

TRAVEL LITE

PERIOD OF INSURANCE : COMMENCEMENT AND TERMINATION OF COVERAGE

This policy is effective during the policy period specified in the schedule. Cover takes effect within five hours from the time the Insured leaves his place of work or residence with the intention of commencing the intended travel as per declared itinerary with the Company with the date stated in the Schedule, unless otherwise stated in each respective benefit. All coverage under this policy expires on whichever of the following occurs first:

- a) the expiry of the policy period specified in the schedule;
- b) the Insured's return to his/her place of residence or employment, whichever occurs first;
- c) within five (5) hours after the scheduled time of arrival.

SCOPE OF COVERAGE:

This policy shall cover the Insured:

- a) while anywhere outside the Philippines
- b) while traveling as a fare paying passenger onboard any type of conveyance while outside the Philippines
- c) while onboard any aircraft, as a fare paying passenger, within the Philippines
- d) while on travel of at least one hundred (100) miles away from registered place of residence.

1. Personal Accident coverage enumerated below:

- a) **Accidental Death**
Provides indemnity to the Insured/s for loss of life arising from an accident. The term "accident" for the purpose of this insurance shall be understood to mean a sudden, unforeseen, violent and external event that result to visible bodily injury or loss of life.
- b) **Total Permanent Disability (accidental cause)**
Provides lump sum benefit if the insured, due to accident, is unable to engage in any occupation or employment for compensation or profit for which he is qualified by reason of his training, education or experience.
- c) **Disablement /Dismemberment (accidental injury)**
Subject to the Schedule of Benefits, the policy will provide compensation (i) for loss of limbs or body parts or (ii) incapacity to move or use limbs or body parts (e.g. blindness, crippling, etc.)
- d) **Medical Reimbursement (accidental injuries)**
Provides reimbursement for actual expenses incurred (but not to exceed the amount stated in the policy) irrecoverable from any other means for treatment of injuries sustained in an accident.

e) **Burial Expense Benefit (following accidental death)**

In the event of accidental death of the insured, the company shall provide financial assistance to the beneficiaries of the Insured for burial expenses, up to the amount stated in the Schedule of Cover.

f) **Daily Hospital Income Benefit (accident and sickness)**

If within the policy period, the Insured while on travel is necessarily confined in a hospital due to accident and sickness, the Company will pay the Insured, for every day of confinement, the amount stated in the Schedule of Benefits. Confinement must be in excess of twenty four (24) hours but not to exceed the number of days provided under the Schedule.

Exclusions specific to Coverage 1(f) – Daily Hospital Income Benefit

- i. Congenital conditions of all kinds and hernias unless caused by trauma during the period of insurance.
- ii. Psychotic, mental or nervous disorders (including any neuroses and their physiological or psychosomatic manifestations).
- iii. Convalescent or rehabilitation care.
- iv. Any and all conditions arising from surgical, mechanical or chemical methods of birth control and any and all conditions or treatment pertaining to infertility.
- v. Communication and transportation expenses other than medically necessary telecommunications and local ambulance/transportation services
- vi. Treatment or service other than on the recommendation of a physician.
- vii. Any sickness or injury due to traveling contrary to doctor's advice.
- viii. Pre-existing medical or physical condition(s) or any conditions arising from, or contributed to by such pre-existing medical and physical conditions.
- ix. Any treatment for sickness or injury on travel arranged primarily for the purpose of obtaining medical treatment.
- x. Non-emergency treatment, routine care/examinations or health check-ups not incidental to the treatment or diagnosis of suspected sickness or injury sustained during the period of insurance.
- xi. Care or treatment for which payment is not required or which is payable by any other insurance or indemnity covering the insured.
- xii. Dental care and treatment, except as necessitated by accidental injuries to sound natural teeth occurring during the Period of Insurance.
- xiii. Charges in respect of special and private nursing except in the event of a medical evacuation being necessary.
- xiv. Cosmetic surgery, eyeglasses and refraction or hearing aids, and prescriptions therefore except as necessitated by injuries occurring during the Period of Insurance.
- xv. The use of any drug (except as medically prescribed but excluding drug addiction) or being under the influence of intoxicating liquor.
- xvi. Pregnancy resulting childbirth, miscarriage or diseases of the female reproductive system;
- xvii. Routine physical or any other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic of X-ray examinations except in the course of a disability established by the prior call or attendance of a physical;
- xviii. Intentionally self-inflicted injury or suicide whether sane or insane, or any attempt thereat;
- xix. Sickness or disease occasioned by war, war-like operations, civil commotion, strike, civil war, revolution, rebellion, sabotage, terrorism, service in the armed forces;

