

## 萬事達卡台灣

### 保險摘要資訊

旅行保險保障***	最高保險金額（新台幣）
<b>旅行醫療保障：</b> 醫療費用（傷害或疾病） 緊急醫療救援 / 遺體運返 住院每日現金保障（最少 3 天，最多 15 天） 海外檢疫津貼（最多 14 天）	最高 3,190,000 新台幣 最高 3,190,000 新台幣 每日 3,190 新台幣 每日 3,190 新台幣
援助部門服務	包括

\*\*\*配偶和子女於上述所有旅行保險保險額都有各別的分項限額。配偶和子女的賠償限額相當於全額旅遊保險福利的 50%。

請另行參閱援助部門章節，獲取有關其他保險資訊及保障資料。

請另行參閱新冠章節，獲取有關其他保險資訊及保障資料。

## 一般主要條款及定義

### 獲取保障

在以下情況下，您有資格獲得本保單的保障：

- (i) 你是一個受保資格持卡人； 和
- (ii) 您已在行程開始前完成旅遊保險登記流程； 和
- (iii) 當閣下使用受保資格卡支付一般交通工具乘客票的全部費用時，及 / 或透過使用受保資格卡的相關獎賞計劃點數（例如：旅行里程點數）獲取一般交通工具乘客票時。

除單程行程外，承保範圍為在您註冊之日起十二（12）個月內開始、以合資格卡全額支付公共運輸工具票價的行程，保險有效期最長為一百八十（180）天。

### 保障對象

受保資格持卡人，其配偶和子女，無論同行或各自旅行。

### 單程旅行

對於以下津貼，單程旅行保險在被保險人到達其居住國以外的最終目的地七(7)天后終止：

1. 緊急醫療費用；
2. 緊急醫療後送/交通費用；
3. 緊急牙科治療；
4. 遺體運返；
5. 住院每日現金津貼；
6. 海外新冠診斷檢疫津貼

### 索賠

被保險人須負責向保險公司提供與損失相關之充分證據，以評估理賠金額。

### 賠償支付

所有賠付將由 保險公司支付給承保地區的受保資格持卡人。任何保險賠付均須遵守賠付所在國當時有效的法律及政府規例。

## 承保期自動延長

如您於原返回日期正按執業醫生的建議住院和/或隔離，則承保旅行的承保期將自一般交通工具乘票註明的原返回日期起自動延長三十（30）天。

## 制裁

若根據適用於保險公司、其母公司或其最終控權實體的任何法律或規例，於本保單生效時或其後任何時間，向受保人提供保險保障會或可能會因違反適用限制或制裁而觸犯法律，則在會違反該等限制或制裁的情況下，保險公司不會提供保障且無論如何均不承擔任何責任，亦不會為受保人進行抗辯或賠付抗辯費用，或代表受保人提供任何形式的保障。

## 消費者須知

保險公司必須遵守美國制裁法。因此，本保單不承保因計劃或實際前往或途經古巴、伊朗、敘利亞、朝鮮或克里米亞地區而直接或間接產生或與之相關的任何損失、傷害、損害或責任、利益或服務。此外，本保單不承保古巴、伊朗、敘利亞、朝鮮或克里米亞地區居民的任何損失、傷害、損害或責任。最後，本保單不承保任何適用的政府觀察名單上被認定為支持恐怖主義、毒品或人口販運、海盜、大規模武器擴散的任何個人或實體直接或間接遭受的任何損失、傷害、損害或法律責任。破壞、有組織犯罪、惡意網絡活動或侵犯人權行為。

