

CERTIFICATE OF MEMBERSHIP		COVER OF BENEFITS (TRAVEL INSURANCE)	
CERTIFICATE NO./ MEMBERSHIP ID: NDD_A06		NAME OF MEMBER: Mrs addd addd	
COVERAGE: COMPREHENSIVE WITH EXCESS		SUM INSURED: REFER TO SCHEDULE OF BENEFITS	
PERIOD OF INSURANCE: FROM 22/01/2014 TO 22/01/2015 (BOTH DATES INCLUSIVE)			

PLAN A- SCHEDULE OF BENEFITS

Coverage	Sum insured (US Dollars)	Excess / Limitation (US Dollars)
Emergency Medical Expenses & Repatriation Expenses	5,000,000	75
Emergency Dental Expenses	2,500	75
Cancellation, Interruption & Delay		
Cancellation	10,000	250
Additional expense	5,000	250
Trip interruption	5,000	250
Travel delay	250	Nil
Airfare compensation	1,000	75
Resumption of trip	1,000	75
Missed connection	500	Nil
Limit of indemnity any one travelling party	50,000	
Luggage/Personal Effects & Money		
Luggage & personal effects	3,000	75
Dentures / dental prostheses	300	75
Emergency luggage	750	75
Cash	1,000	75
Replacement passport and travel documents	250	Nil
Personal Liability	1,000,000	100
Personal Accident & Funeral Expenses		
Accidental death	200,000	Accidental death benefit Limited to 5,000 in respect of persons aged 16 years or younger
Total loss of sight in one or both eyes	200,000	
Permanent total disablement	200,000	
Funeral expenses	5,000	

IMPORTANT:

Underwriters limit of liability will not be for more than US\$ 10,000,000 any one accident event. The benefit payable by underwriters in respect of each insured person will be reduced in the proportion. The trip will only be covered if it starts from and ends in your permanent country of residence.

Membership Eligibility Criteria: The member must:

- hold a valid T24 issued pre-paid card
- be 70 years of age or under at the commencement date of membership.
- NOT be a United States citizen or a resident in the United States.
- NOT be intending to reside in the United States for a period exceeding 90 days during the membership term.
- pay membership fee in full before commencement of membership, failing which there would be no liability under the policy

MASTER POLICY INSURED: T24 Canaan Trust

INTERMEDIARY: Arthur J. Gallagher & Co.

UNDERWRITER: A G Doré & Others Syndicate 2526 (a Lloyd's Syndicate)

Issued by: T24 Canaan Limited on 22/01/2014

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HQ (TCC_001_HQ)

中国，山东省，青岛市
香港东路6号，5号楼，8号室
李小方（先生）收

Phone: +12345678790

Member Receipt

Insurance Policy

Membership Number NDD_A06

Issued At 2014-01-22 10:42:24

Insurance Policy POL-ADV - Advanced Policy(金会籍)

Price 1000.00

Registered By tcc001hq

Personal Data

Name Mrs addd addd

Address aasddd
123333 asdasd
asdasd AX

Alternative Address

Address 测试
test
测试
测试 测试
test test