

Golden Destinations Travel Safe

Travel Insurance

Policy Wording (Master Policy)

CHUBB®

Contents

Policy Schedule	3
Benefit Schedule	3
Important Information Regarding This Policy	6
Part 1 Interpretation.....	7
Part 2 Eligibility.....	12
Part 3 Scope And Limits Of Cover And Benefits	13
Part 4 General Exclusions.....	14
Part 5 Special Conditions	16
Part 6 General Conditions.....	17
Part 7 Benefits.....	20
Complaints	59
Privacy Notice	60

Policy Number : 1CP-821682

Policy Schedule

Policy Details

Name and Address of Policyholder	Ice Holidays Sdn Bhd Lot 346, 3 rd Floor Wisma New Asia, 57, Jalan Raja Chulan, 50200 Kuala Lumpur, Malaysia.
----------------------------------	--

Benefit Schedule

Benefits		Maximum Sum Insured (RM)		
		International		
Personal Accident		Zone 1	Zone 2	Zone 3
1	Accidental Death and Permanent Disablement - Per Adult - Per Child	350,000 75,000	350,000 75,000	350,000 75,000
2	Child Education Fund	10,000	10,000	10,000
3	Medical Expenses			
	a) <u>Due to Accident</u> - Up to age 69 years old - Above age 70 years old	600,000 300,000	600,000 300,000	600,000 300,000
	b) <u>Due to Sickness</u> - Up to age 69 years old - Above age 70 years old	500,000 200,000	500,000 200,000	500,000 200,000
	Follow-up Medical Expenses in Malaysia (up to 30 days, excess RM50)			
4	a) <u>Due to Accident</u> - Up to age 69 years old - Above age 70 years old	50,000 25,000	50,000 25,000	50,000 25,000
	b) <u>Due to Sickness</u> - Up to age 69 years old - Above age 70 years old	25,000 12,500	25,000 12,500	25,000 12,500
5	Daily Hospital Income (per day) Max coverage day - Up to age 69 years old - Above age 70 years old	60 days 300 per day 150 per day	60 days 300 per day 150 per day	60 days 300 per day 150 per day
6	Alternative Treatment	500	500	500
7	Compassionate Visit	10,000	10,000	10,000

8	Child Guard	10,000	10,000	10,000
9	Emergency Medical Evacuation & Repatriation	Unlimited	Unlimited	Unlimited
10	Repatriation of Mortal Remains (include burial & cremation expenses)	Unlimited	Unlimited	Unlimited
Travel Inconvenience				
11	Travel Cancellation - Postponement Expenses	50,000 500	50,000 500	50,000 500
12	Travel Curtailment	50,000	50,000	50,000
13	Travel Disruption	1,000	2,000	3,000
14	Loss or Damage of Personal Belongings & Baggage - Any one article limit - Portable computer - Max limit	500 1,500 5,000	500 1,500 5,000	500 1,500 5,000
15	Baggage Delay (Overseas) - Every 6 consecutive hours - Max limit - Per family limit Baggage Delay (Malaysia) - Every 6 consecutive hours - Max limit - Per family limit	200 800 2,400 200 600 -	300 900 2,700 200 600 -	400 1,200 3,600 200 600 -
16	Travel Delay (Overseas) - First 4 hours - Every 6 consecutive hours - Max limit	200 200 3,600	200 200 4,000	200 200 4,800
17	Loss or Damage of Travel Documents	7,500	7,500	7,500
18	Loss of Personal Money (<i>excess RM100</i>)	1,000	1,000	1,000
19	Fraudulent Use of Lost Credit Card	1,000	1,000	1,000
20	Travel Re-route - Every 6 consecutive hours - Max limit	200 600	200 1,000	200 1,200
21	Travel Overbook - Every 6 consecutive hours - Max limit	500 1,000	500 1,000	500 1,000
22	Travel Misconnection - Every 6 consecutive hours - Max limit	200 600	200 1,000	200 1,200
23	Missed Departure - Every 6 consecutive hours - Max limit	200 600	200 1,000	200 1,200

24	Personal Liability	1,000,000	1,000,000	1,000,000
25	Hijack Inconvenience - Every 24 consecutive hours - Max limit	400 800	400 800	400 800
26	Home Inconvenience Allowance - Any one article limit	3,000 500	3,000 500	3,000 500
27	Pet Care (per 24 hours)	50	50	50
28	Emergency Mobile Phone Charges	100	100	100
Others				
29	Terrorism Extension	Included	Included	Included
30	Chubb Assistance Benefits - 24-hours Telephone Access - Medical Assistance - Travel Assistance	Included	Included	Included
Benefits Extended to cover Covid-19				
31	Medical Expenses <u>Due to Sickness</u> - Up to age 69 years old - Above age 70 years old	450,000 450,000	450,000 450,000	450,000 450,000
32	Emergency Medical Evacuation & Repatriation	Unlimited	Unlimited	Unlimited
33	Repatriation of Mortal Remains	Unlimited	Unlimited	Unlimited
34	Daily Hospital Income (per day) Max. coverage day - Up to age 69 years old - Above age 70 years old	60 days 250 per day 100 per day	60 days 250 per day 100 per day	60 days 250 per day 100 per day
35	Travel Cancellation	50,000	50,000	50,000
36	Travel Curtailment	50,000	50,000	50,000
Optional : Add-On (with additional premium)				
37	Cruise Pack - Excursion Tour Cancellation - Excursion Tour Curtailment - Cruise Re-route - Missed Cruise (cancellation expenses)	50,000 50,000 1,000 50,000	50,000 50,000 1,000 50,000	50,000 50,000 1,000 50,000