## 適用法律和管轄權

本保單須受台灣法例管限並據其進行解釋。所有爭議均接受台灣法院的專有司法管轄。

## 一般主要條款及定義

**意外：**指受保人於受保旅程期間因外在、暴力及可見方式而遭遇的突然、無法預料、無法控制及意外的人身事故。

**持卡人：**指在該地區及參與發卡機構發行受保資格卡之地區內，所有獲發受保資格卡的個人，包含同一帳戶下的副卡或附屬卡持有人。

**子女：**指受保資格持卡人的兒子或女兒、血親後代、繼子女及非婚生的直系及有血緣關係的年齡為 6 個月以上但未滿十八(18)歲（或若為全日制學生，則年齡未滿二十三(23)歲）的未婚且主要由受保人贍養的子女。

**一般交通工具：**指使用受保資格卡就前往任何地點的預定旅行、旅程或航程而預付費用的任何海、陸、空旅行安排。

**永久居住城市：**指閣下現正居住的城市。

**出發國家/地區：**指您的行程中的第一個出發國家/地區。

**永久居住國：**指閣下當前所居住且持有有效居住簽證或閣下出生地所在的國家。

**承保行程：**指合資格持卡人從合資格卡發行國家/地區在註冊當日或之後，被保險人使用合資格卡支付旅遊或遊輪的預定陸路、海上或空中交通安排。對於往返行程，承保範圍為使用合資格卡支付的票據上顯示的出發至返程日期的時期，最長為一百八十（180）天。對於單程行程，承保範圍為出發日期起至最多七（7）天。

**受保資格卡：**指該地區內不時發行的萬事達卡借記卡/世界信用卡。

**受保資格持卡人：**指受保資格卡的持卡人（年齡介乎 18 歲至 69 歲），惟該信受保資格卡購買受保旅程時屬有效、可使用且信用良好（未被取消、暫停使用或逾期還款），持卡人有權按保障列表獲得賠付或其他保障。

## 緊急運送一指：

1. 根據閣下的身體狀況，須將閣下由遭遇受傷或疾病的地方緊急運送至距離最近而可提供合適醫療治療的醫院；
2. 於當地醫院進行治療後，根據閣下的身體狀況，須將閣下運送至閣下現時的居住地；或

3. 同時包括上述(a)及(b)項。

**自負額 / 免責期：**指閣下在獲付保單給付前須就各項及每項損失負責的費用或天數。

**家屬：**指配偶及最多 3 名子女。

**醫院：**指符合以下的機構：

- a. 持有有效牌照（若法律規定）；
- b. 主要是為病人或受傷人士提供護理及治療而運作；
- c. 全天均有一名或多名醫生值勤；
- d. 提供 24 小時護理服務，全天至少有一名註冊專業護士值勤；
- e. 在醫院可用物業或設施內具備或可預先安排齊全的診斷及外科手術設備；及
- f. 除非是附帶機構，否則不包括為老年人而設的診療所、護養院、養老院或療養院，亦不包括作為戒毒及 / 或戒酒治療中心營運的機構。

**受傷：**指於本保單生效期間，因受保旅程過程中僅由暴力、意外、外在及可見方式所直接導致且與任何其他原因無關的身體損傷。

**留院病人**指按醫生建議住院並須支付住宿房間及膳食費用的受保人。

**受保人：**指本摘要資訊內各「保障對象」條文項下界定為合資格的受保資格持卡人或其他合資格人士。本保險僅向通常居住在台灣的合格持卡人提供保險。

**受保事件：**指受保旅程期間發生承保範圍涵蓋的保障情況。受保事件包括於恐怖主義行為期間發生的事件。

**保險公司 / 我們：**指臺灣產物保險股份有限公司。

**發卡機構：**指經萬事達卡公司允許及 / 或授權在該地區內經營萬事達信用卡或借記卡業務之銀行或金融機構或相似實體，其參與向持卡人提供旅遊保險。

**萬事達卡公司：**指 MasterCard Asia/Pacific Pte. Ltd，根據新加坡法律成立的法團，其辦事處地址為 3 Fraser Street, Duo Tower, Singapore 189352。

**醫療必需品：**滿足以下條件的醫療服務或用品：

1. 根據規定或執行的適用保障，對於所承保之損失的診斷、治療或護理而言屬必要；
2. 符合醫療慣例的一般認可標準；及
3. 由醫生提供處方及於其監護、監督或指示下使用。

