy means a policy issued for the selected plan where the Insured Person can only make and will only be covered under this Policy for a single Journey to the selected Zone of travel during the Period of Insurance.

Spouse means the legal spouse, as recognized under applicable Malaysian laws of the Insured Person purchasing this Policy. For the purpose of this Policy, a Common Law marriage is not considered a legal marriage.

Strike means the wilful act of any striker or locked-out worker done in furtherance of a strike or in resistance to a lock-out; or the action of any lawfully constituted authority in preventing or attempting to prevent any such act or in minimizing the consequences of any such act.

Temporary Medical & Quarantine Facility means any government temporary facility established to confine, isolate, hold or treat individuals diagnosed with COVID-19.

Traditional or Complementary Medicine or Treatment means any medicine or treatment provided by religious medical practice, homeopathy, chiropractic, osteopathy and/or any other alternative traditional or complementary medicine or treatment.

Travel Companion means a person who has travel bookings to accompany the Insured Person on the entire Journey. A Travel Companion must be a person who is separately insured under a leisure travel insurance policy underwritten by Us for the same Journey.

Traditional Physician means a legally licensed traditional medicine practitioner (including an acupuncturist or bonesetter) duly registered and practising within the scope of his licensing and training in the geographical area of practice. Traditional Physician shall not include the Insured Person, the Spouse or any of his/her Family Member.

Usual, Reasonable and Customary Medical Expenses means charges for treatment, supplies or medical services medically necessary to treat the Insured Person's condition, does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred and does not include charges that would not have been made if no insurance existed.

We/Our/Us means Chubb Insurance Malaysia Berhad, Registration Number: 197001000564 (9827-A).

Zone means:

Zone 1: Australia, Bangladesh, Brunei, Cambodia, China (excluding Tibet and Mongolia), Hong Kong SAR, India, Indonesia, Japan, Korea, Laos, Macau SAR, Maldives, Myanmar, New Zealand, Pakistan, Philippines, Singapore, Sri Lanka, Taiwan, Thailand, Vietnam.

Zone 2: Worldwide (excluding USA, Canada, Middle East, Nepal, Tibet, Mongolia & Cuba)

Zone 3 : Worldwide (excluding Cuba)

Domestic: Within Malaysia and travelling more than 50km from place of residence.

Part 2 – Eligibility

- 1. To be eligible for cover under Single Trip Policy or an Annual Policy or under a Family Plan:
 - a) where the Insured Person is an adult, he/she must be:
 - i) a Malaysian, Malaysian permanent resident, or holder of a valid (issued by the authorities in Malaysia) work permit, employment pass, dependent pass, long-term social visit pass, or student pass; and
 - ii) at least eighteen (18) years old on the commencement of the Period of Insurance for a Single Trip Policy; or
 - iii) at least eighteen (18) years old and not more than seventy (70) years old at the time the Insured Person applies for this insurance for an Annual Policy, with policy renewal up to the age of eighty (80) years old and is not renewable thereafter; and
 - b) where the Insured Person is a Child, he/she must be:
 - i) a Malaysian, Malaysian Permanent Resident, or holder of a valid (issued by the authorities in Malaysia) dependent pass or student pass;
 - ii) at least thirty (30) days old and not older than eighteen (18) years old or twenty-three (23) years old if studying full-time in a recognized tertiary institution on the commencement of the Period of Insurance;
 - iii) unmarried; and
 - iv) unemployed.
- 2. For the avoidance of doubt, the Coverage(s) for all Insured Person(s) shall terminate and cease to be renewable upon non-fulfilment of the eligibility requirements stated above.
- 3. In the event that the Insured Person is below the age of eighteen (18) years old when a Single Trip Policy is purchased in his/her name, , the Insured Person's parent or Legal Guardian must enter into this contract of insurance with Us on his/her behalf. For the avoidance of doubt, an individual Annual Policy cannot be purchased in the name of an Insured Person below the age of eighteen (18) years old.
- 4. This Policy must be purchased before the commencement of a Journey.

Part 3 – Scope and Limits Of Cover And Benefits

Section 1 - Commencement of Coverage

- 1. Single Trip Policy
 - a) Coverage under Section 11 of Part 7 for Cancellation Expenses is effective upon the issuance of the Certificate of Insurance and terminates on commencement of the planned Journey from Malaysia (for Overseas Journey) or from the Insured Person's Home (for Domestic Journey).
 - b) Coverage under Section 11 of Part 7 for Postponement Expenses is effective upon the issuance of Certificate of Insurance and terminates upon postponement of the planned Overseas Journey.
 - c) Coverage under Section 36 of Part 7 for Travel Cancellation due to COVID-19 is effective upon the issuance of the Certificate of Insurance or within fifteen (15) days prior to the Scheduled Departure Date, whichever is later and shall cease on the commencement of the Journey.

For all other Sections, Coverage commences upon commencement of the planned Journey.

- 2. Annual Policy
 - a) Coverage under Section 11 of Part 7 for Cancellation Expenses is effective upon the date and time the Insured Person confirms the booking for the Journey (Overseas or Domestic) and terminates on the commencement of the planned Journey from Malaysia (for Overseas Journey) or from the Insured Person's Home (for Domestic Journey).

Section 2 - Limits Of Coverage

- 1. All the Coverages under this Policy shall terminate automatically on the earliest of the following events:
 - i) Upon the expiry of any Period of Insurance;
 - ii) Upon the Insured Person ceasing to satisfy any of the eligibility requirements set out herein;
 - iii) Upon the Insured Person's death;
 - iv) Upon the Insured Person's return to Malaysia (for Overseas Journey) or the Insured Person's Home (for Domestic Journey).
- 2. For Family Plan, in the event the Coverage of the Insured Person purchasing this Policy is terminated under Clause 1 above, the entire Policy and Coverage for all other Insured Persons in the same Certificate of Insurance (if any) will terminate automatically.
- 3. Subject to Clause 1 and 2 Section 2 above, unless otherwise provided in an appropriate endorsement, the Insured Person shall only be covered:
 - a) if this Policy is an Annual Policy:
 - i) For Overseas Journey: for the first ninety (90) consecutive days of any Journey, and We shall not be liable in respect of any loss occurring after 12.00 a.m. on the ninety first (91st) day after commencement of any Journey, or termination of the Coverage under Clause 1 above, whichever is earlier;
 - ii) For Domestic Journey: for the first thirty (30) consecutive days of any Journey, and We shall not be liable in respect of any loss occurring after 12.00 a.m. on the thirty first (31st) day after commencement of any Journey, or termination of the Coverage under Clause 1 above, whichever is earlier;
 - b) if this Policy is a Single Trip Policy:
 - i) For Overseas Journey: for the first one hundred and eighty-three (183) consecutive days of any Journey, and We shall not be liable in respect of any loss occurring after 12.00 a.m. on the one hundred and eighty fourth (184th) day after commencement of any Journey, or termination of the Coverage under Clause 1 above, whichever is earlier;
 - ii) For Domestic Journey: for the first thirty (30) consecutive days of any Journey, and We shall not be liable in respect of any loss occurring after 12.00 a.m. on the thirty first (31st) day after commencement of any Journey, or termination of the Coverage under Clause 1 above, whichever is earlier;
- 4. The scope of Coverage and Benefits under this Policy shall be limited to the Zone stated in the Certificate of Insurance where the countries included in the Zone is stated under the definition.

Section 3 - Optional Add-on Benefits

Optional Add-on benefits available to include cover which are excluded in the core plans.

If the Insured Person's Journey includes any of the following, the Policy will only respond to claims arising from the cover where the Insured Person has purchased the relevant optional add-on benefits as stated on the Certificate of Insurance:

- a) Cruise Pack: If the Insured Person is going on a Cruise during the Overseas Return Journey, the Insured Person will need to select this benefit pack to include cover for all claims related to the Cruise.
- b) Annual Domestic cover: This cover can only be selected if the Insured Person has purchased the Annual Policy for Overseas Journey. The conditions applicable to Annual Policy under Part 5 Section 1 of this policy shall apply to this Annual Domestic Cover Add-on Benefit.

Section 4 – Automatic Policy Extension

1. In the event that the Insured Person, as a ticket holding passenger on a scheduled Common Carrier, is being prevented from completing the return leg of a Return Journey within the Period of Insurance, as a result of:

- a) his/her Critical Medical Condition (as defined in Section 9 below); or
- b) the scheduled Common Carrier in which the Insured Person is traveling being unavoidably delayed; or
- c) Loss of Travel Documents (as defined in Section 15 below);

the Period of Insurance shall be automatically extended for up to a period of:

- a) fourteen (14) days without additional premium for Overseas Journey;
- b) seven (7) days without additional premium for Domestic Journey.
- 2. In the event that the Insured Person is being prevented from completing the return leg of a Return Journey within the Period of Insurance as a result of him/her being Confined in a Hospital:
 - a) Overseas at the expiry of the Policy whilst during the Journey, the Period of Insurance of the Insured Person and the Travel Companion shall be automatically extended for up to thirty (30) days without additional premium, for Overseas Journey; or
 - b) within Malaysia at the expiry of the Policy whilst during the Journey, the Period of Insurance of the Insured Person and the Travel Companion shall be automatically extended for up to seven (7) days without additional premium, for Domestic Journey.

Part 4 – General Exclusions

This Policy does not cover, and We will not in any event be liable to pay any claims arising directly or indirectly from, caused by, a consequence of, arising in connection with or contributed to by any of the following:

- 1. Any Pre-existing Conditions or congenital conditions.
- 2. Any condition, which is or results from or is a complication of infection with Human Deficiency Syndrome ('HIV'), any variance including Acquired Immune Deficiency Syndrome ('AIDS'), and AIDS Related Complications ('ARC'), or any opportunistic infections and/or malignant neoplasm (tumor) found in the presence of HIV, AIDS or ARC.
- 3. Any condition which is, results from or a complication of pregnancy, childbirth, miscarriage (except miscarriage due to Bodily Injury as direct result of an Accident as covered under Section 3 of Part 7) or abortion.
- 4. Any condition which is, results from or a complication of suicide or attempted suicide or intentional self-injury.
- 5. Illnesses or disorders of a psychological nature, mental and nervous disorders, including but not limited to insanity.
- 6. Any condition which results from or is a complication of any venereal disease.
- 7. The alcohol content in the blood and/or urine samples exceeding the limit permitted by law of the country in which the Bodily Injury occurred or drugs not prescribed by a Physician and not for treatment of drug addiction.
- 8. Declared or undeclared war or any act of war, invasion, act of foreign enemy, hostilities, civil war, rebellion, revolution, insurrection, military or usurped power.
- 9. Loss, destruction or damage to any property whatsoever or any loss or expense whatsoever arising there from or any consequential loss directly or indirectly caused or contributed to or arising from ionizing radiations or contamination by radio-activity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.

- 10. Any wilful or intentional acts of the Insured Person whether sane or insane, self-inflicted injury, suicide pacts or agreements or any attempts thereat, provoked homicide or assault.
- 11. The Insured Person acting as a law enforcement officer, emergency medical or fire service personnel, civil defence personnel or military personnel of any country or international authority, whether full-time service or as a volunteer.
- 12. The Insured Person engaging in aviation, other than as a fare-paying passenger in, boarding and alighting from any fixed-wing aircraft provided and operated by a regularly scheduled airline or private unscheduled air chartered company which is duly licensed for the regular transportation of fare-paying passengers or in a helicopter provided and operated by an airline which is duly licensed for the regular transportation of fare-paying passengers, provided such helicopter is operated only between established commercial airports and/or licensed heliports.
- 13. Illegal acts (or omissions) by the Insured Person or his/her executors, administrators, legal heirs or personal representatives.
- 14. Loss resulting directly or directly from action taken by any government authorities including confiscation, seizure, destruction and restriction.
- 15. Any loss or expenses which is, directly or indirectly, caused by, a consequence of, arises in connection with or is contributed to by the Insured Person undertaking any Journey against the advice of a Physician or for the purpose of seeking medical attention.
- 16. Any prohibition or breach of government regulation or any failure by the Insured Person to take reasonable precautions to avoid a claim under this Policy following the warning of any intended Strike, Riot or Civil Commotion through or by general mass media.
- 17. The Insured Person not taking all reasonable efforts to safeguard his/her property or to avoid any injury or minimize any claim under the Policy.
- 18. Whilst engaging in naval, military or air force service or operation or testing of any kind of conveyance or being employed as a manual worker or whilst engaging in offshore activities like diving, oil-rigging, mining or aerial photography or handling of explosive or loss of or damage to hired or leased equipment, overseas secondment (whether full-time or for short period) as part of the Insured Person's occupation, working holiday makers visa, Return Journey for student studying overseas (whether full-time or for short period).
- 19. Any loss or expenses which arises in connection with or is contributed by the Insured Person undertaking any Journey against the travel advice of the Ministry of Foreign Affair of Malaysia or the Ministry of Health of Malaysia, in relation to actual or threatened Riot, Strike or Civil Commotion, war or warlike situation, outbreak of disease or unsafe health conditions, or impending Natural Disasters, to the country or territory of the Insured Person's Destination, unless the Journey had already commenced prior to the issuance of the travel advice. This shall not apply in respect of travel advice based solely on the COVID-19 (or any mutation or variation thereof or any related strain) and/or it's outbreak.
- 20. Any Communicable Disease Outbreak or any fear or threat of a Communicable Disease Outbreak unless expressly included at the date of inception or renewal of this Policy.
- 21. Consequential loss or damage of any kind.
- 22. Any losses caused by terrorist attacks by nuclear, chemical and/or biological substances.
- 23. The Insured Person's direct participation in any Act of Terrorism.
- 24. The Insured Person riding/driving without a valid driving license.
- 25. We will not (under any Sections) pay for claims arising directly or indirectly from any losses or expenses with respect to Cuba.

- 26. The Insured Person participating or engaging in:
 - a) Extreme Sports and Sporting Activities;
 - b) Practicing for, taking part in or training in any speed contest or racing, any professional competitions or sports or any sports in which the Insured Person would earn or could earn or receive remuneration, sponsorships, donations or any form of financial rewards;
 - c) Racing, other than on foot but this does not include ultra-marathons, biathlons or triathlons;
 - d) Off-piste skiing, ski-jumping, ski-bob racing, skiing off-trail, free-style skiing and snowboarding;
 - e) Mountaineering or Trekking;
 - f) Scuba diving unless the Insured Person holds a PADI certification (or similar recognized qualification) or when diving with a qualified instructor. In these situations, the maximum depth that this Policy covers is specified under his/her PADI certification (or similar qualification) but no deeper than thirty (30) metres and the Insured Person must not be diving alone;
 - g) Private hunting trips;
 - h) Biking sports: mountain biking, quad biking, expedition bicycle or motor touring, motor biking;
 - i) 4-wheel driving adventures;
 - j) Any Professional Sport.
- 27. For Domestic Journey: Sickness, illness, diseases or any bacterial infection other than bacterial infection that is the direct result of accidental cut or wound.

Part 4.1 Sanctions Exclusion Applicable to this Policy

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims. All other terms and conditions of the policy remain unchanged.