Travel Insurance Policy

This Policy is issued to Ice Holidays Sdn. Bhd. as 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: 197001000564 (9827-A), of Wisma Chubb, 38, Jalan Sultan Ismail, 50250 Kuala Lumpur, Malaysia (hereinafter referred to as “Chubb”) has agreed to provide insurance cover to the customers of the Policyholder.

Each Insured Person will have the right to make claims on his/her own behalf against Chubb under the Financial Services Act 2013.

This Policy is underwritten by Chubb Insurance Malaysia Berhad. Chubb Insurance Malaysia Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

Important Information Regarding This Policy

1. The Policy
 - 1.1. 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 1-800-88-3226 Monday to Friday 8.30am to 5.15pm, excluding public holidays. The Insured Person or the Policyholder can also log on to www.chubb.com/my.
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 the Insured Person's 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.

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 Causes under Part 7 – Section 11.

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 Insured Person's legal unmarried dependent child(ren), including stepchild(ren) and/or legally adopted child(ren) who is/are at least of 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 or private car, 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.

Critical Medical Condition means a medical condition suffered by the Insured Person which is determined to be life-threatening by the Physician treating the Insured Person as a result of Bodily Injury or Sickness.

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 the Insured Person's Family Member.

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

Extreme Sports and Sporting Activities means any sports or sporting activities that present 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; winter activities like luge, bobsledding, ski or snow board jumping or stunts; bicycle, motor, air or sea craft speed trials or stunts; canoeing down rapids; cliff jumping; horse jumping; horse polo; and stunts. It 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/activity provider but always providing that the Insured Person is acting under the guidance and supervision of qualified guides and/or instructors of the tour operator/activity provider when carrying out such tourist activities.

Expedition means any journey to high risk, inaccessible and/or inhospitable locations including but not limited to privately organised kayaking trips around the coast of a country or trips to generally inaccessible interiors of a country or areas previously unexplored or uncharted, or trips undertaken for scientific, research or political purposes to such locations or trips to Antarctica or similar remote and inhospitable locations. It does not mean Mountaineering or Trekking and travel, outside of these previously given examples, provided by a recognised tour operator that are accessible to the general public without restrictions (other than general health or fitness warnings), but always providing that the Insured Person is acting under the guidance and supervision of qualified guides and/or instructors of the tour operator.

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, Guardian.

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 filing of a bankruptcy/liquidation petition.

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

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:

- a) operates primarily for the reception, care and medicare and treatment of sick, ailing or injured persons as in-patients;
- b) provides full-time nursing service by and under the supervision of a staff of Nurses;
- c) has a staff of one or more Physicians available at all times;
- d) maintains organized facilities for the medical diagnosis and treatment of such persons, and provides (where appropriate) facilities for major surgery within the confines of the establishment or in facilities controlled by the established; and

e) 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 person(s) named in the Certificate of Insurance who satisfies the eligibility requirements and with respect to whom premium has been paid.

Journey means any Overseas trip undertaken by the Insured Person within the Period of Insurance which is a return trip made by the Insured Person from Malaysia to a Destination and back, and shall commence on the later of the following:

- 12.00 a.m. on the commencement of the Period of Insurance; or
- twenty-four (24) hours prior to the Insured Person's scheduled departure time from Malaysia provided the Insured Person is in direct transit between Home and the Overseas departure point in Malaysia; or
- from the time the Insured Person leaves 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 Home for at least one (1) paid overnight stay, to commence the trip;

and shall terminate on the earlier of the following:

- 11.59 p.m. on the expiry date of the Period of Insurance specified in the Certificate of Insurance; or
- 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 Home or usual place of employment in Malaysia.
- the time the Insured Person returns Home or usual place of employment in Malaysia.

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 Bodily Injury or Sickness covered by this Policy.

Mountaineering or Trekking means the ascent or descent of a mountain (including mountain trekking) 3,000 meters above sea level 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, 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) consecutive days of the Accident in which such Bodily Injury was sustained, and:

- a) falls into one of the categories listed in the Table of Benefits under Section 1 of Part 7; and
- b) 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 the Insured Person's 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, or any of the Insured Person's 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, which is Ice Holidays Sdn. Bhd.

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

Pre-existing Conditions 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:

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

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 Bodily Injury or Sickness which causes the Insured Person to be Confined in a Hospital Overseas for more than five (5) consecutive days and certified in writing by a Physician. For the avoidance of doubt, Serious Sickness shall include any illness arising from COVID-19.

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. For the avoidance of doubt, Sickness shall include any illness arising from COVID-19.

Spouse means the Insured Person's legal spouse, as recognized under applicable Malaysian laws. 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.