**自然災害：**指極端天氣（包括但不限於颱風、颶風、旋風或龍捲風）、火災、洪水、海嘯、火山爆發、地震、山體滑坡或其他自然災害或上述任何災害的後果。

**海外：**指您的出發國家/地區或居住國家/地區的境外範圍，具體取決於您的行程的最初出發國家/地區，但在任何情況下均不包括您的居住國家/地區。

**每宗保障限額：**指於保單期間根據每位持卡人的任何單一項保障所應支付的最高金額。

**醫生：**指持有牌照可根據進行有關專業服務的國家的法律提供醫療服務或實施手術的內科醫生或外科醫生，但不包括脊醫、理療師、順勢療法醫生及自然療法醫生。

**保單：**向萬事達卡公司發出的保險合約及任何附加條款或附加保障。

**受保前已存在之醫療狀況：**指於受保旅程前十二個月內曾獲醫生建議或獲醫生提供醫療護理、治療或意見的狀況。

**檢疫：**指醫療或政府當局為阻止傳染病傳播而實施的限制行動或旅行措施。

**疾病：**指於受保旅程期間感染及 / 或罹患的任何病症。

**配偶：**指受保資格持卡人於合法婚姻中的丈夫或妻子（年齡介乎十八(18)歲至六十九(69)歲）。

**該地區：**指發行受保資格卡的國家或地區，台灣。

**恐怖主義行為：**指任何人或團體，對人身或財產實際或威脅使用武力或暴力，或是犯下對生命或財產造成危險的行為，或是犯下干擾、中斷電子或通訊系統之行為，不論是代表任何組織、政府、政權、當局或軍事武力或與其有關者，只要其產生恐嚇、脅迫或傷害政府、平民或其中任何部分，或破壞任何經濟體系即屬之。恐怖主義亦應包含任何被事發當地政府證實或認定為恐怖主義之行為。

**運輸工具**—指於緊急運送期間運送閣下所需的任何陸地、水上或空中交通運輸工具。運輸工具包括但不限於救護飛機、陸地救護車及私人機動車輛。

**戰爭：**係指所有已宣布或未宣布之戰爭或任何好戰活動，包括由任何主權國家使用軍事武力，以達到經濟、地理區域、國家、政治、種族、宗教或其他目的。

### 旅行醫療保障

我們會就並非由於受保人於永久居住國以外的地區旅遊時仍處於受保前已存在之醫療狀況所造成的承保醫療費用支付一般合理慣例費用。

#### 主要內容：

- 旅程涵蓋全球範圍的旅遊。
- 保障為受傷或疾病提供，即使並非緊急事故。
- 醫療費用保障最高賠償金額為每人 3,190,000 新台幣（**配偶和子女適用分項限額**，更多詳情請參閱保單）。
- 旅程次數並無限制。
- 保障適用於單程或往返旅程旅遊的情況。
- 包含因恐怖主義行為（定義見本文）而引致或造成的所承保之損失。

#### 醫療費用：

若閣下於永久居住國以外的地區遭遇受傷或疾病，並需要醫療看護，我們會就承保醫療費用提供保障，最高保障金額為每人 3,190,000 新台幣（**配偶和子女適用分項限額**，更多詳情請參閱上文保單）。

#### 1. 承保醫療費用包括：

- a. 醫生服務，包括由一名醫生進行的診斷、治療及手術；
- b. 醫院提供住宿及膳食、病房護理及其他服務所收取的費用，包括專業服務費用，但不包括非醫療性質的個人服務費用，惟無論如何，費用不得超過醫院就半私人病房及膳食所收取的平均費用；
- c. 麻醉劑（包括施用）、X 光檢查或治療，以及化驗、使用鐳及放射性同位素、氧氣、輸血、鐵肺及藥物治療；
- d. 救護車服務；
- e. 僅可於獲得一名醫生或外科醫生的書面處方後方可獲得的敷料、藥品、藥物及治療服務及用品；及
- f. 對於因健全真牙受到損傷而進行的牙科治療，最高限額為每隻牙 3,190 新台幣。