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

Part 5 – Special Conditions

Section 1 – Conditions Applicable To Annual Policy Only

1. Cancellation By Us

- a) We may cancel this Policy at any time by giving fourteen (14) days' notice in writing delivered to the Policyholder or mailed to the Policyholder's last address as shown in Our records ("Insurer Notice Period"). During the Insurer Notice Period, the Policyholder shall cease to to make availableany new Coverage(s) to other eligible customer of the Policyholder under the Policy. In the event of such cancellation, all the Coverages under this Policy shall continue until the expiry of the respective Periods of Insurance.
- b) We may cancel the Insured Person's Coverage under this Policy at any time by giving fourteen (14) days' written notice to Us provided no claim has arisen during the current Period of Insurance. In the event of such cancellation, We will return the pro-rata portion of any premium paid to the Insured Person who has purchased the Coverage.

There will be no refund if a claim has been made during the Period of Insurance.

Such cancellation shall be without prejudice to any event giving rise to a claim under this Policy prior to the cancellation date. In the event of any such claim, We shall be entitled to recover all premiums refunded and set-off such amounts from any claim payable by Us.

2. Cancellation By the Policyholder or Insured Person

- a) The Policyholder may cancel this Policy at any time by giving fourteen (14) days' notice in writing delivered to Us ("Policyholder's Notice Period"). During the Policyholder's Notice Period, the Policyholder shall cease to make available any new Coverage(s) to other customer of the Policyholder under the Policy. In the event of such cancellation, all the Coverages under this Policy shall continue until the expiry of the respective Periods of Insurance.
- b) The Insured Person who has purchased the Coverage may cancel his/her Coverage under this Policy at any time by giving fourteen (14) days' written notice to Us. In the event of such cancellation, and provided no claim has arisen during the current Period of Insurance, We will provide a refund, computed in accordance with the applicable percentage indicated below.

Policy Period in Force (up to)	Refund of Annual Premium
2 Months or less	60%
3 Months	50%
4 Months	40%
5 Months	30%
6 Months	25%
Period exceeding 6 Months	No refund

3. Addition Of Insured Person

No person shall be covered by this Policy unless such person is specifically named as an Insured Person by a written endorsement to this Policy. Additional premium will be charged for each additional Insured Person included under this Policy after the commencement of the Period of Insurance or at the time of renewal of this Policy.

4. Renewal

Subject to the terms and conditions of this Policy, the Coverage under the Annual Policy may be renewed by payment of premium in advance or in accordance with the Payment Before Cover Warranty as applicable at our premium rate in force at the time of renewal. To avoid doubt, the Coverage(s) for the Spouse and/or Child(ren), where applicable, shall terminate and cease to be renewable upon non-fulfilment of the eligibility requirements stated in Part 2 above.

Section 2 – Extension and Expansion of Coverage

Subject to Our prior written approval, the Insured Person may at any time, during the Period of Insurance and prior to commencement of any Journey, obtain an expansion of the geographical coverage from "Zone 1" to "Zone 2" or "Zone 3", or from "Zone 2" to "Zone 3", by notifying Us of the desired change and paying the appropriate additional premium.

If, whilst the Insured Person is on a Journey and due to unforeseen circumstances require an extension of the Period of Insurance, We may at Our discretion, either approve or reject the Insured Person's request. Any such approval must be in writing. If We approve and agree to extend the Period of Insurance, Our approval shall be subjected to an additional premium and the Insured Person's confirmation that there is no known claim/event which may give rise to a potential claim under this Policy prior to the said request. We will also not be liable for any claim arising from, or in connection with any loss/event that had occurred prior to the extension of Period of Insurance.

If We approve, an endorsement noting the change in Period of Insurance and/or geographical coverage shall be issued to the Insured Person.

Section 3 - Conditions Applicable To Single Trip Policy Only

a) We may cancel the Coverage (including Coverage for all Insured Person under the same Certificate of Insurance) under this Policy at any time by giving the Insured Person notice in writing, delivered to him/her through electronic communication or mailed to the his/her last address as shown in Our records, provided that the Journey has not commenced. In the event of such cancellation, We will provide refund of premium without interest, and provided no claim has arisen during the Period of Insurance.

b) The Insured Person may cancel the Coverage under this Policy at any time by giving written notice to Us, provided that the Journey has not commenced. In the event of such cancellation, We will provide refund of premium without interest, provided the Period of Insurance stated on the Certificate of Insurance has not commenced and no claim has arisen.

Part 6 – General Conditions

1. Payment Before Cover Warranty

It is hereby agreed and declared that the total premium due must be paid and actually received in full by Us (or the intermediary through whom the Coverage was effected) on or before the commencement date of the Coverage under the Policy, renewal certificate, Certificate of Insurance, or endorsement.

In the event that the total premium due is not paid and actually received in full by Us (or the intermediary through whom the Coverage was effected) on or before the commencement date referred to above, then the Coverage, renewal certificate, Certificate of Insurance and endorsement shall not attach and no benefits whatsoever shall be payable by Us. Any payment received thereafter shall be of no effect whatsoever as cover never attached on the Policy, renewal certificate, Certificate of Insurance or endorsement.

2. Entire Contract, Changes

This Policy, the Certificate of Insurance, the Benefit Schedule, and any amendments or endorsements shall constitute the entire contract of insurance. No change to the terms and conditions of this Policy shall be valid unless approved in writing by Our authorized representative and such approval shall be endorsed hereon or attached hereto. No broker or agent has the authority to amend or to waive any of the terms and conditions of this Policy.

3. Conditions Precedent To Liability

The due observance and fulfilment of the terms, provisions and conditions of this Policy by the Insured Person and in so far as they relate to anything to be done or complied with by the Insured Person shall be conditions precedent to Our liability to make any payment under this Policy.

4. Legal Action

No action shall be brought to recover on the Coverage under this Policy prior to the expiration of sixty (60) days after written proof of claim has been filed in accordance with the provisions of this Policy.

5. Misrepresentation

If the proposal or declaration (whether verbal or written) by the Insured Person is found to be deliberately or recklessly untrue in any respect or if any material fact affecting the risk has been deliberately or recklessly incorrectly stated or omitted, or if this insurance, or any renewal thereof shall have been obtained through any deliberate or reckless misstatement, misrepresentation or suppression, or if any claim made shall be fraudulent or exaggerated, or if any false declaration or statement shall be made in support of such claim, then in any of these cases, the Coverages under this Policy, or any affected Certificate of Insurance, shall be void.

6. The Insured Person's Duty To Us

The Insured Person must take reasonable care:

a) not to make a misrepresentation to Us when answering any questions We may ask;

- b) when renewing this Policy or any Coverage, not to make a misrepresentation to Us in answering any questions, or confirming or amending any matter previously disclosed to Us in relation to this Policy or such coverage; and
- c) to disclose to Us any matter, other than what We have asked in (a) and (b) above, that the Insured Person know to be relevant to Our decision on whether to accept the risk or not and the rates and terms to be applied.
 - Breach of the Insured Person's duty as stated above may result in Us avoiding the Policy or affected Certificate of Insurance and refusing all claims, or the terms of the Policy or affected Certificate of Insurance being varied, and/or the amount to be paid on a claim being proportionately reduced, depending on the type of misrepresentation or non-disclosure and the effect of the said misrepresentation or non-disclosure.

The Insured Person also have a duty to tell Us immediately if at any time after the Insured Person's Coverage has been entered into, varied or renewed with Us, any of the information the Insured Person gives on the Insured Person's proposal form or enrolment form is inaccurate or has changed.

Breach of such duties as stated above may result in Us voiding the Insured Person's Coverage under the Policy and refusing all claims, or the amount to be paid on a claim being proportionately reduced, depending on the type of misrepresentation or non-disclosure and the effect of the said misrepresentation or non-disclosure, in accordance with Schedule 9 of the Financial Services Act 2013.

7. Claims Procedure

On the happening of any occurrence likely to give rise to a claim under this Policy, the Claimant must give Us written notice as soon as possible and, in any event, within thirty (30) days after the date of occurrence to Our Claims Department using the Chubb Malaysia Claims Service Portal. Claims by or on behalf of an Insured Person who is a child below eighteen (18) years old insured hereunder shall be notified by the Legal Guardian who had purchased the Coverage.

As part of the notification, the Claimant must:

- a) complete and submit an e-claim form on Chubb Malaysia Claims Service Portal;
- b) at the Claimant's expense, upload the following supporting documents:
 - i) receipts for any expenses that are being claimed:
 - ii) any reports that have been obtained from the police, a carrier or other authorities about an Accident, loss or damage;
 - iii) all medical and other certificates/reports/documents and evidence required by Us that is reasonably required to assess the claim; and
 - iv) any other documentary evidence required by Us under the Coverage.

The Chubb Malaysia Claims Portal is accessible via Our website at: https://www.chubbtravelinsurance.com.my/cti/my-en/home.html#

We may have the Insured Person medically examined at Our expense when and as often as We may reasonably require after a claim has been made. We may also arrange an autopsy if We reasonably require one and it is not forbidden by law. We reserve our right to obtain original copy of claims documents if required.

8. Payment Of Benefits

- a) Payment of any benefit under this Policy is subject to the definitions, exclusions, and all other terms and conditions pertinent to the benefits.
- b) Benefits payable under this Policy shall be paid to the Insured Person. Where the Insured Person is a child under the age of eighteen years (18) old, payment shall be made to the Legal Guardian.
- c) Any benefits payable under this Policy in the event of the Insured Person's Death shall be paid to the Insured Person's Nominee or to the person We are required to pay under the law, if there is no such Nominee
- d) Any payment of claims by Us in accordance with this clause shall constitute full and final discharge in respect of the claims.

9. Termination For Non-Payment Of Premium

This Policy or any Certificate of Insurance shall be deemed to have been void from date of issue if the premium is not paid.

10. Our Right After A Claim

We shall be allowed to conduct in the Insured Person's name and on the Insured Person's behalf the defence or settlement of any legal action and take proceedings at Our own benefit but in the Insured Person's name to recover compensation from any third party in respect of anything covered by the Coverage under this Policy.

11. Multiple Policies

The Insured Person can only be covered under one leisure travel insurance policy underwritten by Us for the same Journey. Any additional leisure travel insurance policies underwritten by Us that is/are taken up by the Insured Person will be void.

12. Compliance With Policy Provisions

Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.

13. Contribution

In the event the Insured Person becomes entitled to a refund of or reimbursement of all or part of such expenses from any other source, or if there is in place any other insurance against the events covered under this Policy, We will only be liable for the excess of the amount recoverable from such other source or insurance.

14. Jurisdiction

All disputes relating to the Coverage under this Policy must be submitted to the exclusive jurisdiction of the courts in Malaysia.

15. Notice Of Trust Or Assignment And Third Party Rights

We shall not be bound or be affected by any notice of any trust, charge, lien, assignment or other dealing with or in relation to this Policy.

A person who is not a party to this Policy contract shall have no right to enforce any of its terms.

16. Governing Law

This Policy shall be governed by and interpreted in accordance with Malaysian law.

17. Interest

No amounts payable by Us under this Policy shall carry interest unless provided by law.

18. Currency And Exchange Rate

Premiums and Benefits payable under this Policy shall be in Malaysian Ringgit. In the event reimbursement of any Benefits under this Policy are based on bills in a currency other than Malaysia Ringgit, We shall pay the reimbursement in Malaysia Ringgit based on the quoted exchange rate (open market rate if a free market, official rate if not a free market) at the date the charges are incurred.

19. Clerical Error

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

20. Arbitration

All differences arising out of the Policy shall be referred to an arbitrator who shall be appointed in writing by the Policyholder and/or the Insured Person and Us. In the event that there is no agreement on who is to be the arbitrator within one (1) month of being required in writing to do so then the Policyholder and/or the Insured Person and Us shall be entitled to appoint an arbitrator each who shall proceed to hear the differences together with an umpire to be appointed by both arbitrators. However, this is provided that any disclaimer or liability by Us for any claim hereunder must be referred to an Arbitrator within twelve (12) calendar months from date of Our disclaimer to the Policyholder and/or the Insured Person.

Part 7 – Benefits

We will only pay for one (1) Benefit under the respective Sections below:

a) For Overseas Journey:

- i) Section 11 (a) Cancellation Expenses or 11 (b) Postponement Expenses;
- ii) Section 14 for loss of Personal Property and Baggage or 18; Sections 19 or 20 or 21 or 22 or 23.

b) For Domestic Journey:

- i) Section 11 or 12;
- ii) Sections 14 or 18 or 27B.

Core Benefits

Section 1 – Accidental Death and Permanent Disablement		
What Is Covered	If, during the Period of Insurance, whilst the Insured Person is on a Journey, the Insured Person sustains Bodily Injury which results in Death or Permanent Disablement within one hundred and eighty (180) days from the date of the Accident.	
Additional Conditions	The occurrence of Death or any specific Permanent Disablement for which is payable under this Section shall at once terminate all insurance under the Policy, but such termination shall be without prejudice to any other claim originating from the Accident causing such Death or Permanent Disablement. No payment will be made under any circumstances for more than one of the items stated in the Table of Benefits above. Where the Insured Person suffers more than one type of Permanent Disablement in the same Accident, Our liability under this Section shall be limited to one payment for the type of Permanent Disablement which, of all the Permanent Disablement actually suffered, attracts the largest percentage stated in the Table of Benefits below.	
What We Will Pay	We will pay to the Nominee or to the person We are required to pay to under the law if there is no such nominee, the compensation according to the scale stated in the Table of Benefits below and up to a maximum relevant Benefit amount specified in the Benefit Schedule, subject to the terms and conditions of this Policy.	
What Is Not Covered	In addition to Part 4 – General Exclusions, this Policy does not cover, and We will not in any event be liable in respect of any claim under this Section, which is directly or indirectly, caused by, a consequence of, arises in connection with or contributed to by Sickness.	

Table of Benefits

Loss Event	Compensation payable % of maximum sum insured specified in the Benefit Schedule
Accidental Death	100%

Permanent Total Disablement	100%
Loss of Speech and Loss of Hearing in both ears	100%
Loss of Sight in both eyes	100%
Loss of Limbs to at least two Limbs	100%
Loss of Limb to one Limb	50%
Total and irrecoverable loss of lens of at least one eye, which is beyond remedy by surgical or other treatment	50%
Loss of Speech	50%
Total and Permanent Loss of Hearing in i) both Ears ii) one Ear	50% 15%

Section 2 – Child Education Fund (applicable to Overseas Return Journey only)		
What Is Covered	If, during the Period of Insurance, whilst the Insured Person is on a Journey, the Insured Person sustains Bodily Injury which results in Death for which a benefit is payable under Section 1 – Personal Accident, and the Insured Person has a Child(ren) enrolled as a full-time student in a recognized learning institution.	
What We Will Pay	We will pay up to the relevant Benefit amount specified in the Benefit Schedule for each surviving Child up to a maximum of four (4) Children subject to the terms and conditions of this Policy.	
What Is Not Covered	Please refer to Part 4 – General Exclusions.	