Traditional Physician means a legally licensed traditional medicine practitioner (including an acupuncturist or bonesetter) or chiropractor or physiotherapist 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, or any of the Insured Person's Family Member.

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.

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, Bhutan 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 including Zone 1 (excluding USA, Canada, Middle East, Nepal, Tibet, Bhutan, Mongolia & Cuba)

Zone 3 : Worldwide (excluding Cuba)

Part 2 – Eligibility

1. To be eligible for cover under this Policy for the Journey:
 - a) the Insured Person must be a customer of the Policyholder;
 - b) the Insured Person, who is an adult must be at least eighteen (18) years of age on the commencement of the Period of Insurance; and

- c) the Insured Person, who is a child, must be at least thirty (30) days of age and not more 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.
2. In the event that the Insured Person is a child below the age of eighteen (18) years old at the date of purchasing this Policy, this contract of insurance is entered into with Us by the child's Guardian on the child's behalf.
3. This Policy must be purchased before the start of the Journey.

Part 3 – Scope and Limits Of Cover And Benefits

Section 1 - Commencement of Coverage

- 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.
- 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 Journey.

For all other Sections, Coverage commences upon commencement of the planned 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(s) ceasing to satisfy any of the eligibility requirements set out herein;
 - iii) Upon the Insured Person's death; or
 - iv) Upon the termination of a Journey.
2. Subject to clause 1 (Section 2) above, unless otherwise provided in an appropriate endorsement, the Insured Person shall only be covered 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.
3. 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 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 :

Cruise Pack: If the Insured Person is going on a Cruise during the Journey, the Insured Person will need to select this benefit pack to include cover for all claims related to the Cruise.

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 Journey within the Period of Insurance, as a result of:
 - a) the Insured Person's Critical Medical Condition; or
 - b) the scheduled Common Carrier in which the Insured Person is traveling being unavoidably delayed due to Strike or industrial actions, adverse weather conditions or mechanical

breakdown/derangement of the Common Carrier or due to grounding of an aircraft as a result of mechanical or structural defect;

the Period of Insurance shall be automatically extended for up to a period of fourteen (14) days without additional premium for the Journey.

2. In the event that the Insured Person and the Travel Companion are being prevented from completing the return leg of a Journey within the Period of Insurance as a result of him/her being Confined in a Hospital Overseas at the expiry of the Policy whilst during the Journey, the Period of Insurance shall be automatically extended for up to thirty (30) days without additional premium.

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 2 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 the Insured Person's executors, administrators, legal heirs or personal representatives;
14. Loss resulting directly or indirectly 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 the Insured Person's 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 professional diving, oil-rigging, mining or aerial photography or handling of explosive or loss of or damage to hired or leased equipment, overseas secondment as part of the Insured Person's occupation or working holiday makers visa;
19. A Journey for Insured Person who is a student studying overseas (full period or short period);
20. 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 Affairs 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 its outbreak;
21. 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;
22. Consequential loss or damage of any kind;
23. Any losses caused by terrorist attacks by nuclear, chemical and/or biological substances;
24. The Insured Person's direct participation in any Act of Terrorism;
25. The Insured Person riding/driving without a valid driving license;
26. We will not (under any Sections) pay for claims arising directly or indirectly from any losses or expenses with respect to Cuba; or
27. The Insured Person participating or engaging in:
 - a) Extreme Sports and Sporting Activities;
 - b) competition sports;
 - c) any professional sports or any sport in which the Insured Person would or could earn or receive remuneration, donation, sponsorship or financial rewards of any kind;
 - d) racing other than on foot;
 - e) Expeditions;

- f) hunting trips and safaris that are not provided by a licensed commercial operator;
- g) off-piste skiing/snowboarding;
- h) white water rafting grade 4 or above;
- i) sailing outside of territorial waters;
- j) scuba diving unless the Insured Person holds a PADI certification (or similar recognised qualification) or the Insured Person is diving with a qualified instructor. In these situations, the maximum depth that We will cover is as specified under the Insured Person's PADI certification (or similar recognised qualification) but no deeper than thirty (30) meters and the Insured Person must not be diving alone;
- k) motorcycling unless the Insured Person or the person in control of the motorcycle holds a current and valid motorcycle license for the country the motorcycle is being operated in; or
- l) Mountaineering or Trekking.

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 – 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 2 – Cancellation

- a) We may cancel the Policy by giving the Policyholder at least one (1) month's prior notice in writing to the latest address on file (“**Insurer Notice Period**”). During the Insurer Notice Period, the Policyholder shall cease to make available any new Coverage(s) to other eligible customers of the Policyholder under the Policy. In the event of such cancellation, all the Coverage(s) which were in place prior to the Insurer Notice Period shall continue until the expiry of their respective Period(s) of Insurance.
- b) The Policyholder may cancel this Policy at any time by giving Us at least one (1) month's prior written notice (“**Policyholder's Notice Period**”). During the Policyholder's Notice Period, the Policyholder shall cease to extend any new Coverage(s) to other customers of the Policyholder under the Policy. In the event of such cancellation, all the Coverage(s) which were in place prior to the Policyholder's Notice Period shall continue until the expiry of their respective Period(s) of Insurance.