- xx. Sickness or disease as a direct result of, in connection with, or arising from radiation and nuclear activity;
- xxi. Treatment or surgery for tonsils, adenoid, hernia unless the person undergoing such treatment or surgery has been continuously covered under this policy for period of 120 days immediately preceding such treatment or surgery;
- xxii. Venereal diseases;
- xxiii. Acquired Immunology Deficiency Syndrome (AIDS)
- xxiv. Dengue, Malaria, Japanese Encephalitis, Hepatitis A, B, C, D and E, Meningococemia, Cholera, Influenza, Typhoid Fever, Severe Acute Respiratory Syndrome (SARS), and Middle East Respiratory Syndrome Coronavirus (MERS-Cov).
- xxv. All losses due to widespread diseases, virus outbreak, (including any mutations or variants) epidemic, pandemic whether recognized and declared or not, by the Department of Health, the World Health Organization or any government institution of any duly constituted government anywhere in the world, including any consequential loss such as, but not limited to, stranding or restriction to travel, quarantine or lock down, unemployment, embargo, insolvency and any other prejudice on liberty or any loss of economic opportunity or pecuniary loss from any act of any Government authority to mitigate, remedy or prevent the epidemic or pandemic.

2. Trip Cancellation

This policy reimburse the Insured up to the limit specified in the schedule for the irrecoverable deposits or charges paid in advance or contracted to be paid for the Insured's benefit only and for which are not recoverable from any other source, in the event of necessary and unavoidable cancellation made by the Insured within thirty (30) days before the date of commencement of trip due to:

- a) the sudden and unexpected death, serious injury or illness of himself, his spouse, parent, child, brother, sister, grandparent, parent-in-law or business partner.
- b) unexpected outbreak of strike, riot or civil commotion at the planned destination arising from causes beyond the Insured's control;
- c) unexpected attendance under subpoena as a witness at a court of law;
- d) serious damage to the Insured's principal residence due to fire, flood or similar natural disasters (typhoon, earthquake, etc.) within one (1) week from the departure date which requires your presence on the premises on the departure date;

Provided this Policy shall not cover the following:

- a) the first Php500.00 of each and every claim per Insured person
- b) arising directly or indirectly as a result of government regulation or act; the failure or default of the travel agent or tour operator or transport provider to provide any part of the booked journey or service; any unlawful act or criminal proceedings against the Insured or of any person whom the journey plans depend on; the Insured's disinclination to travel; the liquidation, bankruptcy or dissolution of the Insured's company or the Insured's financial difficulty; the Insured's failure to notify the travel agent or tour operator or provider of transport or accommodation immediately if it is found necessary to cancel or curtail the travel arrangements.

- c) any claim when at the time of making the travel arrangements the Insured is aware of any circumstances which might cause the journey to be cancelled.
- d) any loss that is covered by any other existing insurance scheme; government program or which will be paid or refunded by a hotel, airline, travel agent for any other travel and/or accommodation.

3. Trip Termination (curtailment)

This cover pays up to the limit specified in the schedule for additional traveling, hotel expenses or board incurred and loss of travel and/or accommodation expenses paid in advance or forfeited by the Insured after the commencement of the holiday or travel consequent upon the Insured having to return to his or her place of residence following the unexpected death, serious injury or sickness or hijack of the Insured, the Insured's spouse, parent, parent-in-law, grandparent, child, brother, sister, business partner or co-director who is resident in the Philippines. This coverage is effective only if it is purchased before the Insured becomes aware of any circumstances which could lead to the disruption of his/her journey.

This section also covers the reasonable and necessary travel costs and additional hotel accommodation incurred by one immediate family member of the Insured, such costs arising from the death of or serious injury to the Insured as the result of an accident excluding any death or injury arising from air crash during the period of insurance up to a maximum benefit stated in the schedule of indemnity. The authorized travel agent has an authority to make a claim on behalf of the Insured for air fares only.

Emergency trip termination means abandonment of the planned trip by return to the place of initial departure after arrival at the booked destination as shown on the booking invoice.