Section 3 – Medical Expenses

If, during the Period of Insurance, whilst the Insured Person is on a Journey: a) For Overseas Journey: The Insured Person incurs Medical Expenses Overseas as a direct result of Bodily Injury or Sickness (except for illness arising from Covid-19) or Dental Expenses as a direct result of Accidental Injury. What Is Covered b) For Domestic Journey: The Insured Person incurs Medical Expenses as a direct result of Bodily Injury or Dental Expenses as a direct result of Accidental Injury. For the avoidance of doubt, in the event the Insured Person becomes entitled to a refund of or reimbursement of all or part of such expenses from any other source, or if there is in place any other insurance against the events covered under this Section, We will only be liable for the excess of the amount recoverable from such other source or insurance. a) For Overseas Journey: We have the option of returning the Insured Person to Malaysia, if the cost of the Overseas Medical Expenses, Dental Expenses and/or additional expenses that may be covered under other Benefits in this Policy are likely to exceed the cost of returning the Insured Person to Malaysia, subject always to medical advice provided by Chubb Assistance. If We return the Insured Person to Malaysia, any claim for continuation of treatment in Malaysia shall be **Additional** subject to the terms and the maximum relevant Benefit amount specified under **Conditions** Section 4 – Follow-up Medical Expenses in Malaysia. We also have the option of evacuating the Insured Person to the nearest Hospital in another country if the necessary treatment and/or facility is not available in the immediate vicinity. b) For Domestic Journey: The Insured Person should seek necessary medical treatment at any registered clinic or Hospital within twenty-four (24) hours of the Accident causing the Bodily Injury. If the Insured Person is above the age of sixty-five (65) years old, at the time the latest Period of Insurance commences, the maximum amount of the relevant Benefit payable under this Section shall be the respective amount specified in the Benefit Schedule for the Insured Person's age category. **Additional Home Country** means any country of which the Insured Person are a citizen or a **Definitions** permanent resident and excludes Malaysia. a) For Medical Expenses, only the medical, hospital, surgical treatment necessarily incurred as a direct result of Bodily Injury or Sickness (for Overseas Journey), or Bodily Injury (for Domestic Journey) contracted by the Insured Person during the Period of Insurance. The treatment must be given by a Physician. What We Will Pay For Dental Expenses, only the emergency dental treatment as a direct result of Bodily Injury to sound natural teeth occurring during the Period of Insurance. The treatment must be given by a Dentist. This is applicable only when the Insured Person is Overseas.

In addition to Part 4 – General Exclusions, this Policy does not cover, and We will not in any event be liable in respect of any claim under this Section, which is directly or indirectly, caused by, a consequence of, arises in connection with or contributed to by any of the following:

- Any expenses incurred for prostheses, contact lenses, spectacles, hearing aids, dentures, medical equipment including crutches, arm sling, walker, wheelchair, vitamins and health supplements.
- 2. Any expenses relating to any treatment not prescribed by a Physician or Dentist (as the case may be).
- 3. Any expenses incurred in relation to traditional treatment or treatment by a Traditional Physician.
- 4. Any Dental expenses incurred including but not limited to dental procedures for implants, bridge, crowning, root canal, fillings.
- 5. Any expenses incurred for non-medical related items including but not limited to diapers, face masks, wet wipes, medical report fee.

For Overseas Journey:

- i) Any expenses relating to any treatment for Bodily Injury or Sickness where such treatment was sought and/or received more than sixty (60) days from the time the Bodily Injury or Sickness was first sustained.
- ii) Surgery or medical treatment which in the opinion of the Physician or Dentist (as the case may be) treating the Insured Person can be reasonably delayed until the Insured Person's return to Malaysia.
- iii) Any further expenses incurred by the Insured Person if We wish to return the Insured Person to Malaysia but the Insured Person refuses (where in the opinion of the treating Physician or Dentist (as the case may be) and Chubb Assistance the Insured Person is fit to travel).
- iv) Any treatment obtained in the Insured Person's Home Country, unless specifically provided for under this Policy.
- v) Any Bodily Injury or Sickness that occurred before the commencement of the Insured Person's Journey.

For Domestic Journey:

- i) Any expenses relating to any treatment for Bodily Injury where such treatment was sought and/or received after twenty-four (24) hours from the Bodily Injury was first sustained.
- ii) Surgery or medical treatment which in the opinion of the Physician or Dentist (as the case may be) treating the Insured Person can be reasonably delayed until the Insured Person's return to the Insured Person's Home.
- iii) Any further expenses incurred by the Insured Person if We wish to return the Insured Person to the Insured Person's Home but the Insured Person refuses (where in the opinion of the treating Physician or Dentist (as the case may be) and Chubb Assistance that the Insured Person is fit to travel).
- iv) Any treatment obtained in the Insured Person's Home, unless specifically provided for under this Policy.
- v) Any Bodily Injury that occurred before the commencement of the Insured Person's Journey.

What Is Not Covered

Section 4 – Follow-up Medical Expenses in Malaysia (applicable to Overseas Return Journey only)

(applicable to overs	eas Return Journey only)
What Is Covered	 If, during the Period of Insurance, whilst the Insured Person is on an Overseas Return Journey, the Insured Person sustains Bodily Injury or Sickness (except for illness arising from Covid-19): a) which has resulted in a valid claim for Medical Expenses or Dental Expenses under Section 3, and necessarily incur Medical Expenses or Dental Expenses prescribed by a Physician in Malaysia within thirty (30) days after the end of the Return Journey as a direct result of such Bodily Injury or Sickness; b) that the Insured Person did not seek medical treatment for whilst Overseas, but which the Insured Person necessarily incurs Medical Expenses or Dental Expenses prescribed by a Physician in Malaysia within thirty (30) days after the end of the Return Journey as a direct result of such Bodily Injury or Sickness, and further provided that the Insured Person had first sought medical treatment by a Physician in Malaysia as a direct result of such Bodily Injury or Sickness within twenty-four (24) hours after the end of the Overseas Return Journey; and an Excess of RM50.00 will be deducted for each and every medical bill, receipt and invoice.
Additional Conditions What We Will Pay	For the avoidance of doubt, in the event the Insured Person becomes entitled to a refund of or reimbursement of all or part of such expenses from any other source, or if there is in place any other insurance against the events covered under this Section, We will only be liable for the excess of the amount recoverable from such other source or insurance. If the Insured Person is above the age of sixty-five (65) years at the time of Bodily Injury or Sickness, the maximum amount of the relevant Benefit payable under this Section shall be the respective amount specified in the Benefit Schedule. We will reimburse the Insured Person in respect of such expenses up to a maximum of the relevant Benefit amount specified in the Benefit Schedule subject to the terms and conditions of this Policy.
What Is Not Covered	 In addition to Part 4 – General Exclusions, this Policy does not cover, and We will not in any event be liable in respect of any claim under this Section, which is directly or indirectly, caused by, a consequence of, arises in connection with or contributed to by any of the following: 1. Any expenses relating to any treatment for Bodily Injury or Sickness where such treatment was sought and/or received more than thirty (30) days from the time the Insured Person returned to Malaysia. 2. Any expenses incurred for prostheses, contact lenses, spectacles, hearing aids, dentures, medical equipment including crutches, arm sling, walker, wheelchair, vitamins and health supplements. 3. Any expenses relating to any treatment not prescribed by a Physician. 4. Any Dental expenses incurred including but not limited to dental procedures for implants, bridge, crowning, root canal, fillings. 5. Any expenses incurred for non-medical related items including but not limited to diapers, face masks, wet wipes, medical report fee 6. Any expenses incurred in relation to traditional treatment or treatment by a Traditional Physician.

Section 5 – Alternative Treatment (applicable to Overseas Return Journey only)		
What Is Covered	If, during the Period of Insurance, whilst the Insured Person is on an Overseas Return Journey, the Insured Person has sought treatment from a Traditional Physician as a direct result of Bodily Injury or Sickness, the Insured Person may continue to seek treatment from a Traditional Physician in Malaysia within thirty (30) days from the date of the Insured Person's return to Malaysia for the same Bodily Injury or Sickness.	
Additional Conditions	For the avoidance of doubt, in the event the Insured Person becomes entitled to a refund of or reimbursement of all or part of such expenses from any other source, or if there is in place any other insurance against the events covered under this Section, We will only be liable for the excess of the amount recoverable from such other source or insurance.	
What We Will Pay	We will reimburse the Insured Person in respect of the Alternative Treatment the Insured Person incurs for such treatment from a Traditional Physician up to a maximum of the relevant Benefit amount specified in the Benefit Schedule subject to the terms and conditions of this Policy.	
What Is Not Covered	 In addition to Part 4 – General Exclusions, this Policy does not cover, and We will not in any event be liable in respect of any claim under this Section, which is directly or indirectly, caused by, a consequence of, arises in connection with or contributed to by: 1. Any treatment for Bodily Injury or Sickness where such treatment was sought and/or received more than sixty (60) days from the time the Bodily Injury or Sickness was first sustained. 2. Any treatment sought from a Traditional Physician in Malaysia, where the first prior treatment from a Traditional Physician was not sought Overseas. 	

Section 6 – Daily Ho	Section 6 – Daily Hospital Income	
What Is Covered	 If, during the Period of Insurance, whilst the Insured Person is on a Journey, the Insured Person sustains: a) For Overseas Journey: Bodily Injury or Sickness and are confined in a Hospital Overseas as a direct result of Bodily Injury or Sickness. b) For Domestic Journey: Bodily Injury and are confined in a Hospital at the Destination within Malaysia as a direct result of Bodily Injury. 	
Additional Conditions	 i) Confinement must occur within thirty (30) days of the Accident causing the relevant Bodily Injury or Sickness (for Overseas Journey) or Bodily Injury only (for Domestic Journey) first being sustained. ii) Confinement must be considered medically necessary by a Physician in his professional capacity. iii) For Overseas Journey: If the Insured Person is above the age of sixty-five (65) years old at the time of commencement of such Confinement, the daily Benefit amount payable shall be limited to RM100 for each complete day of Confinement up to a maximum number of days specified in the Benefit Schedule. iv) For Domestic Journey: If the Insured Person is above the age of sixty-five (65) years old, but under the age of eighty (80) years old at the time of commencement of such Confinement, the daily Benefit amount payable shall be limited to RM50 for each complete day of Confinement up to a maximum number of days specified in the Benefit Schedule. 	
What We Will Pay	The daily Benefit amount shall be paid for each complete day (24 hours) of Confinement from the first (1st) day of Confinement and up to the maximum of the relevant Benefit amount specified in the Benefit Schedule.	
What Is Not Covered	 In addition to Part 4 – General Exclusions, this Policy does not cover, and We will not in any event be liable in respect of any claim under this Section, which is directly or indirectly, caused by, a consequence of, arises in connection with or contributed to by any of the following: 1. For Overseas Journey: a) Any Confinement in Malaysia. b) Any Confinement for any surgery or medical treatment, which in the opinion of a Physician, could reasonably have been delayed until the Insured Person's return to Malaysia. c) No Benefit will be payable if such Confinement is not covered under Section 3 – Medical Expenses. 2. For Domestic Journey: No Benefit will be payable if such Confinement is not covered under Section 3 – Medical Expenses. 	

Section 7 – Compassionate Visit		
What Is Covered	 If, during the Period of Insurance, whilst the Insured Person is on a Journey, the Insured Person sustains: a) For Overseas Journey: i) Bodily Injury or Sickness which results in Death and no adult is with the Insured Person; or ii) Serious Bodily Injury or Serious Sickness and it is judged by the treating the Physician that it is not medically appropriate to move the Insured Person to another location or to return the Insured Person to Malaysia for medical treatment and no adult is with the Insured Person. 	
	 b) For Domestic Journey: i) Bodily Injury which results in Death for which a Benefit is payable under Section 1 – Personal Accident and no adult is with the Insured Person. 	
Additional Conditions	The Insured Person can only claim under either (i) due to Death or (ii) due to Serious Bodily Injury or Serious Sickness, for any one (1) event, subject to the maximum relevant Benefit amount specified in the Benefit Schedule.	
What We Will Pay	 i) for Bodily Injury or Sickness which results in Death: the travel expenses (economy return travel ticket) and any ordinary accommodation expenses outside Malaysia (or within Malaysia for Domestic Journey), necessarily incurred for one (1) Family Member, Travel Companion, relative or friend to assist in the final arrangement of the Insured Person's Death, up to the maximum relevant Benefit amount specified in the Benefit Schedule, subject to the terms and conditions of this Policy. ii) for Serious Bodily Injury or Serious Sickness: the travel expenses (economy return travel ticket) and any ordinary accommodation expenses outside Malaysia necessarily incurred for one (1) Family Member, Travel Companion, relative or friend to travel and remain with the Insured Person and take care of the Insured Person until the Insured Person is discharged from the Confinement, up to the maximum relevant Benefit amount specified in the Benefit Schedule, subject to the terms and conditions of this Policy. 	
What Is Not Covered	This Benefit does not cover any other incidental expenses and/or charges that are incurred by the Insured Person's Family Member, Travel Companion, relative or friend, such as but not limited to cost of other transport, upgrades, drinks, meals and optional/additional room services.	

Section 8 – Child Guard		
What Is Covered	If, during the Period of Insurance, whilst the Insured Person is on a Journey, the Insured Person sustains: Bodily Injury or Sickness and is Confined in a Hospital as a direct result of Bodily Injury or Sickness and there is no other adult to accompany the Insured Person's Child(ren) who are insured under this Policy on their journey home (for Overseas Journey). (For Domestic Journey, it is applicable to Bodily Injury only).	
What We Will Pay	We will indemnify: The travel expenses (economy return travel ticket) and any ordinary accommodation expenses outside Malaysia (or within Malaysia for Domestic Journey) necessarily incurred for one (1) Family Member, relative or friend to travel to and accompany the Insured Person's Child(ren) back to Malaysia, up to the maximum relevant Benefit amount specified in the Benefit Schedule, subject to the terms and conditions of this Policy.	
What Is Not Covered	This Benefit does not cover any other incidental expenses and/or charges that are incurred by the Insured Person's Family Member, relative or friend, such as but not limited to cost of other transport, upgrades, drinks, meals and optional/additional room services.	

Section 9 – Emergency Medical Evacuation & Repatriation		
What Is Covered	If, during the Period of Insurance and whilst the Insured Person is on a Journey, the Insured Person suffers from a Critical Medical Condition (as defined below) and in the opinion of Chubb Assistance, or an authorized representative of Chubb Assistance, it is judged medically appropriate to move the Insured Person to another location for medical treatment, or to return the Insured Person to Malaysia (or to the Insured Person's Home for Domestic Journey), Chubb Assistance or its authorized representative, shall arrange for the evacuation utilizing the means best suited to do so based on the medical severity of the Insured Person's condition.	

- a) Chubb Assistance must be promptly informed of any potential claims for Medical Evacuation Expenses.
- b) The Insured Person shall not attempt to provide solutions to problems encountered without involving Chubb Assistance. Such action shall prejudice all claims for Medical Evacuation Expenses.
- c) Repatriation will be organized by Chubb Assistance by the most appropriate method as determined by Chubb Assistance in its absolute discretion including, if necessary, the use of air services.
- d) In the event that Chubb Assistance services are provided under this Policy to any person not insured under this Policy or situations not covered by this Policy at the Insured Person's request, the Insured Person hereby agrees to pay Chubb Assistance directly for all costs incurred for the said services.
- e) In the event that Chubb Assistance services are provided, We will have the right to recover from the Insured Person the value of the refund relating to any air tickets or other tickets originally purchased for the Journey to the Hospital where appropriate medical care and facilities are available. The Insured Person shall assist Us in recovering any refunds from the carriers concerned. The proceeds of such refund shall belong to Us.
- f) The Insured Person hereby agrees to pay Chubb Assistance directly for any Medical Evacuation Expenses incurred by the Insured Person that is in excess of the relevant Benefit specified in the Benefit Schedule.
- g) The Insured Person must comply in full with the decisions made by Chubb Assistance, and the Insured Person hereby agrees to fully indemnify Us in the event We are held liable to pay Chubb Assistance for any of the services mentioned under clause (d) and or above and/or (f) and/or any other services not covered under this Policy.