上述服務費用不包括超出常規慣例收費或不保事項的任何相關費用金額。

常規慣例：指就有關服務及用品收取的費用，而經考慮與所相關服務及用品有關的疾病或受傷的性質及嚴重程度，相關費用不超過在當地就有關服務及用品所收取的平均費用。

若產生的費用超過有關平均收費，則超出的有關金額不應列作承保費用。所有費用均應被視為於產生費用或收費的相關服務或用品獲提供或取得當天產生。

## 2. 「醫療費用」不保障的項目（在一般不保項目上附加）：

除一般不保項目以外，「醫療費用」保障亦不會就由於以下原因而引致或造成的任何致命或非致命損害作出賠付：

- a. 受保前已存在之醫療狀況（定義見本文）；
- b. 未經醫生建議、批准及證實屬必要及合理的服務、用品或治療，包括任何住院期；
- c. 例行體檢、化驗診斷。X 光檢查或其他檢查，惟在醫生先前要求或主治確定為殘疾的過程中所進行者除外；
- d. 選擇性美容或整容外科手術，不包括因意外而進行的手術；
- e. 牙科護理，該保單生效期間因意外導致健全真牙受傷而須進行的護理除外；
- f. 因涉及虛弱、緊張或扁平足、雞眼、老繭或指甲而產生的費用；
- g. 痤瘡的診斷及治療；
- h. 隔膜異位，包括黏膜下切除手術及／或為此而實施的外科矯正手術；
- i. 主治醫療專家認為屬試驗性質的器官移植；
- j. 兒童健康保育，包括檢查及疫苗接種；
- k. 非純醫療性質的費用；
- l. 於原住國內產生的任何費用；
- m. 眼鏡、隱形眼鏡、助聽器及為就此而開出處方或配方而進行的檢查，除非受傷或疾病已導致視力或聽力損傷；
- n. 公立醫院提供的治療或通常免費的服務；
- o. 精神、神經或情緒障礙或靜養療法；或
- p. 懷孕或所有相關情況，包括與不孕或其他與無法妊娠及生育控制有關的問題的診斷或治療相關的服務及用品，包括外科手術及設備。

## 緊急醫療運送

1. 若於閣下的永久居住國以外的地方，因緊急醫療運送或遺體運返產生承保費用，我們將支付最高合併賠償金額，上限為每人 3,190,000 新台幣（配偶和子女適用分項限額，更多詳情請參閱保單）。緊急運送須由援助部門或醫生安排進行，而該援助部門或醫生可證明根據閣下受傷或疾病的嚴重程度或性質需要為閣下提供運送服務。

承保費用乃為運輸及醫療治療（包括與閣下的緊急運送有關的必要醫療服務及醫療用品）招致的費用。運送閣下的所有交通運輸安排須採用最直接及經濟的路線。

運輸費用須：

- a. 由主治醫生建議；
- b. 對於運送閣下的交通工具的標準管制而言屬必要；及
- c. 由援助部門預先安排及批准。

## 遺體運返

若閣下於永久居住國以外的地方旅遊時不幸身故，我們將就因運返閣下遺體而產生的合理承保費用支付賠償。就醫療運送及遺體運返而言，保障均不超過合併最高限額每人 3,190,000 新台幣<sup>†</sup>（配偶和子女適用分項限額，更多詳情請參閱上文保單）。

承保費用包括但不限於以下費用：

- a. 遺體防腐；

- b. 火化；
- c. 棺木；及
- d. 運送。

該等費用須由援助部門批准及安排，且閣下或其家屬須聯絡客戶服務章節所列的電話號碼。

#### **住院每日現金保障：**

若閣下因於永久居住國以外的地方遭遇受傷或疾病而作為留院病人住院，我們會為住院的受保人提供每日每人 3,190 新台幣的住院保障（**配偶**和**子女**適用分項限額，更多詳情請參閱保單）。留院必須是醫生建議。

#### **不保事項**

- 4. 受保前已存在之醫療狀況；
- 5. 在閣下居住國進行的住院治療；
- 6. 懷孕及之後的分娩、流產或女性生殖器官疾病；
- 7. 定期體檢；
- 8. 美容或整形外科手術，不包括因受傷而引致的手術；
- 9. 任何精神或神經障礙或靜養治療。