- c) 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 written notice, delivered through electronic communication or mailed to the last address as shown in Our records, provided that the Journey has not commenced. Such cancellation shall be without prejudice to any claims in respect of any event which is covered under the Policy occurring prior to the cancellation notice. We will only refund the premium paid without interest, provided that no claim has arisen.
- d) The Insured Person may cancel the Coverage (including Coverage for all Insured Person under the same Certificate of Insurance) under this Policy at any time by giving written notice to Us, provided that the Journey has not commenced. Such cancellation shall be without prejudice to any claims in respect of any event which is covered under the Policy occurring prior to the cancellation notice. We will only refund the premium paid without interest, provided that 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, 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 affected) on or before the commencement date referred to above, then the Coverage, 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, 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 or Claimant and in so far as they relate to anything to be done or complied with by the Insured Person or Claimant 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 or varied 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 notify Us 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 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 Guardian who had purchased the Coverage.

As part of the notification, the Claimant must:

- a) complete and submit an e-claim form;
- 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 at:

<https://ap.studio.chubb.com/myaccount/my/default/default/default/en-MY>

We may have the Insured Person(s) 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.

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 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 constitutes full and final discharge in respect of the claims.

9. Interpretation

This Policy, including the application, Certificate of Insurance, endorsement, 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.

10. 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.

11. Right of Defence

We shall be allowed to conduct in the Insured Person's name and on the Insured Person's behalf the defense or settlement of any legal action covered under this Policy.

12. Multiple Policies

The Insured Person can only be covered under one (1) 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.

13. Subrogation

If We shall become liable to make any payment under this Policy, We shall be subrogated to the extent of such payment to all the Insured Person's and/or the Policyholder's rights and remedies against any party and shall be entitled at Our own expense to sue in the Insured Person's and/or the Policyholder's name. The Insured Person and/or the Policyholder shall give or cause to be given to Us all such assistance in his/her/its power as We shall require to secure the rights and remedies and at Our request shall execute or cause to be executed all documents necessary to enable Us to effectively bring the suit in the Insured Person's and/or the Policyholder's name

14. 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.

15. Jurisdiction

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

16. 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.

17. Governing Law

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

18. Interest

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

19. 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.

20. Clerical Error

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

21. 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(s) 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(s) 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(s).

Part 7 – Benefits

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

- i) Section 11 Travel Cancellation; Cancellation Expenses or Postponement Expenses;
- ii) Section 14 or 15;
- iii) Sections 16 or 20 or 21 or 22 or 23.

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 below. 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 Claimant, 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

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 , and the Insured Person has Child(ren) .
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

What Is Covered	If, during the Period of Insurance, whilst the Insured Person is on a Journey, the Insured Person incurs Medical Expenses Overseas as a direct result of Bodily Injury or Sickness, or Dental Expenses as a direct result of Bodily Injury.
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. - 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 subject to the terms and the maximum relevant Benefit amount specified under Section 4. 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. - The maximum amount of the relevant Benefit payable under this Section shall be the respective amount specified in the Benefit Schedule. 4. If the Insured Person is above the age of seventy (70) 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.

Additional Definitions	Home Country means any country of which the Insured Person is a citizen or a permanent resident and excludes Malaysia.
What We Will Pay	- For Medical Expenses, only the medical, hospital, surgical treatment necessarily incurred as a direct result of Bodily Injury or Sickness contracted by the Insured Person during the Period of Insurance. The treatment must be given by a Physician. - 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.
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: - any expenses incurred for prostheses, contact lenses, spectacles, hearing aids, dentures or medical equipment; - any expenses relating to any treatment not prescribed by a Physician or Dentist (as the case may be); - any expenses incurred in relation to traditional treatment or treatment by a Traditional Physician; 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; - 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; - any further expenses incurred by the Insured Person if We wish to return the Insured Person to Malaysia but the Insured Person refuse (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); - any treatment obtained in the Insured Person's Home Country, unless specifically provided for under this Policy; or - any Bodily Injury or Sickness that occurred before the commencement of the Insured Person's Journey.

Section 4 – Follow-up Medical Expenses in Malaysia

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: - which has resulted in a valid claim for Medical Expenses or Dental Expenses under Section 3, and necessarily incurs Medical Expenses or Dental Expenses prescribed by a Physician in Malaysia within thirty (30) days after the end of the Journey as a direct result of such Bodily Injury or Sickness; - 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 or a Dentist in Malaysia within thirty (30) days after the end of the 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 or Dentist in Malaysia as a direct result of such Bodily Injury or Sickness within twenty-four (24) hours after the end of the Overseas Journey; and an excess of RM50.00 will be deducted for each and every medical bill, receipt and invoice.
------------------------	--

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. If the Insured Person is above the age of seventy (70) 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.
What We Will Pay	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: - 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; - Any expenses incurred for prostheses, contact lenses, spectacles, hearing aids, dentures or medical equipment; - Any expenses relating to any treatment not prescribed by a Physician or Dentist; or - Any expenses incurred in relation to traditional treatment or treatment by a Traditional Physician.