Critical Medical Condition means a medical condition suffered by the Insured Person as a result of Bodily Injury or Sickness, which is determined to be life threatening by a Physician designated by Chubb Assistance at the Physician's absolute discretion.

Additional Definitions

Additional

Conditions

Medical Evacuation Expenses means all expenses incurred in repatriating the Insured Person who is suffering from a Critical Medical Condition to the nearest Hospital where appropriate medical care and facilities are available or to the Insured Person's Home, including necessary expenses incurred for qualified medical staff to accompany the Insured Person (as deemed necessary by Chubb Assistance in its absolute discretion), provided that such repatriation is:

- i) certified by a Physician to be medically necessary, and
- ii) organized by Chubb Assistance.

Covered Expenses means expenses for services provided and/or arranged by Chubb Assistance for the transportation, medical services and medical supplies necessarily incurred as a result of the Insured Person's Emergency Medical Evacuation as described herein.

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We shall pay directly to Chubb Assistance the Covered Expenses for such evacuation, up to the relevant Benefit amount specified in the Benefit Schedule and according to the type of plan stated in the Insured Person's Certificate of Insurance, subject to the terms and conditions of this Policy.

What We Will Pav

If due to reasons beyond the Insured Person's control, the Insured Person is unable to notify Chubb Assistance, and nevertheless makes arrangements for the Insured Person's own evacuation, We shall, if satisfied that the arrangements were medically appropriate in view of the Insured Person's Critical Medical Condition (as defined in this Section) at that time, indemnify the Insured Person in respect of the expenses incurred, up to an amount which would have been payable to Chubb Assistance for services provided under the same circumstances, subject to the terms and conditions of this Policy and in any event not exceeding the relevant Benefit amount specified in the Benefit Schedule.

The means of evacuation arranged by Chubb Assistance, or its authorized representative, may include air ambulance, surface ambulance, regular transportation, railroad or any other appropriate means. All decisions as to the means of transportation and the final destination will be made by Chubb Assistance, or its authorized representative, and will be based solely upon medical necessity.

In addition to Part 4 – General Exclusions, this Policy does not cover, and We will not in any event be liable in respect of any claim under this Section, which is directly or indirectly, caused by, a consequence of, arises in connection with or contributed to by:

- 1. Any expenses incurred for services provided by another party for which the Insured Person is not liable to pay, or any expenses already included in the cost of a scheduled trip or the Journey.
- 2. Any expenses for a service not approved and arranged by Chubb Assistance or its authorised representative, except as mentioned in paragraph 2 of the clause above.
- 3. Any treatment performed or ordered by a person who is not a Physician.
- 4. Any expenses incurred if the Insured Person is not suffering from a Critical Medical Condition (as defined in this Section) or if the treatment that can be reasonably delayed until the Insured Person returns to the Insured Person's Home (as may be relevant).

What Is Not Covered

Additional Exclusions for Domestic Journey:

- i) Any expenses which are recoverable from any other insurance coverage that the Insured Person is entitled to.
- ii) Any such expenses that are incurred after thirty (30) days from the time of Accident. This exclusion does not apply when the first expense was incurred in the first thirty (30) days from the date of Bodily Injury.
- iii) Any expenses where there is no valid claim under Section 3 Medical Expenses.

Section 10 – Repatriation Of Mortal Remains	
What Is Covered	If, during the Period of Insurance, whilst the Insured Person is on a Journey, the Insured Person suffers from a Critical Medical Condition (as defined in Section 9 above), and dies as a result of such Critical Medical Condition, Chubb Assistance, or its authorised representative shall make the necessary arrangements for the return of the Insured Person's mortal remains to Malaysia (or the Insured Person's Home for Domestic Journey). Where Chubb Assistance is unable to provide the necessary arrangement the return of the Insured Person's mortal remains to Malaysia We will reimburse the reasonable charges for burial or cremation.
Additional Conditions	The Insured Person shall not attempt to provide solutions to problems encountered without involving Chubb Assistance. Such action shall prejudice all claims for Repatriation Of Mortal Remains.
Additional Definitions	Covered Expenses means expenses for services provided and/or arranged by Chubb Assistance for the transportation, medical services and medical supplies necessarily incurred as a result of the repatriation of the Insured Person's mortal remains.
What We Will Pay	We shall pay directly to Chubb Assistance the Covered Expenses for such repatriation, up to the relevant Benefit amount specified in the Benefit Schedule, subject to the terms and conditions of this Policy. We shall also reimburse to the Insured Person's estate the expenses actually incurred for services and supplies by a mortician or undertaker, including but not limited to the cost of a casket, and the embalming and cremation if so elected. All payments made by Us shall not exceed the maximum relevant Benefit amount specified in the Benefit Schedule, subject to the terms and conditions of this Policy.
What Is Not Covered	 In addition to Part 4 – General Exclusions, this Policy does not cover, and We will not in any event be liable in respect of any claim under this Section, which is directly or indirectly, caused by, a consequence of, arises in connection with or contributed to by: 1. Any expenses incurred for services provided by another party for which the Insured Person is not liable to pay, or any expenses already included in the cost of a scheduled trip or the Journey. 2. Any expenses incurred for the transportation of the Insured Person's remains not approved and arranged by Chubb Assistance or its authorised representative. 3. Any expenses related to religious ceremonies or rites and burial plots.

Section 11 – Travel Cancellation

If, the Insured Person is forced to cancel or postpone the Insured Person's Overseas Journey as the direct and necessary result of any of the following Specified Causes occurring within sixty (60) days for event (b), within thirty (30) days for events (c) and (d) and within fourteen (14) days for events (e) to (h) before the Scheduled Departure Date, and must be accompanied with travel advice, requisite proof or report from relevant authority(s).

This coverage is effective only if this Policy is purchased before the Insured Person become aware of any circumstances which could lead to the disruption of the Insured Person's Journey.

Specified Causes:

- a) The Insured Person's Death;
- b) The Insured Person sustaining Bodily Injury or becoming ill (applicable to Overseas Journey only), which in the opinion of a Physician causes the Insured Person to be unfit to travel on a Scheduled Departure Date;
- c) The death of the Insured Person's Family Member or Travel Companion before the Scheduled Departure Date;

d) Bodily Injury or illness (applicable to Overseas Journey only) of the Insured Person's Family Member or Travel Companion necessitating him/her to be Confined to a Hospital, or requiring compulsory confinement or certified unfit to travel by a Physician;

- e) The Insured Person or the Insured Person's Travel Companion are or required to be in compulsory quarantine, or jury service, or are subpoenaed or hijacked:
- f) Cancellation of Scheduled Common Carrier services consequent upon Strike, Riot or Civil Commotion which is beyond the Insured Person's control;
- g) The Insured Person's residence in Malaysia becoming uninhabitable following fire, storm or flood occurring such that the Insured Person's presence is required on the premises on the Scheduled Departure Date;
- h) due to Natural Disasters which prevent the Insured Person from commencing the Journey.

For Domestic Journey, if the Insured Person is forced to cancel his/her Journey as a direct and necessary result of any of the above Specified Causes, the event must occur within seven (7) days before the Schedule Departure Date.

Additional Definitions

a) **Cancellation Expenses** mean loss of deposits, or charges for advance payments for travel or accommodation or other charges which have not been or will not be used, but which become forfeited or payable under contract.

- b) **Postponement Expenses** mean the resulting administrative charges or additional charges incurred to postpone the Insured Person's Journey:
 - i) which full payment was made by the Insured Person;
 - ii) for which the Insured Person is legally liable for; and
 - iii) which are not recoverable from any other source.

What Is Covered

What We Will Pay

We will reimburse the Insured Person in respect of Cancellation Expenses or Postponement Expenses up to the relevant Benefit amount as specified in the Benefit Schedule and according to the type of plan stated in the Insured Person's Certificate of Insurance, subject to the terms and conditions of this Policy. The Insured Person can only claim either Cancellation Expenses or Postponement Expenses, for any one event.

In addition to Part 4 – General Exclusions, this Policy does not cover, and We will not in any event be liable in respect of any claim under this Section, which is directly or indirectly, caused by, a consequence of, arises in connection with or contributed to by:

- 1. Changes in plans by the Insured Person or a Family Member or Travel Companion for any reason;
- 2. Financial circumstances of the Insured Person's or a Family Member or Travel Companion;
- 3. Any business, financial or contractual obligations of the Insured Person's or a Family Member or Travel Companion;
- 4. Financial Default by the person, agency, airline or tour operator with whom the Insured Person made his/her travel arrangements;
- 5. Any loss that is covered by any other existing insurance scheme, government programme or which will be paid or refunded by a hotel, carrier or travel agent or any other provider of travel and/or accommodation;
- 6. Any government regulation, act or prohibition;
- 7. Carrier caused cancellation unless they are the result of matters stated under Specified Cause (f) above:
- 8. Travel arrangements cancelled by an airline, cruise line or tour operator unless the cancellation is the result of matters stated under Specified Cause (f) above.
- 9. An event or circumstance which occurs prior to the date of issue of the Certificate of Insurance or date of purchasing or making arrangements for the Journey.
- 10. Delay or amendment of the booked itinerary, or failure in provision of any part of the booked Journey (including error, omission or default) by the provider of any service forming part of the booked Journey as well as of the agent or tour operator through whom the Journey was booked.
- 11. The Insured Person on whom the Journey is dependent on being involved in any unlawful act or criminal proceedings, unless the Insured Person's attendance in court in such criminal proceedings in a court of law is required under a subpoena.
- 12. The Insured Person's failure to notify travel agent/tour operator or provider of transport or accommodation immediately upon finding it necessary to cancel the travel arrangements.
- 13. Any loss or compensation for any air miles, airline credits, store credits, vouchers, airline vouchers, frequent flyer points, credit card points or holiday points the Insured Person earned or used to pay for the Journey in part or in full.
- 14. Insolvency of airlines and travel agents.

What Is Not Covered

Section 12 - Travel Curtailment

If, the Insured Person is forced to curtail any part of the Insured Person's Journey as a direct and necessary result of any of the following Specified Causes occurring after the Insured Person have commenced the Journey.

This coverage is effective only if this Policy is purchased before the Insured Person becomes aware of any circumstances which could lead to the disruption of the Insured Person's Journey.

Specified Causes:

- a) The Insured Person suffering Serious Bodily Injury or Serious Sickness (applicable to Overseas Journey only) and upon obtaining medical advice during the Insured Person's Journey. A medical certificate must be obtained from the Physician who is treating the Insured Person, advising the Insured Person to return to Malaysia due to the Serious Bodily Injury or Serious Sickness;
- b) Unexpected death, Serious Bodily Injury or Serious Sickness (applicable to Overseas Journey only) of a Family Member, or Travel Companion;
- c) Unexpected death of a Family Member residing in Malaysia;
- d) Unexpected Serious Bodily Injury or Serious Sickness (applicable to Overseas Journey only) of a Family Member in Malaysia;
- e) Hijack of the aircraft in which the Insured Person is on board as a passenger;
- f) Natural Disasters which prevent the Insured Person from continuing the Insured Person's scheduled Journey;
- g) The Insured Person's residence in Malaysia becoming uninhabitable following fire, storm, or flood occurring such that the Insured Person's presence is required on the premises; or
- h) The unexpected outbreak of Strike, Riot, or Civil Commotion occurring during the scheduled Journey which is beyond the Insured Person's control at the planned Destination that will put the Insured Person's life in danger.

Curtailment or **Curtail** means ending the Journey by early return to Malaysia after arrival at the booked Destination Overseas as shown on the booking invoice or ticket.

Curtailment Expenses mean:

- i) loss of deposits, advance payments for accommodation or other charges (excluding cost of the original travel ticket for returning to Malaysia), which have not been and will not be used but become forfeited or payable under contract;
- ii) any additional administrative expenses incurred where it is possible to amend the original travel ticket; or
- iii) additional travel (limited to economy class fare) expenses if it is not possible to amend the original travel ticket as confirmed by carrier/travel operator and reasonable accommodation expenses resulting from the reasons mentioned above.

What Is Covered

Additional Definitions

What We Will Pay

We will reimburse the Insured Person in respect of Curtailment Expenses incurred up to the relevant Benefit amount as specified in the Benefit Schedule and according to the type of plan stated in the Insured Person's Certificate of Insurance, subject to the terms and conditions of this Policy.

For hijack, proportional return of the irrecoverable prepaid cost shall be calculated from the date of occurrence to the expiry of the planned Journey or Policy cover, whichever is earlier.

In addition to Part 4 – General Exclusions, this Policy does not cover, and We will not in any event be liable in respect of any claim under this Section, which is directly or indirectly, caused by, a consequence of, arises in connection with or contributed to by:

- 1. Changes in plans by the Insured Person or a Family Member or Travel Companion for any reason;
- 2. Financial circumstances of the Insured Person's or a Family Member or Travel Companion;
- 3. Any business, financial or contractual obligations of the Insured Person's or a Family Member or Travel Companion;
- 4. Financial Default by the person, agency, airline or tour operator with whom the Insured Person made the Insured Person's travel arrangements;
- 5. Any loss that is covered by any other existing insurance scheme, government programme or which will be paid or refunded by a hotel, carrier or travel agent or any other provider of travel and/or accommodation;
- 6. Any government regulation, act or prohibition;

What Is Not Covered

- 7. An event or circumstance which occurs prior to the date of issue of the Certificate of Insurance or date of purchasing or making arrangements for the Journey.
- 8. Delay or amendment of the booked itinerary, or failure in provision of any part of the booked Journey (including error, omission or default) by the provider of any service forming part of the booked Journey as well as of the agent or tour operator through whom the Journey was booked.
- 9. The Insured Person on whom the Journey is dependent on being involved in any unlawful act or criminal proceedings, unless the Insured Person's attendance in court in such criminal proceedings in a court of law is required under a subpoena.
- 10. The Insured Person's failure to notify travel agent/tour operator or provider of transport or accommodation immediately upon finding it necessary to cancel the travel arrangements.
- 11. Any loss or compensation for any air miles, airline credits, store credits, vouchers, airline vouchers, frequent flyer points, credit card points or holiday points the Insured Person earned or used to pay for the Journey in part or in full.

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Section 13 – T	ravei Disrupti	ion (applica	ible to Overse	eas Keturn Joui	rnev oniv).

If during the Period of Insurance, the Insured Person's Journey is forced to be Disrupted as a direct and necessary result of any of the following Specified Causes occurring after the Insured Person have commenced the Journey.

This Coverage is effective only if this Policy is purchased before the Insured Person become aware of any circumstances which could lead to the Disruption of the planned Journey.