#### **海外新冠診斷檢疫津貼**

1. 如果在海外期間，您的新冠檢測呈陽性，並因此意外地被安排入住境外強制隔離設施，我們將按照每人保險摘要中的規定，在您身處境外時，連續支付最多 14 天，每天最多新新台幣 3,190。

我們將支付上述金額，用以支付與隔離直接相關的合理且必要的住宿費用、膳食或其他費用。

海外新冠診斷檢疫津貼的任何索賠應與我們就同一事件取消或縮減行程已支付或有責任支付的任何金額相抵銷。

#### **2. 除一般不承保事項外，海外新冠診斷檢疫津貼不承保的範圍：**

- a. 如果對所有入境的乘客強制執行隔離措施，或對來自特定國家/地區的所有乘客強制執行隔離措施，此保險福利將不適用；
- b. 如果您違反醫療從業人員或醫生的建議旅行，或因您的行為違反醫療從業人員或醫生的建議，而引起任何索賠（包括但不限於出現新冠病徵仍然旅行），我們將不理賠任何損失。

#### **一般保障不保事項**

該保單概不承保下列任何項目：

- 1. 在神志清醒或不清醒時，故意自殘、自殺、或意圖自殺；或
- 2. 戰爭、內戰、入侵、騷動、革命，使用武力或篡權政府或軍事力量；或
- 3. 受保人在任何國家或國際組織的軍部服役期間，不論是和平或戰亂，或
- 4. 受保人在醉酒或在任何毒品或藥物的影響下遭受或約定的損失，惟遵醫囑服用的藥物除外；或
- 5. 主要由於受保人故意從事或故意參與非法行為，或由於受保人違法或企圖違法或拒捕而造成的任何損失；或
- 6. 乘坐飛機或航空設備時遭受的任何損失，但不包括本保單內特別訂明者；或
- 7. 先天性畸形及其引發或產生的病症、疝氣或牙齒醫療，但不包括因傷害造成對完好真牙的治療；或
- 8. 搭乘由受保人或受保人家庭任何成員本人或其代表所擁有、租用或操作之飛機；或
- 9. 駕駛或作為乘客乘坐：(a) 參與任何比賽、測速或耐力測試的任何車輛或 (b) 用於雜技或特技駕駛的任何車輛；或
- 10. 機會性感染或惡性腫瘤，或任何其他疾病引致的任何索賠，而於提出索賠時，受保人已被確診患愛滋病（後天免疫力缺乏症）、愛滋病相關症候群 (ARC) 或愛滋病毒 (HIV) 抗體血液測試結果呈陽性；或

11. 使用、釋放或洩漏核原料，直接或間接導致核反應、核輻射或放射性污染；或
12. 散佈或應用致病性或有毒性生物或化學材料；或
13. 受保人參與任何專業體育運動、冬季運動、或高空跳傘、跳傘、懸掛式滑翔、蹦極跳、深海潛水、爬山、野炊所遭受的任何損失；或
14. 受保前已存在之醫療狀況、或先天性畸形或其引發的任何併發症；或
15. 任何病痛、疾病、病疫及其引發的任何併發症，但保單內訂明保障者除外；或
16. 不遵醫囑出行；或
17. 任何恐怖分子或恐怖組織成員，非法販運藥物者、或提供核武、化學或生物武器的供應者；或
18. 計劃或實際在古巴，伊朗，敘利亞，蘇丹，朝鮮或克里米亞地區旅行，或前往或通過阿富汗或伊拉克實際旅行。