No benefits will be provided for any loss resulting (in whole or in part) from:

- a) pregnancy and its complications;
- b) illness or disorders of a psychological nature, nervous depressions, mental illness, sexually transmitted diseases, AIDS, HIV infections and AIDS related infections;
- c) suicide, attempted suicide, or intentionally self-inflicted injury;
- d) periodic control and observation examinations;
- e) failure to obtain required vaccinations before departure;
- f) alcohol or drug abuse;
- g) any cancellations resulting from civil or foreign war, riots, popular movements, any pre-existing conditions, terrorist acts, any effect of a source of radioactivity, epidemics, pollution, natural catastrophes and climatic events.

4. Flight Delay / Delayed Departure

The policy will reimburse the Insured up to the limit specified in the schedule of benefits if the Insured's flight is delayed for more than twelve (12) hours, for:

- a) delay caused by any severe weather conditions;

- b) delay due to strike or other job action by employees of the airline or airport of destination;
- c) delay caused by the equipment failure of the aircraft on which the Insured is scheduled to travel.

This cover only applies to normally scheduled airline flights which the Insured had duly confirmed according to the airlines rules and regulations.

5. Flight Diversion

The policy will reimburse the Insured up to the limit specified in the schedule of benefits if the Insured's flight is diverted from original schedule destination, due to the following causes:

- a) severe weather conditions;
- b) outbreak of strike or other job action by employees of the airline or airport at original destination;
- c) equipment failure of the aircraft necessitating emergency landing at nearest airport

This cover only applies to scheduled arrival destination which the Insured had duly confirmed flight according to the airlines rules and regulations.

6. Baggage Delay

In the event of delay of the Insured's checked-in baggage, the Company will provide for the reimbursement for essential purchase of necessary clothing and toiletries.

The liability of the Company is limited to the amount stated in the Schedule of Benefits and shall be established only after a waiting period of twelve (12) hours after the aircraft's arrival at its destination and will be less any amount recoverable or paid by the airline company carrier. In no event will the Company be liable for delay due to detention or confiscation by Customs Authorities.

The following will not be covered under this section:

- a) for claims not declared to a competent person of the airline company as soon as the Insured knows the baggage is late or lost;
- b) for any clothing or toiletries that the Insured purchased more than four days after the actual time of arrival at the airport of destination;
- c) when the baggage delay occurs on the return journey to Insured's normal domicile;
- d) for purchases made after delivery of Insured's baggage by the air carrier.

The Insured cannot claim from under both benefits of the Baggage Delay and Loss of Baggage for the same loss.

7. Loss of Baggage

The Company will indemnify the Insured for the loss of his checked-in baggage up to the amount stated in the Schedule of Benefits. The liability of the Company however, will be less any amount recoverable from or paid by the Airline Company or carrier. For the purpose of this Coverage, baggage shall mean suitcase, luggage, trunk, bag, box, chest and any other container used for the purpose of carrying the insured's belongings during travel. Loss of baggage shall be limited to the physical disappearance of the entire checked-in baggage (as defined herein) and not loss of an item or several items contained therein. Loss must occur while the baggage is in the possession of a common carrier/airline company and proof of such loss must be obtained in writing from the common carrier/airline company management and such proof must be provided to the Company.

NOTE: Hand carried baggage and Delay, Detention or Confiscation of checked-baggage by Customs or other Authorities are not covered under this Policy. The Insured cannot claim under both benefits of Baggage Delay and Loss of baggage for the same loss.

Exclusions:

- a) Benefits will not be provided for any loss, theft or damage to: animals; documents, identity papers, credit and payment cards, transport tickets, cash, traveler's checks, banknotes, travel documents, negotiable instruments, bonds, stocks and securities, jewelry; keys;
- b) No benefit will be provided for any loss, theft or damage to: skis, bicycles, sailboards, golf clubs, tennis rackets and other sporting equipment except while checked in as baggage with a registered common carrier;
- c) This cover will not pay for any loss, theft or damage to: automobiles and automobile equipment, motorcycles, trailers and caravans, boats, motors and other means of transport (including accessories), equipment for professional use, musical instruments, objects of art, precious gemstones, china glassware, porcelains, antiques, collector's items, furniture, eyeglass, contact lenses, hearing aids, prosthetics limbs, artificial teeth or dental bridges, perishables and consumables, baggage sent in advance or souvenirs and articles mailed or shipped separately; hired or leased equipment, business goods or samples, data recorded or tapes, cards, disc or otherwise.
- d) Benefits will not be provided for any loss resulting in whole or in part from: wear and tear or gradual deterioration; insects or vermin; inherent vice or damage; transporting contraband or illegal trade; mysterious disappearance or unaccompanied baggage; losses arising from personal negligence or unexplainable disappearance; breakage of brittle or fragile articles, cameras, computers (including software and accessories), musical instrument, radios and similar property.
- e) Loss or disappearance of
 - i. personal effects (e.g. clothing, jewelries, accessories, toiletries, make-up, perfumes, footwear, etc.)
 - ii. mobile electronic equipment (e.g. cellular phones, laptops, digital cameras, etc.)
 - iii. all other items whilst contained in the assured's baggage which is checked-in or in the possession of a common carrier or airline company,