Specified Causes:

What Is Covered

- a) Natural Disasters;
- b) Epidemic or pandemic as declared by the World Health Organization (WHO);
- Strike, Riot or Civil Commotion resulting in cancellation of scheduled Common Carrier services or in a relevant government warning against nonessential travel;
- d) Major industrial accident;
- e) Any event leading to airspace or multiple airport closures;
- f) Adverse weather conditions;
- g) The Insured Person suffering Serious Bodily Injury or Serious Sickness (applicable to Overseas Journey only) and upon obtaining medical advice during the Insured Person's Journey. A medical certificate must be obtained from the Physician who is treating the Insured Person

Additional Definitions

Disrupted means interruption to the Journey by skipping a part of the planned Journey Overseas, as shown on the travel itinerary.

Disruption Expenses mean loss of advance payments for accommodation, Entertainment Tickets or pre-arranged tours at the Overseas Destination, which have not been and will not be used but become forfeited or payable under contract. It also includes additional expenses like the fee for transport charges to alter the travel dates to rejoin the Journey.

Entertainment Tickets mean tickets granting admission to theme parks, musicals, plays, theatre or drama performances, concerts and sporting events.

What We Will Pay

We will reimburse the Insured Person in respect of the Disruption Expenses incurred up to the relevant Benefit amount as specified in the Benefit Schedule and according to the plan shown in the Insured Person's Certificate of Insurance, subject to the terms and conditions of this Policy.

In addition to Part 4 – General Exclusions, this Policy does not cover, and We will not in any event be liable in respect of any claim under this Section, which is directly or indirectly, caused by, a consequence of, arises in connection with or contributed to by:

- 1. Changes in plans by the Insured Person or a Family Member or Travel Companion for any reason;
- Financial circumstances of the Insured Person's or a Family Member or Travel Companion;
- 3. Any business, financial or contractual obligations of the Insured Person's or a Family Member or Travel Companion;
- 4. Financial Default by the person, agency, airline or tour operator with whom the Insured Person made his/her travel arrangements;
- 5. Any loss that is covered by any other existing insurance scheme, government programme or which will be paid or refunded by a hotel, carrier or travel agent or any other provider of travel and/or accommodation;
- 6. Any government regulation, act or prohibition;

7. An event or circumstance which occurs prior to the date of issue of the Certificate of Insurance or date of purchasing or making arrangements for the Journey.

- 8. Delay or amendment of the booked itinerary, or failure in provision of any part of the booked Journey (including error, omission or default) by the provider of any service forming part of the booked Journey as well as of the agent or tour operator through whom the Journey was booked.
- 9. The Insured Person on whom the Journey is dependent on being involved in any unlawful act or criminal proceedings, unless the Insured Person attendance in court in such criminal proceedings in a court of law is required under a subpoena.
- 10. The Insured Person's failure to notify travel agent/tour operator or provider of transport or accommodation immediately upon finding it necessary to cancel the travel arrangements.
- 11. Any loss or compensation for any air miles, airline credits, store credits, vouchers, airline vouchers, frequent flyer points, credit card points or holiday points the Insured Person earned or used to pay for the Journey in part or in full.

What Is Not Covered

Section 14 – Loss or	Damage of Personal Property and Baggage
What Is Covered	If during the Period of Insurance whilst the Insured Person is on a Journey, the Insured Person sustains Accidental damage to his/her Personal Property and Baggage or loss of the Insured Person's Personal Property and Baggage due to robbery, burglary, pick-pocket, theft or by force, violence or threat of violence.
	a) The loss or damage must be reported to the police or airline or any other relevant authority having jurisdiction where the loss or damage occurred within twenty-four (24) hours from the incident. Any claims for indemnity under this Section must be accompanied by a copy of a police report or a report issued by the airline or any other relevant authority evidencing such a loss or damage. b) The loss or demogra of each article must be accompanied by proof of purchase.
Additional Conditions	b) The loss or damage of each article must be accompanied by proof of purchase such as but not limited to receipts, bank statement or credit card statements. If no proof of purchase is provided, We may decline the claim or accept it at a reduced value.
	c) For the avoidance of doubt, in the event the Insured Person becomes entitled to a refund or reimbursement of all or part of such expenses from any other source, or if there is in place any other insurance against the events covered under this Section, We will only be liable for the excess of the amount recoverable from such other source or insurance.
	Personal Property and Baggage means personal goods belonging to the Insured Person which are taken by the Insured Person on the Journey or acquired by the Insured Person and carried on the Insured Person in person or hand-carried or checked-in as accompanied baggage with the Common Carrier during the Journey.
Additional Definitions	Portable Computer means the complete laptop computers including accessories or attachments that come as a standard equipment with the laptop. Any handheld computers, tablets (including but not limited to iPads, Samsung Galaxy tablets) or similar devices are excluded from this category.
	Public Place means any place the public has access to.
	Jewellery means objects such as rings, bracelets, brooches, necklaces, bangles, earrings and lockets/pendants that are worn on the body as decoration, which have inclusions of precious metals including but not limited to gold and silver with precious stones or semi-precious stones.

- a) We will indemnify the Insured Person in respect of such loss or damage up to the relevant Benefit amount as specified in the Benefit Schedule and according to the type of plan stated in the Insured Person's Certificate of Insurance, subject to the terms and conditions of this Policy.
- b) We will only pay up to maximum of:
 - i) the Benefit amount specified for any one article or a pair or a set of articles as specified in the Benefit Schedule and according to the type of plan stated in the Insured Person's Certificate of Insurance;
 - the Benefit amount specified for Portable Computers as specified in the Benefit Schedule and according to the type of plan stated in the Insured Person's Certificate of Insurance (applicable to Overseas Return Journey only).

What We Will Pay

- c) We may make payment subject to due allowance of wear and tear, proof of purchase and depreciation. Total loss of used payment or repair costs payment is determined at Our sole discretion.
- d) We will only pay for loss of or damage of the Insured Person's baggage that is checked in and tagged under the Insured Person's name by the Common Carrier or service provider. Any claim that results from the Insured Person losing the Insured Person's baggage or it being damaged while being held by the Common Carrier or service provider should be made to the Common Carrier or service provider first. Any claim made under this Section must be accompanied by proof of compensation received from the Common Carrier or service provider or where such compensation is denied, proof of such denial.

In addition to Part 4 – General Exclusions, this Policy does not cover, and We will not in any event be liable in respect of any claim under this Section, which is directly or indirectly, caused by, a consequence of, arises in connection with or contributed to by:

- 1. loss or damage of property/baggage caused by wear and tear, gradual deterioration, destruction by moths, vermin, inherent vice or damage sustained due to any process or while actually being worked upon or resulting therefrom;
- 2. loss or damage of property/ baggage caused by mechanical or electrical breakdown or derangement or damage sustained due to any process initiated by the Insured Person to repair, clean or alter such property/baggage;
- 3. loss or damage of property/baggage/money resulting directly or directly from insurrection, rebellion, revolution, civil war, usurped power, or action taken by governmental authorities in hindering, combating or defending against such an occurrence, seizure or destruction under quarantine or customs regulations, confiscation by order of any government or public authority or risk of contraband or illegal transportation or trade;
- 4. loss or damage of property/baggage/money from confiscation or retention by customs or other officials or government authority;
- loss or damage of property/baggage/money as a result of the Insured Person's failure to take due and reasonable care and precautions to safe-guard and secure such property/or baggage/money;
- 6. loss or damage of Portable Computers not carried as hand-carried baggage and kept under the Insured Person's supervision;
- 7. damage or breakages of fragile or brittle articles;
- 8. loss of data recorded on tapes, cards, discs or otherwise, including the cost of reproducing the data;
- loss or damage of property/baggage/money not reported to either the police or relevant authority within the jurisdiction where the loss or damage occurred within twenty-four (24) hours of the discovery of such loss or damage;
- 10. loss or damage of property/baggage/money whilst in the custody of an airline or other Common Carrier, unless reported immediately on discovery and, in the case of an airline, a property irregularity report is obtained;
- 11. loss or damage of property/baggage/money insured under any other insurance policy, or otherwise reimbursed by a Common Carrier or any other third party;
- 12. loss or damage to property/baggage due to defective materials or craftsmanship;
- 13. loss of or damage to property/baggage/money left unattended in a Public Place:
- 14. loss of or damage to property/baggage/money left unattended in any motor vehicle (unless stored in the locked boot or compartment);
- 15. mysterious disappearance of property/baggage/money;
- 16. devaluation of currency or shortage due to errors or omissions during any transactions involving money;
- 17. loss of postal money orders or travellers' cheques not immediately reported to the local branch or agent of the issuing authority;
- 18. loss or damage due to animals, insects or rodents;
- 19. scratches or dents to property/baggage.
- 20. loss or damage to property which does not affect the fitness for use or purpose or functionality of such property.

Property Not Covered

We will not pay for damage due to or loss of any of the following:

- i) animals, insects, rodents;
- ii) motor vehicles, aircraft, bicycles and other conveyances or equipment or parts pertaining to such conveyances;
- iii)artificial limbs, false teeth, hearing aids, any type of eyeglasses, contact lenses or corneal lenses:

What Is Not Covered

- v) coupons, negotiable instruments, title deeds, manuscripts, money, stamps, stocks and bonds, postal or money orders, securities of any kind;
- vi) property shipped as freight, or shipped prior to the Scheduled Departure Date;
- vii) cards, including but not limited to credit cards, cash card, identity card, driving license;
- viii) contraband;
- ix) business goods or samples/prototypes or equipment of any kind or any
- x) products/components meant for trade;
- xi) hired or leased equipment;
- xii) any consumable and/or perishable item(s), toiletries, skincare products, perfume;
- xiii) computers (including software and accessories) other than Portable Computers;
- xiv) cash or cash equivalents, bank note(s), casino chip(s), voucher(s);
- xv) musical instrument, household effect(s), antique(s), artefact(s), painting(s),
- xvi) object(s) of art, gemstone(s);
- xvii) wheelchair(s), baby/children stroller(s);
- xviii) Golf Equipment (as defined in Section 27B);
- xix) Jewellery and watches.

Section 15 – Loss or Damage to Travel Documents (applicable to Overseas Return Journey only)		
What Is Covered	If, during the Period of Insurance, whilst the Insured Person is on a Journey, the Insured Person sustains loss of or damage to the Insured Person's Travel Documents due to robbery, burglary, pick-pocket, theft or by force, violence or threat of violence.	
Additional Conditions	The loss must be reported to police or relevant authority Overseas having jurisdiction where the loss occurred, within twenty-four (24) hours after the incident. Any claim must be accompanied by a copy of a police report or a report issued by the relevant authority evidencing such loss.	
	The Insured Person must take every possible safeguard to ensure the security of the Insured Person's Travel Documents.	
Additional Definitions	Travel Documents means documents or identification required for the Insured Person's Journey including but not limited to driving license, passport, or visas.	

	We will reimburse the Insured Person in respect of :
	a) the replacement cost of such Travel Documents whilst Overseas;
	 b) additional and reasonable expenses incurred Overseas for any ordinary accommodation expenses, which becomes necessary due to the Insured Person not being able to continue the Insured Person's Journey without such lost Travel Documents; c) additional, reasonable and necessary travel expenses incurred at the place
What We Will Pay	Overseas where the Insured Person's Travel Documents were lost; d) any additional administrative expenses incurred where it is possible to reschedule the return date of the original travel ticket; or
	e) additional travel (limited to economy class fare) expenses if it is not possible to reschedule the return date of the original travel ticket as confirmed by carrier/travel operator and reasonable accommodation expenses resulting from the reasons mentioned above
	up to the relevant Benefit amount as specified in the Benefit Schedule and according to the type of plan stated in the Insured Person's Certificate of Insurance, subject to the terms and conditions of this Policy.
	In addition to Part 4 – General Exclusions, this Policy does not cover, and We will not in any event be liable in respect of any claim under this Section, which is directly or indirectly, caused by, a consequence of, arises in connection with or contributed to by:
	1. Any unexplained loss or damage, or loss or damage due to confiscation or detention by customs or any other authority.
What Is Not Covered	2. Loss or damage not reported to either the police or relevant authority having jurisdiction where the loss or damage occurred within twenty-four (24) hours of the discovery of such loss or damage.
	3. Loss or damage whilst in custody of an airline or other Common Carrier, unless reported immediately on discovery and in the case of an airline a property irregularity report is obtained

What Is Covered If, during the Period of Insurance, whilst the Insured Person is on a Journey, the Insured Person sustains loss of Personal Money kept on the Insured Person due to burglary, robbery, pick-pocket, theft or by force, violence, or threat of violence. We will not in any event be liable to make payment in respect of any loss of Personal Money if the Insured Person fails to take reasonable precautions for the safety of the money.

4. Loss or damage due to animals, insects or rodents.

5. Any replacement costs of such Travel Documents after returning Home.

Additional Conditions	The loss must be reported to the police or relevant authority having jurisdiction where the loss occurred, within twenty-four (24) hours after the incident. Any claim must be accompanied by a copy of a police report or a report issued by the relevant authority evidencing such loss; An Excess of RM100.00 will be deducted for each and every claim. For the avoidance of doubt, in the event the Insured Person becomes entitled to a refund or reimbursement of all or part of such loss from any other source, or if there is in place any other insurance against the events covered under this Section, We will only be liable for the excess of the amount recoverable from such other source or insurance.
Additional Definitions	Personal Money means coins, cash, bank notes, postal money orders or travelers' cheques that belongs to the Insured Person.
What We Will Pay	We will reimburse the Insured Person for such loss up to a maximum of the relevant Benefit amount as specified in the Benefit Schedule and according to the type of plan stated in the Insured Person's Certificate of Insurance, subject to the terms and conditions of this Policy.
What Is Not Covered	 In addition to Part 4 – General Exclusions, this Policy does not cover, and We will not in any event be liable in respect of any claim under this Section, which is directly or indirectly, caused by, a consequence of, arises in connection with or contributed to by: 1. Devaluation of currency or shortage due to errors or omissions during any transactions involving money; 2. Any unexplained loss or damage, or loss or damage due to confiscation or detention by customs or any other authority; 3. Loss not reported to either the police or relevant authority having jurisdiction where the loss occurred within twenty-four (24) hours of the discovery of such loss; 4. Loss of postal money orders or travelers' cheques not immediately reported to the local branch or agent of the issuing authority; 5. Loss or damage whilst in custody of an airline or other carrier, unless reported immediately on discovery and in the case of an airline a property irregularity report is obtained; 6. Loss or damage due to animals, insects or rodents.

Section 17 – Fraudulent Use of Lost Credit Card (applicable to Overseas Return Journey only)		
What Is Covered	If, during the Period of Insurance, whilst the Insured Person is on a Journey, the Insured Person sustains financial loss as a direct result of a credit, charge or bankers card being lost or stolen and being subsequently used fraudulently by any person other than the Insured Person due to burglary, robbery, pick-pocket, theft or by force, violence, or threat of violence. We will not in any event be liable to make payment in respect of any loss of credit, charge or bankers card if the Insured Person fails to take reasonable precautions for the safety of the above.	
Additional Conditions	 a) The loss must be reported to the card company within six (6) hours after the incident. Any claim must be accompanied by a copy of the report issued by the card company evidencing such loss; b) The loss must be reported to police or relevant authority Overseas having jurisdiction where the loss occurred, within twenty-four (24) hours after the incident. Any claim must be accompanied by a copy of a police report or a report issued by the relevant authority evidencing such loss. c) The Insured Person must take every possible safeguard to ensure the security of the Insured Person's Travel Documents. d) For the avoidance of doubt, in the event the Insured Person becomes entitled to a refund or reimbursement of all or part of such expenses from any other source, or if there is in place any other insurance against the events covered under this Section, We will only be liable for the excess of the amount recoverable from such other source or insurance. 	
What We Will Pay	We will reimburse the Insured Person for such loss up to a maximum of the relevant Benefit amount as specified in the Benefit Schedule and according to the type of plan stated in the Insured Person's Certificate of Insurance, subject to the terms and conditions of this Policy.	
What Is Not Covered	Please refer to Part 4 – General Exclusions.	