Section 5 – Daily Hospital Income

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 Overseas as a direct result of Bodily Injury or Sickness.
Additional Conditions	- Confinement must occur within thirty (30) days of the Accident causing the relevant Bodily Injury or Sickness first being sustained. - Confinement must be considered medically necessary by a Physician in his professional capacity. If the Insured Person is above the age of seventy (70) years at the time of commencement of such Confinement, the daily Benefit amount payable shall be limited to the respective amount 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: 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; or c. no Benefit will be payable if such Confinement is not covered under Section 3.
----------------------------	---

Section 6 – Alternative Treatment

What Is Covered	If, during the Period of Insurance, whilst the Insured Person is on a Journey, the Insured Person has sought treatment from a Traditional Physician Overseas 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 that 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 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.

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: 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.
------------------------	---

Additional Conditions	The Claimant 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	We will indemnify: i) for Bodily Injury or Sickness which results in Death : the travel expenses (economy return travel ticket) and ordinary room accommodation expenses in any reasonable Overseas hotel, necessarily incurred for one (1) Family Member, 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; or ii) for Serious Bodily Injury or Serious Sickness : the travel expenses (economy return travel ticket) and ordinary room accommodation expenses in any reasonable Overseas hotel, necessarily incurred for one (1) Family Member, 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, 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.
What We Will Pay	We will indemnify the travel expenses (economy return travel ticket) and ordinary room accommodation expenses in any reasonable Overseas hotel 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 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, 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.
Additional Conditions	1. Chubb Assistance must be promptly informed of any potential claims for Medical Evacuation Expenses. 2. 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. 3. 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. 4. 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. 5. 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. 6. The Insured Person hereby agree 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. 7. 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.
Additional Definitions	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.

What We Will Pay	1. 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 Certificate of Insurance, subject to the terms and conditions of this Policy. 2. 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 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. 3. 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.
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. 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; b. 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; c. any treatment performed or ordered by a person who is not a Physician; or d. any expenses incurred if the Insured Person is not suffering from a Critical Medical Condition or if the treatment that can be reasonably delayed until the Insured Person returns to the Insured Person's Home (as may be relevant).

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, 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.
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	1. 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. 2. 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: 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 or the Journey; b. any expenses incurred for the transportation of the Insured Person's remains not approved and arranged by Chubb Assistance or its authorised representative; or c. any expenses related to religious ceremonies or rites and/or burial plots.

Section 11 – Travel Cancellation

What Is Covered	If the Insured Person is forced to cancel or postpone the Insured Person's 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 becomes aware of any circumstances which could lead to the disruption of the Journey. Specified Causes: a) The Insured Person's Death; b) The Insured Person sustaining Bodily Injury or becoming ill, 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 of the Insured Person's Family Member or Travel Companion necessitating him/her to be Confined to a Hospital; e) The Insured Person or the Travel Companion is 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 at the planned Destination; 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 prevents the Insured Person from commencing the Journey.
Additional Definitions	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. Postponement Expenses mean the resulting administrative 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 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.

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. changes in plans by the Insured Person or a Family Member or Travel Companion for any reason;
- b. the Insured Person's financial circumstances or a Family Member or Travel Companion;
- c. any business, financial or contractual obligations of the Insured Person or a Family Member or Travel Companion;
- d. Financial Default by the person, agency, airline or tour operator with whom the Insured Person made the 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 provider of travel and/or accommodation;
- f. any government regulation, act or prohibition;
- g. Carrier caused cancellation unless they are the result of matters stated under Specified Cause (f) above;
- h. 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;
- i. 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;
- j. 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;
- k. 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;
- l. 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;
- m. any loss or compensation for any air miles, frequent flyer points, or holiday points the Insured Person earned or used to pay for the Journey in part or in full; or
- n. Insolvency of airlines and travel agents.

Section 12 – Travel Curtailment

What Is Covered	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 has 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 Journey. Specified Causes: a) The Insured Person suffering Serious Bodily Injury or Serious Sickness 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 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 of a Family Member in Malaysia which requires Hospital Confinement for more than five (5) consecutive days; 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.
Additional Definitions	Curtailment or Curtail means cutting short 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 possible to amend the original travel ticket as confirmed by carrier/travel operator and reasonable accommodation expenses resulting from the reasons mentioned above.

What We Will Pay	1. 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 Certificate of Insurance, subject to the terms and conditions of this Policy. 2. If the Curtailment Expenses that were claimed relate to travel tickets, the reimbursement will only be on the unused portion of the travel tickets. 3. 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.
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. changes in plans by the Insured Person or a Family Member or Travel Companion for any reason; b. the Insured Person's financial circumstances or a Family Member or Travel Companion; c. any business, financial or contractual obligations of the Insured Person or a Family Member or Travel Companion; d. Financial Default by the person, agency, airline or tour operator with whom the Insured Person made the 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 provider of travel and/or accommodation; f. any government regulation, act or prohibition; g. 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; h. 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; i. 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; j. 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; or k. any loss or compensation for any air miles, frequent flyer points, or holiday points the Insured Person earned or used to pay for the Journey in part or in full.