unless loss of such items is a consequence of the baggage being lost as well.

8. Damage to Luggage/Baggage

This policy covers damage to baggage, subject to the limit specified in the schedule of coverage, provided that:

- a) baggage had been in sound and useful condition at the onset of the trip
- b) baggage had been checked in at the check-in counter and such had been accepted and duly documented by the airline or carrier ground personnel
- c) contents of the baggage are not ill-fitted and do not prejudice its capacity in terms of shape and weight.
- d) damage is not caused by protrusions of sharp or pointed objects or liquid or corrosive materials contained in the baggage

Coverage under this section excludes:

- a) damage due to wear and tear
- b) damage due to exposure to natural elements
- c) damage due to exposure to weather conditions
- d) loss of or damage to items contained in the baggage
- e) damage which will entail cost of repairs not more than PhP1,000.00

9. Loss of Travel Documents

The Company will reimburse the Insured up to the limit specified in the schedule in respect of reasonable additional hotel, travel and communication expenses necessarily incurred in the country/ies visited in obtaining the replacement of a lost passport or visa. Provided that the Insured shall exercise reasonable care for the safety and supervision of the property and that any loss of passport must be reported to the Police within 24 hours of the discovery. This policy does not cover lost traveller's checks.

10. Emergency Medical Evacuation

When an adequate medical facility is not available proximate to where the Insured is located, the cost of emergency evacuation, under medical supervision and by medical appropriate means to the nearest medical facility capable of providing the required care, is covered under the policy up to the limit stated in the Schedule of Benefits

Coverage provided under this section excludes evacuation made on the insured's volition and without recommendation and endorsement of duly licensed physician administering care in a licensed medical facility.

11. Emergency Medical Repatriation

When medically necessary, as determined by attending physician, the cost of repatriation to the Insured's legal residence at such time as the Insured is medically cleared for travel via commercial carrier, is covered under the policy up to the limit specified in the Schedule of Benefits, provided such repatriation could be accomplished without compromising the Insured's condition.

12. Hijack

When the Insured is prevented from reaching his scheduled destination as a result of strike aircraft hijacking, the Company will pay the Insured the amount stated in the schedule for every day of delay.

The liability of the Company is up to a maximum of five (5) days. Coverage starts following an uninsured grace period of twelve (12) hours.

13. General Provisions

Entire Contract-Changes

This policy, including endorsements and attached papers, if any, shall be read together as one contract. None of the provisions, conditions, and terms of this Policy shall be waived or altered except by endorsement, signed or initiated by an authorized official of the Company and issued in accordance with the provisions of Section 50 of the Insurance Code.

Notice of Claim

In the event of loss recoverable under this policy, a written notice of claim must be given to the Company within thirty (30) days or as soon as reasonably possible. The notice may be given by or on behalf of the Insured or the Beneficiary provided there is sufficient information to identify the Insured. Said notice may be forwarded directly to the Company or any authorized agent of the Company.

Claim Forms

The Company will furnish the Insured with claim forms necessary for filing proofs of loss upon receipt of a notice of claim. The Insured is required to return such forms to the Company within fifteen (15) days. If, however, after fifteen (15) days the Insured fails to submit such forms, the Insured be deemed to have complied with the policy requirement for filing proofs of loss upon submission within the period allowed as stated in Submission of Proofs of Loss section below.

Written proofs of loss must include notarized documentation covering the occurrence, the character and the extent of the loss for which the claim is made.

Submission of Proof of Loss

Written proofs of loss must be submitted to the Company within ninety (90) days from the date of accident. With respect to claims for Medical Reimbursement, such proof must be furnished the Company within the policy period or within ninety (90) days after the termination of the policy. Failure to submit written proof within the required time will not invalidate nor reduce any claim if it was not reasonably to do so within such time. The Insured however is required to submit such proof as soon as reasonably possible, but in no event later than one year from the time such proof is required except in the absence of legal capacity.