Section 18 – Baggage Delay		
What Is Covered	If, during the Period of Insurance, whilst the Insured Person is on a Journey, the Insured Person's checked-in baggage is delayed by a Common Carrier operator and is not delivered to the Insured Person within six (6) hours of the Insured Person's arrival at the scheduled Destination Overseas or within Malaysia (for Domestic Journey).	
	For Overseas Journey, if, during the Period of Insurance, upon returning to Malaysia on a Return Journey, the Insured Person's checked-in baggage is delayed by a Common Carrier operator and is not delivered to the Insured Person within six (6) hours of the Insured Person's arrival in Malaysia.	

We will pay the Insured Person the relevant Benefit amount specified in the Benefit Schedule for every full six (6) consecutive hours of delay, up to the maximum sum insured specified in the Benefit Schedule, subject to the terms and conditions of this Policy.

For Overseas Return Journey, in the event the checked-in luggage is delayed within six (6) hours of the Insured Person's arrival in Malaysia, We will pay the Insured Person the relevant Benefit amount specified in the Benefit Schedule, subject to the terms and conditions of this Policy.

The total amount of Benefit for a Journey that is payable under this Section for each Insured Person (for baggage delay Overseas and/or in Malaysia, as the case may be) shall be up to the maximum of the relevant 'Overseas' or 'In Malaysia' Benefit amount specified in the Benefit Schedule.

What We Will Pay

If the Insured Person's Coverage is under a Family Plan, then in addition to the maximum amount of the Benefit for each Insured Person, the total amount of Benefit for a Journey that is payable under this Section for all Insured Persons under the same Family Plan (for baggage delay Overseas and/or in Malaysia, as the case may be) shall be up to the maximum of the relevant 'Per Family Limit' Benefit amount specified in the Benefit Schedule.

For the avoidance of doubt, the amount per six (6) hours specified in the Benefit Schedule under this Section is based on each Insured Person and not on each piece of luggage. We will only accept a claim from one (1) Insured Person for any one (1) piece of baggage even if the baggage contains personal items relating to multiple Insured Persons.

The delay must be verified in writing by the operator(s) of the Common Carrier or their handling agent(s) as well as the number of hours delayed and the reason for the delay.

What Is Not Covered

In addition to Part 4 – General Exclusions, this Policy does not cover, and We will not in any event be liable in respect of any claim under this Section, which is directly or indirectly, caused by, a consequence of, arises in connection with or contributed to by:

- Baggage delay not immediately reported to the operator(s) of the Common Carrier:
- 2. For Domestic Journey, baggage delay on the Return Journey to the Insured Person's Home.

Section 19 – Travel	Delay
What Is Covered	a) If, during the Period of Insurance, whilst the Insured Person is on a Journey, the departure of the Common Carrier in which the Insured Person had arranged to travel is delayed for at least six (6) consecutive hours at any single Destination Overseas or within Malaysia, from the time specified in the itinerary supplied.
What We Will Pay	We will pay the Insured Person the relevant Benefit amount specified in the Benefit Schedule for every full six (6) consecutive hours of delay, up to the maximum of the relevant Benefit amount specified in the Benefit Schedule, subject to the terms and conditions of this Policy. The period of delay shall be calculated from the original departure time as stated in the Insured Person's ticket or travel itinerary to the departure of the next available Common Carrier, chartered flight or any other alternative means of transportation, whichever is earlier. The delay must be verified in writing by the operator(s) of the Common Carrier or their handling agent(s), signifying the number of hours delayed.
	This coverage is effective only if the Insured Person purchased this Policy before the Insured Person becomes aware of any circumstances, which could lead to the disruption of the planned Journey.
What Is Not Covered	 In addition to Part 4 – General Exclusions, this Policy does not cover, and We will not in any event be liable in respect of any claim under this Section, which is directly or indirectly, caused by, a consequence of, arises in connection with or contributed to by: 1. The Insured Person's failure to check-in according to the itinerary supplied to the Insured Person; 2. Strike or industrial action existing on the date the Insured Person applied for cover under this Policy; 3. The Insured Person's late arrival at the airport or port after check-in or boarding time (except if the late arrival is due to Strike or industrial action); 4. Failure of public transport services arising from Strike or industrial action which commenced or was announced before the commencement of the Journey; 5. Any travel insurance purchased within six (6) hours from the original scheduled departure time as stated in the Insured Person's ticket or travel itinerary; 6. Any delay that the Insured Person has been informed about at least twenty-four (24) hours before the original scheduled departure, as stated the Insured Person's ticket or travel itinerary.

Section 20 – Travel Misconnection (applicable to Overseas Return Journey only)		
What Is Covered	If, during the Period of Insurance, whilst the Insured Person is on a Journey, the Insured Person's confirmed onward travel connection Overseas is missed at the transfer point due to the late arrival of the Insured Person's incoming confirmed scheduled Common Carrier and no onward transportation is available to the Insured Person within six (6) consecutive hours of the Insured Person's actual arrival time.	
What We Will Pay	We will pay the Insured Person the relevant Benefit amount specified in the Benefit Schedule for every full six (6) consecutive hours of misconnection (the period of misconnection being calculated from the Insured Person's actual arrival time to the Insured Person's actual departure time), up to the maximum of the relevant Benefit amount specified in the Benefit Schedule, subject to the terms and conditions of this Policy.	
	The travel misconnection details must be confirmed in writing by the operator(s) of the Common Carrier or their handling agent(s), with the scheduled and actual time of arrival and the scheduled and actual departure time of the next available Common Carrier.	
What Is Not Covered	Please refer to Part 4 – General Exclusions	

Section 21 – Travel Re-Route (applicable to Overseas Return Journey only)		
What Is Covered	If, during the Period of Insurance, whilst the Insured Person is on a Journey, the Common Carrier in which the Insured Person had arranged to travel is re-routed and the Insured Person's arrival at the scheduled Destination has been delayed for at least six (6) consecutive hours from the time specified in the ticket or itinerary supplied to the Insured Person.	
What We Will Pay	We will pay the Insured Person the relevant Benefit amount specified in the Benefit Schedule for every full six (6) consecutive hours of delay due to the diversion, up to the maximum relevant Benefit amount specified in the Benefit Schedule, subject to the terms and conditions of this Policy. The period of delay shall be calculated from the original scheduled arrival time as stated in the Insured Person's ticket or travel itinerary to the actual arrival time at the scheduled Destination.	
	The delay must be verified in writing by the operator(s) of the Common Carrier or their handling agent(s) as well as the number of hours delayed and the reason for the delay.	
	We would however, not pay for any travel insurance purchased within six (6) hours from the original scheduled departure time as stated in the Insured Person's ticket or travel itinerary.	
	This Benefit is payable only once for each Journey out of Malaysia.	

Section 22 – Travel Overbook (applicable to Overseas Return Journey only)		
What Is Covered	If, during the Period of Insurance, whilst the Insured Person is on a Journey, the Insured Person has a confirmed booking seat and is denied boarding on a Common Carrier which the Insured Person is booked on due to over-booking and no alternative Common Carrier is made available to the Insured Person within six (6) hours of the scheduled departure time as specified in the Insured Person's printed itinerary.	
What We Will Pay	We will pay the Insured Person the relevant Benefit amount specified in the Benefit Schedule for every full six (6) consecutive hours of delay (the period of delay being calculated from the scheduled departure time to the actual departure of the next available Common Carrier or any alternative means of transportation, whichever is earlier), up to the maximum relevant Benefit amount specified in the Benefit Schedule, subject to the terms and conditions of this Policy. The travel overbooked details must be confirmed in writing by the operator(s) of the Common Carrier or their handling agent(s). We would however, not pay for any travel insurance purchased within six (6) hours from the original scheduled departure time as stated in the Insured Person's ticket or travel itinerary.	
	This Benefit is payable only once for each Journey out of Malaysia.	
What Is Not Covered	Please refer to Part 4 – General Exclusions	

Section 23 – Missed Departure (applicable to Overseas Return Journey only)			
What Is Covered	If, during the Insured Person's Journey, the Insured Person missed his/her departure at a Destination country as a result of mechanical breakdown of transport services that the Insured Person is traveling in (any licensed bus or taxi or a scheduled service which any member of public has access to) which fails to get the Insured Person to the departure port, airport or train station as stated in the Insured Person's ticket.		

What We Will Pay	We will pay the Insured Person the relevant Benefit amount specified in the Benefit Schedule for every full six (6) consecutive hours of missed departure (the hours of missed departure being calculated from the original scheduled departure time of the Common Carrier specified in the itinerary to the actual departure of the next available Common Carrier or any alternative means of transportation, whichever is earlier), up to the maximum Benefit amount specified in the Benefit Schedule. subject to the terms and conditions of this Policy.
What Is Not Covered	 In addition to Part 4 – General Exclusions, this Policy does not cover, and We will not in any event be liable in respect of any claim under this Section, which is directly or indirectly, caused by, a consequence of, arises in connection with or contributed to by: The Insured Person's failure, other than due to mechanical breakdown of the public transport services, to check-in according to the itinerary supplied to the Insured Person; The Insured Person's late arrival at the airport or port or train station after check-in or boarding time (except if the late arrival is due to mechanical breakdown of the public transport services); Any travel insurance purchased within six (6) hours from the original schedule departure time as stated in the Insured Person's ticket or travel itinerary.

Section 24 – Hijack	Section 24 – Hijacking Inconvenience (applicable to Overseas Return Journey only)	
What Is Covered	If, during the Period of Insurance, whilst the Insured Person is on a Journey, the Insured Person is a victim of a Hijack of a Common Carrier or motor vehicle on which the Insured Person is traveling and the Hijack lasts for a period of at least twenty-four (24) hours.	
Additional Conditions	a) Any claims under this Hijack section must be accompanied by a police report or a report issued by the carrier confirming that the Insured Person was a victim of Hijack and the duration of such Hijack.b) We will only pay up to the maximum Benefit amount specified in the Benefit Schedule for the same Journey for each Certificate of Insurance, regardless of the number of Insured Person(s) stated in the Certificate of Insurance.	
Additional Definition	Hijack means any seizure or exercise of control by force or violence or threat of force or violence and with wrongful intent of a Common Carrier or motor vehicle.	
What We Will Pay	We will pay to the Insured Person the relevant Benefit amount specified in the Benefit Schedule for each full twenty-four (24) hours of Hijack up to the maximum Benefit amount specified in the Benefit Schedule subject to the terms and conditions of this Policy.	
What Is Not Covered	Please refer to Part 4 – General Exclusions	

Section 25 – Personal Liability	
What Is Covered	 If, during the Period of Insurance, whilst the Insured Person is on a Journey, the Insured Person incurs legal liability to a third party. The legal liability must be in respect and as a result of: a) Accidental death or Accidental bodily injury to any third party; or b) Accidental Property Damage to property of third party; that occurred during the Insured Person's Journey.
Additional Conditions	 For the avoidance of doubt, in the event the Insured Person becomes entitled to a refund or reimbursement of all or part of such expenses from any other source, or if there is in place any other insurance against the events covered under this Section, We will only be liable for the excess of the amount recoverable from such other source or insurance. No admission, offer, promise, payment or indemnity shall be made without Our written consent and We shall be entitled to take over and conduct in the Insured Person's name the defence or settlement of any claim or to prosecute in the Insured Person's name for Our own benefit any claim for indemnity or damages or otherwise and shall have full discretion in the conduct of any proceedings and in the settlement of any claim and the Insured Person hereby agrees to give all information and assistance as We may require. Every letter, claim, writ, summons and process shall be forwarded to Us upon receipt. Written notice shall also be given to Us immediately upon the Insured Person receiving notice of any prosecution or inquest in connection with any circumstances which may give rise to liability under this coverage. We may at any time pay to the Insured Person in connection with any claim or series of claims the limit of indemnity (after the deduction of any sum(s) already paid as compensation) or any lesser amount for which such claim(s) can be settled and upon such payment being made We shall relinquish the conduct and control of and be under no further liability in connection with such claim(s) except for the payment of costs and expenses recoverable or incurred prior to the date of such payment.
Additional Definition	Property Damage means any physical damage to, destruction of, or loss of use of tangible property.
What We Will Pay	We will indemnify the Insured Person in respect of each occurrence or a series of occurrences giving rise to such liability arising directly or indirectly from one (1) source or original cause, up to the relevant Benefit amount as specified in the Benefit Schedule and according to the type of plan stated in the Insured Person's Certificate of Insurance subject to the terms and conditions of this Policy. We will also reimburse the Insured Person for: a) All cost and expenses in respect of which a claim of damages for negligence under this Section is recoverable by a third-party claimant from the Insured Person. b) All cost and expenses in respect of which a claim of damages for negligence under this Section incurred with Our written consent.

What Is Not Covered	 In addition to Part 4 – General Exclusions, this Policy does not cover, and We will not in any event be liable in respect of any claim under this Section, which is directly or indirectly, caused by, a consequence of, arises in connection with or contributed to by: Harm and Property Damages to the property of or to any person who is the Insured Person's Family Member, relative or employee or deemed by law to be the Insured Person's employee. In respect of death, disablement, bodily injury or sickness suffered by any person who is under a contract of service or training with the Insured Person when such event arises out of and in the course of his or her employment by the Insured Person. In respect of death, disablement, bodily injury or sickness suffered by any Family Member or any person with whom the Insured Person resides. Property Damage to property which belongs to the Insured Person or held in trust by the Insured Person or is in the Insured Person's custody or control. Damages relating to any liability assumed under contract. Damages relating to the willful, malicious or unlawful act or omission on the part of the Insured Person. The ownership, possession or use of vehicles, aircraft, watercraft, firearms or animals, or arising from the negligent supervision and vicarious liability for the acts of a minor in connection with the above. Past or present business, trade or professional activities, including the rendering of or failure to render business, trade or professional services. Any criminal proceedings taken against the Insured Person whether the Insured Person is actually convicted or not. The transmission of communicable disease by the Insured Person. The possession or use of any controlled substance/drugs unless prescribed by a Physician. Sexual

Section 26 – Emergency Mobile Phone Charges (applicable to Overseas Return Journey only)	
What Is Covered	If, during the Period of Insurance, whilst the Insured Person is on a Journey, the Insured Person, as a result of being in a Critical Medical Condition (as defined in Section 9), incurs charges for personal mobile phone used for the sole purpose of engaging the services of Chubb Assistance, or an authorized representative of Chubb Assistance, during a medical emergency, and for which an Overseas Medical Expenses claim has been submitted under Section 3.
Additional Condition	Charges incurred must be supported by an itemized statement of charges.