## 新冠肺炎而- 受保範圍及除外責任

保險福利	受保範圍及除外責任
<b>醫療費用</b>	如果您在海外確診新冠，對於您在承保行程期間因感染新冠肺炎而產生的、必要且合理的、在承保行程期間的醫療費用，我們將賠付不超過保險摘要中規定的金額。
<b>緊急醫療後送</b>	如果您在旅行期間確診新冠，如因醫療必要，我們將承保緊急醫療後送費用，其包含在保險摘要中規定的醫療費用保險福利限額內。
<b>遺體返鄉</b>	<p>此保險福利承保不超過保險摘要中規定金額的、將您的遺體或骨灰送返境內的費用。</p> <p>如果您違反醫療從業人員或醫生的建議旅行，或因您的行為違反醫療從業人員或醫生的建議而引起的任何索賠（包括但不限於在出現新冠肺炎症狀情況下旅行），我們將不承保任何損失。</p> <p>任何情況下，您或您的代表人必須立即聯繫我們的協助部門。</p>
<b>每日住院現金保險福利</b>	本保單將僅就同一次確診賠付每日住院現金保險福利或海外確診新冠肺炎檢疫津貼，但不會同時賠付兩者。
<b>海外確診新冠肺炎檢疫津貼</b>	<p>請注意：本保險福利僅賠付您身處海外、被出乎意料地強制檢疫的期間，如果您在返回居住國家/地區後被要求隔離，本保險福利將停止賠付。本津貼旨在協助您支付與隔離直接相關的合理且必要的住宿費用。</p> <p>您的受保範圍：</p> <p>如果您在海外旅行期間因下列兩個原因其中之一被政府機構以書面命令出乎意料地安排入住居住國家/地區以外的強制檢疫設施，我們將賠付保險摘要中規定的金額：</p> <ul style="list-style-type: none"> <li>• 您的新冠肺炎檢測呈陽性；或</li> <li>• 該政府機構發現您或任何旅伴曾接觸可導致新冠肺炎的冠狀病毒。</li> </ul> <p>我們將賠付與檢疫直接相關的合理且必要的住宿費用，最多連續 14 天，且最多不超過保險摘要中規定的金額。</p> <p>本章節不承保的內容：</p> <p>除了一般除外責任章節中規定的除外責任外，本保單不承保因為、基於或歸因於任何一般或廣泛適用於以下情況的檢疫要求而引起的任何損失或費用：</p> <ul style="list-style-type: none"> <li>• 所有抵境/過境旅客，或來自指定地區的所有抵境/過境旅客；</li> <li>• 目前身處指定地區的所有人；</li> </ul>



	<ul style="list-style-type: none"> <li>任何公共運輸工具中的所有乘客，或不單包括您和您的旅伴的乘客群組。</li> </ul> <p>請注意，一般條件章節中規定的條件適用於所有保險福利部分。</p> <p>本章節所需的索賠證據可能包括：</p> <ul style="list-style-type: none"> <li>新冠肺炎檢測呈陽性的證明（如果適用）</li> <li>政府機構簽發的檢疫命令證明</li> <li>住院和出院日期和時間的證明（如果住院）</li> <li>旅行證明（確認發票、行程票據）</li> </ul> <p>請注意：根據具體情況，我們可能需要其他證據來支持您的索賠，在這種情況下，我們會向您提出要求。</p>
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## 援助部門服務

對於醫療緊急情況的客戶服務，請致電我們的 24 小時協助部門：

在美國境內旅行時（N-America）： 866 273 9079 免費熱線

在美國境外旅行（N-America）： 001 817-826-7014 來電收集

請記住，援助部門不是承保範圍，您將負責協助部門要求的專業或緊急服務所產生的費用（例如，醫療或法律費用）。此福利可能會向您退還醫療相關費用（有關其他信息，請參閱旅行醫療部分）

### 1. 提供服務的地方：

一般而言，承保範圍適用於全球，但也有例外。

限制可能適用於可能涉及國際或國內衝突的地區，或適用於現有基礎設施被認為不足以保證服務的國家和地區。您可以在開始涵蓋旅行之前聯繫援助部門，以確認您的目的地是否有可用的服務。

### 2. 援助部門：

- 在您的旅行期間，如果發生緊急情況，援助部門會提供有關旅行要求的信息，包括文件（簽證，護照），免疫接種或貨幣兌換率。提供的匯率可能。
- 不同於發卡機構用於您的受保資格卡交易的确切費率。有關您的對帳單上的結算項目的匯率信息應從發卡的金融機構獲取。
- 如果丟失或被盜您的旅行機票，護照，簽證或其他返回家園所需的身份證件，援助部門將通過聯繫當地警察，領事館，航空公司或其他適當實體來幫助更換它們。
- 如果返回家中的運輸票丟失或被盜，可以安排更換運輸票。
- 即請注意，此項服務不提供有關道路狀況的地圖或信息。