Section 13 – Travel Disruption

What Is Covered	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 has 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 planned Journey. Specified Causes: a) Natural Disasters; b) Epidemic or pandemic as declared by the World Health Organization (WHO); c) Strike, Riot or Civil Commotion resulting in cancellation of scheduled Common Carrier services or in a relevant government warning against non-essential travel; d) Major industrial accident; or e) Any event leading to airspace or multiple airport closures.
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. 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 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: - changes in plans by the Insured Person or a Family Member or Travel Companion for any reason; - the Insured Person's financial circumstances or a Family Member or Travel Companion; - any business, financial or contractual obligations of the Insured Person or a Family Member or Travel Companion; - Financial Default by the person, agency, airline or tour operator with whom the Insured Person made the travel arrangements; - 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; - any government regulation, act or prohibition; - 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; - 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; - 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; - 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; or - any loss or compensation for any air miles, frequent flyer points, or holiday points that the Insured Person earned or used to pay for the Journey in part or in full.
----------------------------	--

Section 14 – Loss or Damage of Personal Belongings and Baggage	
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 resulting in loss of use of the Insured Person's Personal Property, Baggage and Money kept on the Insured Person due to robbery, burglary, theft or by force, violence or threat of violence.
Additional Conditions	- The loss or damage must be reported to the police or relevant authority having jurisdiction where the loss or damage occurred within twenty-four (24) hours from the incident. Any claims for indemnity under this Section must be accompanied by a copy of a police report or a report issued by the relevant authority evidencing such a loss or damage. - 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. - 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 Definitions	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. 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. Money means cash, coins, bank notes, postal or money orders or signed travellers' cheques. 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.
What We Will Pay	1. 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 Certificate of Insurance, subject to the terms and conditions of this Policy. 2. 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; ii) the Benefit amount specified for cameras and camcorders as specified in the Benefit Schedule; or iii) the Benefit amount specified for Portable Computers as specified in the Benefit Schedule. 3. 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. 4. 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.

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. 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;
- b. 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;
- c. loss or damage of property/baggage/money resulting directly or indirectly 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;
- d. loss or damage of property/baggage/money from confiscation or retention by customs or other officials or government authority;
- e. 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;
- f. loss or damage of watches and Portable Computers not carried as hand-carried baggage and kept under the Insured Person's supervision;
- g. damage or breakages of fragile or brittle articles;
- h. loss of data recorded on tapes, cards, discs or otherwise, including the cost of reproducing the data;
- i. 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;
- j. 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;
- k. 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;
- l. loss or damage to property/baggage due to defective materials or craftsmanship;
- m. loss of or damage to property/baggage/money left unattended in a Public Place;
- n. loss of or damage to property/baggage/money left unattended in any motor vehicle (unless stored in the locked boot or compartment);
- o. mysterious disappearance of property/baggage/money;
- p. devaluation of currency or shortage due to errors or omissions during any transactions involving money;
- q. loss of postal money orders or travellers' cheques not immediately reported to the local branch or agent of the issuing authority;
- r. loss or damage due to animals, insects or rodents;
- s. scratches or dents to property/baggage; or
- t. 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;
- iv) tickets;

- 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);
- 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; or
- xix) Jewellery and watches.

Section 15 – 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 three (3) hours of the Insured Person's arrival at the scheduled Destination Overseas or arrival in Malaysia on the return Journey.
What We Will Pay	1. 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. 2. For Overseas 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. 3. The total amount of Benefit for a Journey that is payable under this Section for each Insured Person (for baggage delay upon arriving the Overseas Destination and/or upon returning to Malaysia, as the case may be) shall be up to the maximum of the relevant 'Overseas' or 'Malaysia' Benefit amount specified in the Benefit Schedule. 4. 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. 5. 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; or - Baggage delay which the Insured Person and/or anyone else has received compensation from the operators of the Common Carrier in which the Insured Person was traveling.
----------------------------	--

Section 16 – Travel Delay

What Is Covered	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 the first four (4) hours, and every subsequently six (6) hours thereafter, at any single Destination Overseas, from the time specified in the itinerary supplied to the Insured Person due to: - Strike or industrial action; - adverse weather conditions; - mechanical breakdown/derangement of the Common Carrier; - grounding of the Common Carrier as a result of mechanical or structural defect; - Natural Disasters; or - any event leading to airspace restrictions or airport closure; or - any other operational reasons at the departure airport.
What We Will Pay	- We will pay the Insured Person the relevant Benefit amount specified in the Benefit Schedule for the first four (4) hours of delay, and subsequently for every six (6) consecutive hours thereafter, 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) as well as the number of hours delayed and the reason for the delay. - 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 and provided the Insured Person has performed check-in by the check-in time and has received the boarding pass in accordance with the original itinerary as advised by the operator(s) of the Common Carrier or their handling agent(s).