15. Riding or driving in races or rallies.

What We Will Pay	We will reimburse the Insured Person for the emergency mobile phone charges incurred for such call to Chubb Assistance or the authorized representative of Chubb Assistance, up to the relevant Benefit amount as specified in the Benefit Schedule and according to the type of plan stated in the Insured Person's Certificate of Insurance, subject to the terms and conditions of this Policy.
What Is Not Covered	In addition to Part 4 – General Exclusions, this Policy does not cover, and We will not in any event be liable in respect of any claim under this Section, which is directly or indirectly, caused by, a consequence of, arises in connection with or contributed to by: 1. Telephone calls made via standard land line; 2. Public telephone using international calling card.

Section 27A – Golf Benefit: Hole-In-One	
What Is Covered	If, during the Period of Insurance, whilst the Insured Person is on a Journey, the Insured Person scores a Hole-in-One as defined in St. Andrew's Golf Rules.
Additional Conditions	Any claims for reimbursement must be accompanied by a copy of the certificate for the Hole-in-One issued by the club and receipts supporting the Hospitality Expenses.
Additional Definition	Hospitality Expenses means customary food and beverages purchased at the golf club house for the purpose of celebrating the Hole-in-One scored by the Insured Person.
What We Will Pay	We will reimburse the Insured Person for the Hospitality Expenses incurred up to the relevant Benefit amount specified in the Benefit Schedule, subject to the terms and conditions of this Policy.
What Is Not Covered	Please refer to Part 4 – General Exclusions

Section 27B – Loss of	of Golf Equipment Due To Theft
What Is Covered	If, during the Period of Insurance, whilst the Insured Person is on a Journey, the Insured Person sustains loss due to theft of the Insured Person's Golf Equipment.
Additional Conditions	 a) All Golf Equipment must be owned by the Insured Person and not hired by, loaned or entrusted to the Insured Person. b) We will indemnify after taking into account wear and tear and depreciation or at Our absolute discretion, replace or repair such items; c) The loss must be reported to the police or relevant authority having jurisdiction where the loss occurred within twenty-four (24) hours of such loss. Any claims for indemnity under this Section must be accompanied by a copy of a police report or a report issued by the relevant authority evidencing such loss. d) For the avoidance of doubt, in the event the Insured Person becomes entitled to a refund or reimbursement of all or part of such loss from any other source, or if there is in place any other insurance against the events covered under this Section, We will only be liable for that portion of the loss which is in excess of the amount recoverable from such other source or insurance.
Additional Definition	Golf Equipment means golf clubs, golf bag, golf shoes and non-motorized golf trolley.
What We Will Pay	We will indemnify the Insured Person in respect of such loss up to the relevant Benefit amount as specified in the Benefit Schedule, subject to the terms and conditions of this Policy.
What Is Not Covered	 In addition to Part 4 – General Exclusions, this Policy does not cover, and We will not in any event be liable in respect of any claim under this Section, which is directly or indirectly, caused by, a consequence of, arises in connection with or contributed to by: 1. loss occurring during the use of the Golf Equipment; 2. loss of Golf Equipment caused by wear and tear, gradual deterioration, destruction by moths, vermin, inherent vice; 3. loss arising from confiscation or retention of the Golf Equipment by customs or other officials; 4. loss as a result of the Insured Person's failure to take due and reasonable care and precautions to safe-guard and secure the Golf Equipment; 5. Any type of damage to the Golf Equipment.

Section 27C – Unused Golf Green Fees	
What Is Covered	If, during the Period of Insurance, whilst the Insured Person is on a Journey, the Insured Person is prevented from playing golf as a result of: a) Bodily Injury or Sickness (for Overseas Journey); or b) Bodily Injury (for Domestic Journey).
Additional Conditions	Any claims for indemnity must be accompanied by a copy of a medical report from the Physician substantiating the: a) Bodily Injury or Sickness (for Overseas Journey); or b) Bodily Injury (for Domestic Journey) and confirming the Insured Person's inability to play golf as a result of such Bodily Injury or Sickness (as may be relevant) during the period for which the indemnity is being claimed.
What We Will Pay	We will indemnify the Insured Person for any non-refundable, pre-paid and unused green fees up to the relevant Benefit amount as specified in the Benefit Schedule and according to the type of plan stated in the Insured Person's Certificate of Insurance, subject to the terms and conditions of this Policy.
What Is Not Covered	Please refer to Part 4 – General Exclusions

Section 28 – Home Inconvenience Allowance (for Domestic Journey, it is applicable to First Plan only)	
What Is Covered	If, during the Period of Insurance, whilst the Insured Person is on a Journey, the Insured Person suffers a loss of or damage to Home Contents kept in the Insured Person's Home that was left vacant, arising out of burglary or fire.
Additional Condition	 a) We will only pay the Insured Person up to the maximum 'Single Article Limit' amount as specified in the Benefit Schedule and according to the type of plan stated in the Insured Person's Certificate of Insurance, for any one article or pair or set of articles. b) In settling claims for theft or total destruction, the basis of settlement will be replacement in the same form without deduction for wear and tear or depreciation except in respect of wearing apparel and household items. c) For the avoidance of doubt, in the event the Insured Person becomes entitled to a refund or reimbursement of all or part of such expenses from any other source, or if there is in place any other insurance against the events covered under this Section, We will only be liable for the excess of the amount recoverable from such other source or insurance.
Additional Definition	Home Contents means all description of household goods, personal effects and possessions of the Insured Person and the Insured Person's Family Member.

What We Will Pay	We will indemnify the Insured Person for such loss or damage up to the relevant Benefit amount as specified in the Benefit Schedule subject to the terms and conditions of this Policy.
What Is Not Covered	 In addition to Part 4 – General Exclusions, this Policy does not cover, and We will not in any event be liable in respect of any claim under this Section, which is directly or indirectly, caused by, a consequence of, arises in connection with or contributed to by: a) In respect of shortage due to error, omission, exchange or depreciation in value. b) Escape of water or oil from any washing machine, dishwasher or fixed domestic water or heating installation. c) Theft during or after the occurrence of a fire. d) The burning of property through the order of any public authority. e) Any loss or damage occasioned through the Insured Person's willful act or involvement. f) Loss (whether temporary or permanent) of the insured property or any part thereof by reason of confiscation, requisition, detention or legal or illegal occupation of such property or of any premises, vehicle or thing containing the same by any government authorities. g) Consequential loss or damage of any kind. h) Stocks and/or items related to the Insured Person's business or profession. i) Photographic and sports equipment and accessories and musical instruments. j) Motor vehicles, boats, livestock, bicycles and any equipment or accessories
	relating thereto. k) Loss or damage insured under any other insurance policy, or reimbursed by

Section 29 – Pet Care (applicable to Overseas Return Journey only)	
What Is Covered	If, during the Period of Insurance, whilst the Insured Person is prevented from completing the return leg of the Overseas Return Journey, as a result of a travel delay which has resulted in a valid claim under Section 19, for a minimum of twenty-four (24) hours from the original scheduled time of arrival at Malaysia.
What We Will Pay	We will reimburse the Insured Person for the additional cost of boarding the Insured Person's pet in a pet's boarding home until the Insured Person returns to Malaysia, up to the relevant Benefit amount specified in the Benefit Schedule, subject to the terms and conditions of this Policy and notwithstanding any expiry of this Policy.
What Is Not Covered	Please refer to Part 4 – General Exclusions

Section 30 – Terrorism Extension		
What Is Covered	If, during the Period of Insurance and in the event of a claim under any Section of this Part 7 – Benefits arising from any Act of Terrorism, the Policy is extended to cover the Insured Person whilst the Insured Person is on a Journey.	
What We Will Pay	We will reimburse the Insured Person up to the maximum sum insured specified in the Benefit Schedule, subject to the terms and conditions of this Policy.	
What Is Not Covered	Please refer to Part 4 – General Exclusions	

Section 31 – Chubb Assistance Benefits

The Insured Person is entitled to obtain assistance from Chubb Assistance in respect of the following:

1. Cashless Hospital Admission

We will facilitate the Insured Person's admission into a Hospital by providing the guarantee required by the Hospital.

2. 24-hour Telephone Access

If the Insured Person requires assistance, the Insured Person may call collect to the dedicated 24-hour hotline with trained multi-lingual personnel including a panel of Chubb Assistance appointed physician for immediate assistance and advice.

3. Medical Assistance

i) Assistance over the Phone

Chubb Assistance will arrange for the provision of medical assistance for the Insured Person over the telephone.

ii) Medical Service Provider Referral

Chubb Assistance shall provide to the Insured Person, upon request, the name, address, telephone number and, if available, office hours of physicians, hospitals, clinics, dentists and dental clinics.

iii) Arrangement of Appointments with Local Doctors for Treatment Chubb Assistance will assist the Insured Person to arrange for appointments with general practitioners or specialized doctors.

4. Travel Assistance

i) Inoculation and Visa Requirement information

Chubb Assistance shall provide information concerning visa and inoculation requirements for foreign countries, as those requirements are specified from time to time in the most current edition of World Health Organization Publication "Vaccination Certificates Requirements and Health Advice for International Travel" (for inoculations) and the "ABC Guide to International Travel Information" (for visas). This information will be provided to the Insured Person at any time, whether or not the Insured Person are travelling or an emergency has occurred.

ii) Interpreter Referral

Chubb Assistance will provide the names, telephone numbers and, if possible and requested, hours of opening of interpreters' office in foreign countries.

- iii) Lost Luggage Assistance Chubb Assistance will assist the Insured Person if the Insured Person has lost the Insured Person's luggage while travelling outside Malaysia by referring the Insured Person to the appropriate authorities involved.
- iv) Loss of Passport Assistance Chubb Assistance will assist the Insured Person if the Insured Person has lost the Insured Person's passport while travelling outside Malaysia by referring the Insured Person to the appropriate authorities involved.
- v) Embassy Referral Chubb Assistance shall provide the address, telephone number and hours of opening of the nearest appropriate consulate and embassy worldwide.
- vi) Weather and Foreign Exchange Information Services Chubb Assistance shall provide information to the Insured Person regarding the exchange rate of major foreign currencies and weather forecasts and temperatures of foreign countries.
- vii) Emergency Message Transmission Assistance In the event of an emergency or a hospital confinement, Chubb Assistance will undertake to keep the Insured Person's immediate family members informed, upon the Insured Person's or the Insured Person's Travel Companion's request and consent to do so.
- viii) Legal Referral Chubb Assistance will provide the Insured Person with name, address, telephone numbers, if requested by the Insured Person and if available, office hours for referred lawyers and legal practitioners.

The above services rendered to the Insured Person is purely on referral or arrangement basis only. Neither We, nor Chubb Assistance shall be responsible for any third party expenses which shall be solely the Insured Person's responsibility. Chubb Assistance shall use its best effort to provide the Insured Person, in a timely and accurate manner, the above information and referral services. Chubb Assistance will exercise care and diligence in selecting the service providers. Chubb Assistance cannot guarantee the quality of the services of the service providers and the final selection of a service provider shall be the Insured Person's decision.

Section 32 – Medical Expenses due to COVID-19	
What Is Covered	If, during the Period of Insurance, whilst the Insured Person is on a Journey, the Insured Person is necessarily and reasonably Confined in a Hospital or other Temporary Medical & Quarantine Facility as a direct result of COVID-19 and as diagnosed by a Physician who is directly treating, testing or, attending to the Insured Person's medical circumstances, We will cover the Insured Person in respect of such Medical Expenses upon notification to Chubb Assistance for hospitalization and medical arrangement up to the maximum Benefit specified in the Benefit Schedule, subject to the terms and conditions of this Policy.
Additional Definition	Alternative Medical Physician means a legally licensed traditional medical practitioner (including a Chinese acupuncturist or bonesetter) or chiropractor or physiotherapist duly registered and practicing within the scope of his license pursuant to the laws of the country in which such practice is maintained. Alternative Medical Physician shall not include the Insured Person or any of the Insured Person's relatives unless otherwise approved by Us.

Additional Conditions	If due to reasons beyond the Insured Person's control, the Insured Person is unable to notify Chubb Assistance to make the necessary arrangements, We shall reimburse the Insured Person up to the amount which Chubb Assistance would have incurred for the services provided under the same circumstances, subject to the terms and conditions of this Policy.
What Is Not Covered	 In addition to Part 4 – General Exclusions, We will not pay under this Section for any of the following: a) any further expenses incurred by the Insured Person if We wish to return the Insured Person back to Malaysia, but the Insured Person refuses (where in the opinion of the treating Physician and Chubb Assistance, the Insured Person is fit to travel); b) any expenses relating to any treatment for COVID-19 where such treatment was first sought more than sixty (60) days from the time the COVID-19 was first sustained; c) any expenses incurred in relation to treatment by an Alternative Medical Physician; d) any expenses relating to specialist treatment not prescribed or referred by a Physician in general practice; or e) expenses incurred for mandatory diagnostic tests that the Insured Person is required to take for the trip, such as pre-departure tests and post-arrival tests.

Section 33 - Emergency Medical Evacuation & Repatriation due to COVID-19

If, during the Period of Insurance, whilst the Insured Person is on a Journey, the Insured Person:

- a) is diagnosed with COVID-19 by a Physician who is directly treating, testing or, attending to the Insured Person's medical circumstances, and this is further validated by the designated Physician appointed by Chubb Assistance; and
- b) the necessary medical treatment is not available, either at the nearest Hospital where the Insured Person was transported to or in the immediate vicinity thereof, after being diagnosed with COVID-19; We may, based on the advice of the designated Physician appointed by Chubb Assistance that the Insured Person is medically fit to be evacuated, determine in our sole discretion, that the Insured Person, should be evacuated to another location for the necessary medical treatment.

What Is Covered

Chubb Assistance or its authorised representative, shall arrange for the evacuation within a reasonable timeframe and utilise the best suited means based on the medical severity of the Insured Person's condition, including but not limited to, air ambulance, surface ambulance, regular air transportation, railroad or any other appropriate means. All decisions as to the means of transportation and the final destination will be made by Chubb Assistance, or its authorised representative, and will be based solely upon medical necessity. The Insured Person may in appropriate circumstances be returned to Malaysia.

We shall pay directly to Chubb Assistance the Covered Expenses, up to the maximum Benefit specified in the Benefit Schedule, subject to the terms and conditions of this Policy.

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

Additional Definition

Covered Expenses mean expenses for services provided and/or arranged by Chubb Assistance for the transportation, medical services and medical supplies necessarily incurred as a result of the Insured Person's evacuation due to a diagnosis of COVID-19.

What Is Not Covered

In addition to Part 4 – General Exclusions, We will not pay under this Section for any of the following:

- a) any expenses incurred for services provided by another party for which the Insured Person is not liable to pay, or any expenses already included in the cost of a scheduled trip;
- b) any expenses for a service not approved and arranged by Chubb Assistance or its authorised representative, except as otherwise mentioned in this Section;
- c) any treatment performed or ordered by a person who is not a Physician; and
- d) any expenses incurred in relation to treatment that can be reasonably delayed until the Insured Person return to Malaysia.