### 3. 醫療援助部門：

- 提供全科醫生，牙醫，醫院和藥房的全球推薦網絡。
- 向當地藥劑師提供處方補充的幫助（根據當地法律）。
- 在緊急情況下，援助部門將安排與全科醫生進行諮詢。此外，援助部醫療團隊將與當地醫務人員保持聯繫並監控您的病情。
- 如果您住院，我們可以安排將信息轉發回家，如果您有醫療必要，將您轉移到另一家醫療機構，或者如果您一個人旅行則將家人或親密朋友帶到您的床邊（這將由持卡人承擔費用）。
- 如果醫療團隊確定在發生事故或疾病時當地沒有足夠的醫療設施，我們將安排緊急撤離到醫院或能夠提供足夠護理的最近設施。
- 如果發生悲劇，我們將協助確保您的旅行安排。



#### 4. 法律推薦服務：

如果您被逮捕或有可能因您的責任而導致的任何非刑事訴訟而被逮捕，我們將在必要時協助向您提供可代表您的任何必要的律師姓名法律事務。

### 一般程序—如何申請索賠

#### **服務申請 / 索賠通知（按重複賠償基準的非醫療緊急事故索賠）**

服務申請 / 索賠通知書須於事故發生當日起三十 (30) 日內作出。未於事故發生當日起三十 (30) 日內向下列理賠部作出通知者，保險公司或會拒絕受理。要提出索賠，請登錄 <https://tw.mycardbenefits.com> 或將索賠通知發送至：

**臺灣產物保險股份有限公司**

100 台北市中正區館前路 49 號 8 樓

電話：(02)23120923

客戶服務中心營業時間：上午 9:00 至下午 6:00（不含週六、週日和公休日）

Email: [claims\\_mastercard@tfmi.com.tw](mailto:claims_mastercard@tfmi.com.tw)

請遵循下列程序：

1. 閣下（持卡人）或受益人，或閣下（持卡人）或受益人的合法代表，必須於規定的索賠通知期內通知我們，否則我們或會拒絕受理閣下的索賠。收到索賠通知後，保險公司將向索賠人提供必要的索賠表格與指示；
2. 填妥整份索賠表格；
3. 於提交期結束前提交本節概述的所有必須資料（註冊證書，損失證明等）。

請注意，受理閣下的索賠或須不時提供其他資料。閣下有責任提供此等資料，否則可能無法受理索賠。

如需協助申請索賠，請聯繫上述電話號碼。

#### **旅行醫療保障索賠**

#### **醫療開銷（傷害或疾病） / 緊急醫療運送及遺體運返 / 住院每日現金保障 / 海外檢疫津貼**

索賠通知期：自損失日期起九十 (90) 日內。

提交期：最遲不超過索賠通知日期後九十 (90) 日。

必須資料（損失證明）：

1. 醫療報告（詳列傷害或疾病歷史及屬性）連同醫療費用收據原件；
2. 交易核實資料（確認受保旅程的全部客票費用均由受保資格信用卡支付），並包括一般交通工具票據及收據的副本；
3. 住院、出院日期和時間的證明（如住院）；
4. 護照副本（需含出入境印章）；
5. 新冠檢測陽性證明（如適用）；
6. 由政府機構發出的隔離命令的證明。

請注意：我們可能酌情要求其他索賠證據，在這種情況下，我們將向被保險人提出要求。

## MASTERCARD TAIWAN

### SUMMARY OF COVER

Travel Insurance Coverage***	Maximum Benefit Amount
<b>Travel Medical Benefits:</b> Medical Expenses (Injury or Sickness) Emergency Medical Evacuation/Return of Mortal Remains Daily In-Hospital Cash Benefit (min 3 days, max 15 days) Overseas Quarantine Allowance (max 14 days)	Up to NTD 3,190,000 Up to NTD 3,190,000 NTD 3,190 per Day NTD 3,190 per Day
<b>Assistance Department Services</b>	Included

\*\*\* Sub-limits apply for Spouse and Children on all Travel Insurance Coverage benefits listed above. The sub-limit for Spouse and Children is equivalent to 50% of all Travel Insurance Coverage benefits.