Time of Payment of Claims

Indemnities payable under this policy will be paid immediately upon receipt of due written proof of such loss.

Payment of Claims

Indemnity for all losses covered under this policy, except for loss of life, shall be payable to the Insured. For loss of life, Indemnity will be paid in accordance with the beneficiary designation and the conditions stated in the policy, which are in effect at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to the estate of the Insured. At the Company's option, any other accrued indemnity unpaid after the Insured's death shall be paid to his beneficiary or estate.

Physical Examination and Autopsy

The Company has the right to examine the Insured at any time, at its own expense and as often as it may reasonably require during the pendency of a claim. In the event of death, such an examination may include an autopsy where it is not prohibited by law.

Action against the Company

If a claim be made and rejected and an action or suit be not commenced either in the Insurance Commission or any court of competent jurisdiction within twelve (12) months from receipt of notice of such rejection or in case of arbitration taking place as provided herein, within twelve (12) months after due notice of the award made by the arbitrator or arbitrators or umpire, then the claim shall for all purposes be deemed to have abandoned and shall no thereafter be recoverable hereunder.

Change of Beneficiary

The Insured has the right to assign or change his designated beneficiary or beneficiaries. It is also the right of the Insured to make valid changes in this policy without the consent of said beneficiary of beneficiaries.

Settlement of Claim Clause

The amount of any injury or loss for which the Company may be liable under this Policy shall be paid within thirty (30) days after proof of such loss is received by the Company and ascertainment of the injury or loss is made either by agreement between the Insured and the Company or by arbitration; but if such ascertainment is not had or made within sixty (60) days after such receipt by the Company of the proof of loss then the injury or loss shall be paid within ninety (90) days after such receipt.

14. Cancellation of the policy

This policy may not be cancelled by the Company except upon prior notice thereof to the Insured, and no notice of cancellation shall be effective unless it is based on the occurrence, after the effective date of the policy, of one or more of the following:

- a.) Non-payment of premium;
- b.) Conviction of a crime arising out of acts increasing the hazard insured against;
- c.) Discovery of fraud or material misrepresentation
- d.) Discovery of willful or reckless acts or omissions increasing the hazard insured against;
- e.) A determination by the Commissioner that the continuation of the policy would violate or would place the Insured in violation of this code*.

**Insurance Code*

All notices of cancellation shall be in writing, mailed or delivered to the Insured at the address shown in the policy, and shall state (a) which of the grounds is relied upon and (b) that, upon written request of the named Insured, the Insurer will furnish the facts on which the cancellation is based:

If the Insured cancels, earned premium shall be computed in accordance with the applicable percentage indicated below, but in no event less than the Company's customary minimum premium:

PERCENT OF ANNUAL PREMIUM (applicable annual policies only)	
2 months (minimum)	40%
3 months	50%
4 months	60%
5 months	70%
6 months	75%
Over 6 months	100%

In the event the Insured requests for the cancellation of the policy prior to its inception, a policy cancellation fee equivalent to 50% of the premium will be charged, unless the Insured provides a valid reason, acceptable to Malayan Insurance, for cancelling the policy.

This policy will also charge an earned premium equivalent to the percentage below, in the event the Insured requested for cancellation of a short term travel policy after the inception has already commenced:

For short term travel policy with policy period 30 days and below	If cancellation is requested 6 days and below after inception of cover – 80% of the premium will be charged.
	If cancellation is requested 7 days and above after inception of cover – 100% of the premium will be charged.
For short term travel policy with policy period more than 30 days but less than 60 days	If cancellation is requested 6 days and below after inception of cover – 80% of the premium will be charged.
	If cancellation is requested 7 days up to 20 days after inception of cover – 90% of the premium will be charged.
	If cancellation is requested 21 days and above after inception of cover – 100% of the premium will be charged.
For short term travel policy with policy period 60 days and above, but less than 180 days	If cancellation is requested 6 days and below after inception of cover – 70% of the premium will be charged.
	If cancellation is requested 7 days up to 40 days after inception of cover – 80% of the premium will be charged.
	If cancellation is requested 41 days up to 50 days after inception of cover – 90% of the premium will be charged.
	If cancellation is requested 51 days and above after inception of cover – 100% of the premium will be charged.