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 to check-in according to the itinerary supplied to the Insured Person; - Strike or industrial action existing on the date the Insured Person applied for cover under this Policy; - 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); - Failure of public transport services arising from Strike or industrial action which commenced or was announced before the commencement of the Journey; - 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; or - Any delay which the Insured Person have been made aware of twenty-four (24) hours prior to the original scheduled departure stated in the Insured Person's ticket or travel itinerary; - Government regulations and orders, the closure of borders or airspace, lockdowns and other restrictions on movement of people; or - The use or operation, as a means for inflicting harm, of any computer, computer system, computer software programme, malicious code, computer virus or process or any other electronic system.
----------------------------	---

Section 17 – Loss or Damage of Travel Documents	
What Is Covered	If, during the Period of Insurance, whilst the Insured Person is on a Journey, the Insured Person sustains loss of the Insured Person's Travel Documents due to robbery, burglary, 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, visa or travel tickets.

What We Will Pay	- We will reimburse the Insured Person in respect of : - the replacement cost of such Travel Documents whilst Overseas; - additional and reasonable expenses incurred Overseas for ordinary room accommodation expenses in any reasonable hotel, which becomes necessary due to the Insured Person not being able to continue the Insured Person's Journey without such lost Travel Documents; and - additional, reasonable and necessary travel expenses incurred at the place Overseas where the Insured Person's Travel Documents were lost, up to the relevant Benefit amount as specified in the Benefit Schedule and according to the type of plan stated in the Certificate of Insurance, subject to the terms and conditions of this Policy. - If the loss of the Insured Person's Travel Documents referred to above is a travel ticket, We will only reimburse the Insured Person in respect of administrative charges incurred to replace such lost travel ticket, up to RM500, and 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 unexplained loss, or loss due to confiscation or detention by customs or any other authority; - 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; - Loss 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; - Loss due to animals, insects or rodents; or - Any replacement costs of such Travel Documents after returning Home.

Section 18 – Loss of Personal Money

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 himself/herself due to burglary, robbery, 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. An excess of RM100.00 will be deducted for each and every claim.
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; - 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 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: - devaluation of currency or shortage due to errors or omissions during any transactions involving money; - any unexplained loss or damage, or loss or damage due to confiscation or detention by customs or any other authority; - 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; - Loss of postal money orders or travelers' cheques not immediately reported to the local branch or agent of the issuing authority; - 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; or - loss or damage due to animals, insects or rodents.

Section 19 – Fraudulent Use of Lost Credit Card

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.
Additional Conditions	- 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. - 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 (defined in Section 17). - 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 stated in the Certificate of Insurance, subject to the terms and conditions of this Policy.
What Is Not Covered	Please refer to Part 4 – General Exclusions.

Section 20 – Travel Re-Route

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 due to adverse weather conditions.
What We Will Pay	1. 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. 2. 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. 3. 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. 4. 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. 5. This Benefit is payable only once for each Journey out of Malaysia.
What Is Not Covered	Please refer to Part 4 – General Exclusions

Section 21 – Travel Overbook

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 are 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	1. 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. 2. The travel overbooked details must be confirmed in writing by the operator(s) of the Common Carrier or their handling agent(s). 3. 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. 4. This Benefit is payable only once for each Journey out of Malaysia.
What Is Not Covered	Please refer to Part 4 – General Exclusions

Section 22 – Travel Misconnection

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	1. 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. 2. 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 23 – Missed Departure

What Is Covered	If, during the Insured Person's Journey, the Insured Person missed the Insured Person's departure at a Destination country as a result of mechanical breakdown of public transport services that 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); or - 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 – 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: - Accidental Death or Bodily Injury to any third party; or - Accidental Property Damage to property of third party, that occurred during the Insured Person's Journey.
------------------------	--

Additional Conditions	1. 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. 2. 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 agree 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. 3. 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 Certificate of Insurance subject to the terms and conditions of this Policy. Subject to the Benefit Amount specified in the Benefit Schedule, 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; and 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 Damage 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 wilful, 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 molestation, corporal punishment, physical or mental abuse; - pollution which includes the alleged or potential introduction of substance which makes the environment impure or harmful; - the influence of intoxicants; or - riding or driving in races or rallies.
----------------------------	--

Section 25 – Hijack Inconvenience	
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) consecutive hours.
Additional Conditions	- 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. - 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 every 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 26 – Home Inconvenience Allowance

What Is Covered	If, during the Period of Insurance, whilst the Insured Person is on an Overseas 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	1. We will only pay the Insured Person up to the maximum 'single article limit' amount as specified in the Benefit Schedule stated in the Certificate of Insurance, for any one article or pair or set of articles. 2. 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. 3. 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 the Insured Person's household goods, personal effects and possessions.
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 wilful 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; or k. loss or damage insured under any other insurance policy, or reimbursed by any other party.
----------------------------	---

Section 27 – Pet Care

What Is Covered	If, during the Period of Insurance, whilst the Insured Person is prevented from completing the return leg of the Journey, as a result of a travel delay which has resulted in a valid claim under Section 16, 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 28 – Emergency Mobile Phone Charges

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, incur 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.
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 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: a. telephone calls made via standard land line; or b. public telephone using international calling card.