Section 34 – Repatriation of Mortal Remains due to COVID-19		
What Is Covered	If, during the Period of Insurance, while the Insured Person is on a Journey, the Insured Person suffers death as a direct result of COVID-19, Chubb Assistance or its authorised representative shall make the necessary arrangements for the return of the Insured Person's mortal remains to Malaysia or the Insured Person's Home Country. We shall pay directly to Chubb Assistance the Covered Expenses for such repatriation and We shall reimburse to the Insured Person or the Insured Person's estate the actual expenses incurred Overseas for services and supplies by a mortician or undertaker, including the cost of embalming and cremation if so elected, subject to the terms and conditions of this Policy. All payments made by Us shall not exceed the maximum Benefit specified in the Benefit Schedule and according to the type of plan stated in the Insured Person's Certificate of Insurance.	
Additional Definition	Covered Expenses mean expenses for services provided and/or arranged by Chubb Assistance for the transportation, medical services and medical supplies necessarily incurred as a result of the Insured Person's evacuation.	
What Is Not Covered	 In addition to Part 4 – General Exclusions, We will not pay under this Section for any of the following: a) any expenses incurred for services provided by another party for which the Insured Person is not liable to pay, or any expenses already included in the cost of a scheduled trip; b) any expenses for a service not approved and arranged by Chubb Assistance or its authorised representative, except as otherwise mentioned in this Section; c) any treatment performed or ordered by a person who is not a Physician; and d) any expenses incurred in relation to treatment that can be reasonably delayed 	

d) any expenses incurred in relation to treatment that can be reasonably delayed until the Insured Person's return to Malaysia.

Section 35 – Daily Hospital Income due to COVID-19		
What Is Covered	If, during the Period of Insurance, while the Insured Person is on the Journey, the Insured Person is necessarily and reasonably Confined in a Hospital or other Temporary Medical & Quarantine Facility Overseas as a result of COVID-19, and as diagnosed by a Physician who is directly treating, testing or, attending to the Insured Person's medical circumstances, We will pay the Insured Person the relevant daily Benefit up to the maximum Benefit amount specified in the Benefit Schedule, subject to the terms and conditions of this Policy.	
	The daily Benefit amount shall be paid for each complete day twenty-four (24) hours of Confinement from the third (3rd) day of Confinement and up to the maximum Benefit specified in the Benefit Schedule.	
	For this purpose, each day of Confinement shall be counted towards the total number of days of Confinement, notwithstanding that such days do not run consecutively.	
Additional Conditions	Overseas Hospital Confinement Benefit due to COVID-19 shall be payable only if the following conditions are met: a) after a minimum Confinement period of forty-eight (48) hours; and b) Confinement must be considered medically necessary by a Physician in his professional capacity.	

What Is Not Covered

In addition to Part 4 – General Exclusions, We will not pay under this Section for any of the following:

- a) any Confinement in Malaysia;
- b) first forty-eight (48) hours of the Confinement.

Section 36 – Travel Cancellation due to COVID-19

What Is Covered

If the Insured Person is forced to cancel any part of the Insured Person's Journey as the direct and necessary direct result of any COVID-19 Specified Cause occurring within seven (7) days prior to the Scheduled Departure Date, We will reimburse the Insured Person in respect of Cancellation Expenses up to the maximum Benefit specified in the Benefit Schedule, subject to the terms and conditions of this Policy. This coverage is effective only if this Policy is purchased before the Insured Person becomes aware of any circumstances which could lead to the disruption of the Insured Person's Journey.

Additional Definition

COVID-19 Specified Cause means

- a) The Insured Person or the Insured Person's Travel Companion is diagnosed with COVID-19 and confirmed by a Physician;
- b) the death of the Insured Person's Family Member or Travel Companion due to COVID-19 which resulted in the Insured Person cancelling the Journey; or
- c) The Insured Person or the Insured Person's Travel Companion serving a Compulsory Quarantine or stay home notice order from the government due to close contact with a positive COVID-19 carrier, and as a result missed the Scheduled Departure Date.

Once the Insured Person cancels the trip and a claim is made for travel cancellation under Section 36 – Travel Cancellation due to COVID-19, the policy will immediately end when the trip is cancelled.

In addition to Part 4 – General Exclusions, We will not pay under this Section for any of the following:

- a) any change of plans on the Insured Person's part or that of any other person to travel (except as a result of the COVID-19 Specified Cause);
- b) financial circumstances of the Insured Person's or a Family Member;
- c) any business or contractual obligations of the Insured Person or a Family Member;
- d) financial default (whether full or partial suspension of operations due to financial circumstances following a filing of bankruptcy) or failure to provide promised services by a person, agency, tour operator or organisation with whom the Insured Person has made the Insured Person's travel arrangements;
- e) any loss that is covered by any other existing insurance scheme, government programme or which will be paid or refunded by a hotel, carrier or travel agent or any other provide of travel and/or accommodation;
- f) any loss that will be paid, credited by a voucher or credit or refunded by a hotel, carrier or travel agent or any other provider of travel and/or accommodation;
- g) any claim due to any regulations or orders given by the government or relevant authority of any country or group of countries on border closures of a country (whether land, sea, airspace or designated striker control points); or
- h) any loss or compensation for any air miles, airline credits, store credits, vouchers, airline vouchers, frequent flyer points, credit card points or holiday points the Insured Person earned or used to pay for the Journey in part or in full.

Section 37 - Travel Curtailment due to COVID-19

What Is Covered

What Is Not

Covered

If, during the Period of Insurance, while the Insured Person is on a Journey, the Insured Person is forced to curtail or alter the itinerary of any part of a planned Journey, as the direct and necessary result of any of the COVID-19 Specified Cause (as defined in Section 36) which takes place during the Journey, We will pay the Insured Person in respect of Curtailment Expenses incurred up to the maximum Benefit specified in the Benefit Schedule, subject to the terms and conditions of this Policy. This coverage is effective only if this Policy is purchased before the Insured Person became aware of any circumstances which could lead to the disruption of a planned Journey.

Additional Definition

Curtailment Expenses mean:

- a) loss of deposits, advance payments for travel or accommodation or other charges (excluding cost of the original travel ticket for returning to the Country of Residence), which have not been and will not be used but become forfeited or payable under contract;
- b) any additional administrative expenses incurred where it is possible to amend the original travel ticket; and/or
- c) additional travel expenses (limited to economy return air travel) if it is not possible to amend the original travel ticket as confirmed by the carrier/travel operator and reasonable accommodation expenses resulting from Specified Cause (as defined in Section 36).

In addition to Part 4 – General Exclusions, We will not pay under this Section for any of the following:

- a) any change of plans on the Insured Person's part or that of any other person to travel (except as a result of the COVID-19 Specified Cause in Section 36);
- b) financial circumstances of the Insured Person's Family Member;
- c) any business or contractual obligations of the Insured Person or a Family Member:
- d) financial default (whether full or partial suspension of operations due to financial circumstances following a filing of bankruptcy) or failure to provide promised services by a person, agency, tour operator or organisation with whom the Insured Person has made the Insured Person's travel arrangements;
- e) any loss that is covered by any other existing insurance scheme, government programme or which will be paid or refunded by a hotel, carrier or travel agent or any other provide of travel and/or accommodation;
- f) any loss that will be paid, credited by a voucher or credit or refunded by a hotel, carrier or travel agent or any other provider of travel and/or accommodation;
- g) any claim due to any regulations or orders given by the government or relevant authority of any country or group of countries on border closures of a country (whether land, sea, airspace or designated striker control points); or
- h) any loss or compensation for any air miles airline credits, store credits, vouchers, airline vouchers, frequent flyer points, credit card points or holiday points the Insured Person earned or used to pay for the Journey in part or in full.

What Is Not Covered

Optional Add-On Benefit

*The Insured Person will not have any cover for the following benefits or for claims arising directly or indirectly from the Insured Person having booked or travel on a Cruise unless the Insured Person has purchased this cover as shown on the Insured Person's Certificate of Insurance.

Section 38 - Cruise Pack (applicable to Overseas Return Journey only)

a) Excursion Tour Cancellation

In the event that after the Insured Person has purchased the excursion tour and during the Journey, there is an unanticipated occurrence of:

- a Strike, Riot or Civil Commotion; or
- adverse weather; or
- Natural Disasters; or
- epidemic;

at the Destination of the scheduled excursion tour, and as a result that the management of the Cruise tour/excursion tour operator cancelled the excursion tour due to the events above; or the situation renders that the Cruise is unable to dock any port (including tender port) for the excursion tour; or

- The Insured Person's (or the Insured Person's Travel Companion's) Confinement in a Hospital outside Malaysia due to a direct and unavoidable result of Bodily Injury or Sickness during the Journey; or
- The Insured Person's (or the Insured Person's Travel Companion's) unexpected death.

What Is Covered

b) Excursion Tour Curtailment

In the event that the excursion tour is curtailed due to unanticipated occurrence of:

- a) adverse weather; or
- b) Natural Disasters;

in a Journey during the Period of Insurance, and as a result that the Insured Person must return directly to the Cruise.

c) Cruise Re-route

In the event that an unanticipated occurrence during a Journey outside Malaysia of:

- a Strike, Riot or Civil Commotion; or
- adverse weather; or
- Natural Disasters; or
- epidemic; or
- The Insured Person's (or the Insured Person's Travel Companion's) Confinement in a Hospital as a direct and unavoidable result of Bodily Injury or Sickness which prevents the Insured Person from boarding the scheduled Cruise tour or from arriving the scheduled Destination.

a) Where the Insured Person's loss is a result of the Insured Person's (or the Insured Person's Travel Companion's) Confinement due to Bodily Injury or Sickness, it must be certified by a Physician rendering that the Insured Person is unfit to travel or as being a danger to the Insured Person's life or health. b) Failure to obtain the certifications required by this condition precedent will **Additional** result in Us having no liability for the Insured Person's loss which may **Conditions** otherwise have been covered under this Section. Our total liability for all losses under this Section, during the Period of Insurance shall not exceed the Benefit amount as specified in the Benefit Schedule and according to the type of plan stated in the Insured Person's Certificate of Insurance. **Cancellation Expenses** mean loss of deposits, or charges for advance payments for travel or accommodation or other charges which have not been or will not be used, but which become forfeited or payable under contract. **Curtailment or Curtail** means cutting short the Journey by early return to the Cruise after arrival at the booked Destination Overseas as shown on the booking invoice or ticket. **Curtailment Expenses** mean: **Additional** loss of deposits, advance payments for accommodation or other charges **Definitions** (excluding cost of the original travel ticket for returning to the Cruise), which have not been and will not be used but become forfeited or payable under contract: ii) any additional administrative expenses incurred where it is possible to amend the original travel ticket; or iii) additional travel (limited to economy class fare) expenses if it is possible to amend the original travel ticket as confirmed by carrier/travel operator and reasonable accommodation expenses resulting from the reasons mentioned above. For Excursion Tour Cancellation, We will reimburse the Insured Person in respect of Cancellation Expenses up to the relevant Benefit amount as specified in the Benefit Schedule and according to the type of plan stated in the Insured Person's Certificate of Insurance, subject to the terms and conditions of this Policy: b) For Excursion Tour Curtailment, We will reimburse the Insured Person in respect of Curtailment Expenses incurred up to the relevant Benefit amount as specified in the Benefit Schedule and according to the type of plan stated in the Insured Person's Certificate of Insurance, subject to the terms and What We Will Pay conditions of this Policy. c) For Cruise Re-route, We will reimburse the reasonable additional one-way economy class transport expenses incurred by the Insured Person to enable the Insured Person to travel to the next scheduled Cruise boarding port/scheduled Destination, up to the relevant Benefit amount as specified in the Benefit Schedule and according to the type of plan stated in the Insured Person's Certificate of Insurance, subject to the terms and conditions of this Policy. Please refer to Part 4 – General Exclusions and Additional Exclusions under What Is Not Covered Sections 11 and 12.

This policy is underwritten by Chubb Insurance Malaysia Berhad

Registration Number: 197001000564 (9827-A)

Complaints

1. If the Insured Person has any complaints in relation to Our services and/or matters relating to this Policy, the Insured Person is advised to contact Us at:

Chubb Insurance Malaysia Berhad Registration Number: 197001000564 (9827-A) Wisma Chubb 38 Jalan Sultan Ismail 50250 Kuala Lumpur O +6 03 2058 3000 F +6 03 2058 3333 E Inquiries.MY@chubb.com

2. In the event the Insured Person is not satisfied with Our decision, the Insured Person can refer the matter to Financial Markets Ombudsman Service (FMOS) (formerly known as Ombudsman for Financial Services) or Bank Negara Malaysia. The Insured Person can contact them at:

PENGARAH

Jabatan LINK & Pejabat Wilayah Bank Negara Malaysia P.O. Box 10922 50929 Kuala Lumpur O 1 300 88 5465 F +6 03 2174 1515 E bnmtelelink@bnm.gov.my

Financial Markets Ombudsman Service (FMOS)
Company No: 200401025885
(formerly known as Ombudsman for Financial Services)
Level 14, Main Block, Menara Takaful Malaysia
No. 4, Jalan Sultan Sulaiman
50000 Kuala Lumpur
Tel: 03-2272 2811
Website: www.fmos.org.my

(for claim matters within FMOS' jurisdiction only)

Privacy Notice

In line with the Personal Data Protection Act 2010 ("PDPA"), we are required to inform you that the personal data you have provided to us or that is subsequently obtained by us from time to time, including your sensitive personal data such as details about your health or condition, if any ("Personal Data"), may be processed for the purpose of processing your insurance application/proposal, provision of insurance related products or services or any addition, alteration, variation, cancellation, renewal or reinstatement thereof, performing statistical/actuarial research or data study, promoting products and services and other related purposes (collectively, "Purpose"). The Personal Data is obtained when you fill up documents; liaise with us or our representatives; or give it to us or our representatives in person, over the telephone, through websites or from third parties you have consented to.

Although you are not obliged to provide us with your Personal Data, we will not be able to process your application for insurance cover or process your claim if you fail to provide all requested information.

Your Personal Data may be disclosed to our related company or any other company carrying on insurance or reinsurance related business, an intermediary, or a claims, investigation or other service provider and to any association, federation or similar organisation of insurance companies that exists or is formed from time to time for the Purpose or to fulfil some legal or regulatory function or is reasonably required in the interest of the insurance industry. In such instances, it will be done in compliance with the PDPA.

We may also disclose your Personal Data where such disclosure is required under the law, court orders or pursuant to guidelines issued by regulatory or other relevant authorities, if we reasonably believe that we have a lawful right to disclose your Personal Data to any third party or that we would have had your consent for such disclosure if you had known of the same, and/or if the disclosure is in the public interest.

Your Personal Data may also be transferred to our related companies and third party providers, which may be located outside Malaysia for the Purpose. In the event that we use external service providers, specific security and confidentiality safeguards have been put in place to ensure your privacy rights remain unaffected.

Where you have given us personal data that is of another individual ("**Data Subject**"), you must ensure that you have informed the Data Subject that you are providing the Data Subject's personal data to us, and have gotten the Data Subject's consent to do so. You must explain what is stated here to the Data Subject, and ensure he/she understands, agrees and authorises us to deal with his/her personal data according to what is stated here.

You may make inquiries, complaints, request for access to or correction of your Personal Data, or limit the processing of your Personal Data at any time hereafter by submitting such request to us at **Chubb Insurance Malaysia Berhad**, Registration No: 197001000564 (9827-A), Manager, Customer Service Unit, Wisma Chubb, 38 Jalan Sultan Ismail, 50250 Kuala Lumpur, Malaysia (Tel: 1800-88-2846 / E-mail: Inquiries.MY@Chubb.com).

By continuing to deal with us, you understand, agree and consent to the terms above with respect to the processing of your Personal Data.

Contact Us

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