Section 29 – 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 30 – Chubb Assistance Benefits

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

1. **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.
2. **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 Physician for Treatment**
Chubb Assistance will assist the Insured Person to arrange for appointments with general practitioners or specialized Physician.
3. **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 is 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 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 31 – 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 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 a Traditional 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 32 – Emergency Medical Evacuation & Repatriation due to COVID-19

What Is Covered	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. 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 he/she 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 is 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.
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; or d. any expenses incurred in relation to treatment that can be reasonably delayed until the Insured Person's return to Malaysia.

Section 33 – Repatriation of Mortal Remains due to COVID-19

What Is Covered	If, during the Period of Insurance, whilst 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 (defined in Section 3). 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 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; or d. any expenses incurred in relation to treatment that can be reasonably delayed until the Insured Person's return to Malaysia.

Section 34 – Daily Hospital Income due to COVID-19

What Is Covered	1. If, during the Period of Insurance, whilst 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. 2. 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. 3. 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; or b. first forty-eight (48) hours of the Confinement.
Section 35 – 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 Causes, occurring within fifteen (15) 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 Causes means: a) the Insured Person or the 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 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 this Section 35, the policy will immediately end when the trip is cancelled.
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 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 Causes); b. the Insured Person’s financial circumstances 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 provider 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 strike control points); or h. compensation for any air miles or holiday points that the Insured Person has used to pay for the Overseas Journey in part or in full.

Section 36 – Travel Curtailment 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 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 Causes (as defined in Section 35) 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 becomes aware of any circumstances which could lead to the disruption of a planned Journey.
Additional Definition	Curtailment Expenses means: 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 Causes (as defined in Section 35).
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 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 Causes in Section 35); b. the Insured Person's financial circumstances 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 provider 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 strike control points); or h. compensation for any air miles or holiday points that the Insured Person has used to pay for the Overseas Journey in part or in full.

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 travelled on a Cruise unless the Insured Person has purchased this cover as shown on the Certificate of Insurance.*

Section 37 – Cruise Pack

What Is Covered

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:

- i) a Strike, Riot or Civil Commotion; or
- ii) adverse weather; or
- iii) Natural Disasters; or
- iv) 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 (or the 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 Travel Companion's) unexpected death.

b) Excursion Tour Curtailment

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

- i) adverse weather; or
- ii) 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:

- i) a Strike, Riot or Civil Commotion; or
- ii) adverse weather; or
- iii) Natural Disasters; or
- iv) epidemic; or

- v) the Insured Person's (or the 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.

d) Missed Cruise

In the event that the Insured Person has missed the Cruise due to:

- i) the departure of the Common Carrier services in which the Insured Person had arranged to travel is delayed for at least six (6) consecutive hours; or

	ii) cancellation of the Scheduled Common Carrier services which is beyond the Insured Person's control; or iii) Common Carrier is involved in road Accident which has caused the delay in arrival, resulting in the Insured Person not being able to board the Cruise.
Additional Conditions	a) Where the Insured Person's loss is a result of the Insured Person (or the 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 result in Us having no liability for the Insured Person's loss which may otherwise have been covered under this Section. c) 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 Certificate of Insurance.
Additional Definitions	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: loss of deposits, advance payments for accommodation or other charges (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; i) any additional administrative expenses incurred where it is possible to amend the original travel ticket; or ii) 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.

What We Will Pay	a) 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 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 Certificate of Insurance, subject to the terms and 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 Certificate of Insurance, subject to the terms and conditions of this Policy. d) For Missed Cruise, We will reimburse the Cancellation Expenses incurred for the Cruise package up to the relevant Benefit amount as specified in the Benefit Schedule and according to the type of plan stated in the Certificate of Insurance, subject to the terms and conditions of this Policy. 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 Is Not Covered	Please refer to Part 4 – General Exclusions and Additional Exclusions under Sections 11 and 12.

Complaints

1. If the Insured Person have any complaints in relation to Our services and/or matters relating to this Policy, the Insured Person are 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 are not satisfied with Our decision, the Insured Person can refer the matter to Ombudsman for Financial Services (“OFS”) 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
Ombudsman for Financial Services Level 14 Main Block
Menara Takaful Malaysia
No. 4, Jalan Sultan Sulaiman 50000 Kuala Lumpur.
O +6 03 2272 2811
F +6 032272 1577
E enquiry@ofs.org.my (for claim matters within OFS’s 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: 1800-88-3226 / 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.

About Chubb

Chubb is the world's largest publicly traded property and casualty insurer. With operations in 54 countries and territories, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. The company is also defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb maintains executive offices in Zurich, New York, London, Paris and other locations, and employs more than 30,000 people worldwide.

Chubb's operation in Malaysia (Chubb Insurance Malaysia Berhad) provides a comprehensive range of general insurance solutions for individuals, families and businesses, both large and small through a multitude of distribution channels. With a strong underwriting culture, the company offers responsive service and market leadership built on financial strength. Chubb in Malaysia has an extensive branch network and more than 2,600 independent distribution partners (agents).

Contact Us

Chubb Insurance Malaysia Berhad
Registration Number : 197001000564
(9827-A)
(Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia)
Wisma Chubb
Jalan Sultan Ismail
50250 Kuala Lumpur
Malaysia
O +6 03 2058 3000
F +6 03 2058 3333
www.chubb.com/my