Please also See Assistance Department section for information on additional features and benefits.

Please also COVID-19 Covered Conditions And Exclusions section for information on additional features and benefits.

### GENERAL CONDITIONS

#### Eligibility Criteria

You are eligible for cover under the Policy if:

- (i) you are an eligible cardholder; and
- (ii) you have completed the Travel Insurance Benefit registration process prior to the commencement of your trip; and
- (iii) the entire cost of Common Carrier fare has been charged to your eligible card or has been acquired with points earned by a rewards program associated with Your card (i.e. mileage points for travel).

Except for One-way Trips, coverage is valid for trips up to one hundred eighty (180) days where the entire cost of the Common Carrier fare was purchased using the Eligible Card and commencing within twelve (12) months from the date of your registration.

#### Who is Covered

An Eligible Cardholder, his Spouse and Children, whether traveling together or separately on a Covered Trip.

#### One-Way Trips

The following benefits end seven (7) days after Your arrival at Your final destination outside of Your Country of Residence:

1. Emergency Medical Expenses;
2. Emergency Medical Evacuation/Transportation expenses;
3. Emergency Dental Treatment;
4. Repatriation of Mortal Remains;
5. Hospital Daily Cash Benefit; and
6. Overseas Quarantine Allowance Benefit.

#### Claims

In the event of a claim, you will be required to provide documentation which is reasonably necessary to support your eligibility.

#### Payments

All payments to be made by the Insurer shall be paid to Eligible Cardholders in the Territory. Payment of any indemnity shall be subject to the laws and governmental regulations then in effect in the country of payment.

#### Automatic Extension of Coverage Period

The coverage period for a Covered Trip will automatically extend for up to thirty (30) days from the original date of return stated on the Common Carrier ticket if on Your original date of return You are under Hospital Confinement and/or quarantined as advised by a Medical Practitioner.

#### Economic Sanctions Exclusions

If, by virtue of any law or regulation which is applicable to an Insurer, its parent company or its ultimate controlling entity, at the inception of the Policy or at any time thereafter, providing coverage to the Insured is or would be unlawful because it breaches an applicable embargo or sanction, that Insurer shall provide no coverage and have no liability whatsoever nor provide any defense to the Insured or make any payment of defense costs or provide any form of security on behalf of the Insured, to the extent that

it would be in breach of such embargo or sanction.

### Consumer Notice

AIG is subject to compliance with US sanctions laws. For this reason, the Policy does not cover any loss, injury, damage or liability, benefits or services directly or indirectly arising from or relating to a planned or actual trip to or through Cuba, Iran, Syria, North Korea, or the Crimea region. In addition, the Policy does not cover any loss, injury, damage or liability to residents of Cuba, Iran, Syria, North Korea, or the Crimea region. Lastly, the Policy will not cover any loss, injury, damage or legal liability sustained directly or indirectly by any individual or entity identified on any applicable government watch lists as a supporter of terrorism, narcotics or human trafficking, piracy, proliferation of weapons of mass destruction, organized crime, malicious cyber activity, or human rights abuses.

**Governing Law and Jurisdiction:** This Policy is governed by and interpreted in accordance with the laws of Taiwan. Any dispute will be subject to the exclusive jurisdiction of the courts of Taiwan.

## GENERAL KEY TERMS AND DEFINITIONS

**Accident** means a sudden, unforeseen, uncontrollable and unexpected physical event to the Insured Person caused by external, violent and visible means occurring during a Covered Trip.

**Annual Aggregate Limit** means the maximum amount of benefit per Cardholder available during the Policy Period.

**Cardholder(s)** means all individuals who have been issued an Eligible Card, including secondary or additional cardholders on the same account, in the Territory and where such Eligible Card is issued by a participating Issuer.

**Child or Children** means the Eligible Cardholders' son or daughter, biological offspring, stepchildren and directly and biologically related children born outside of marriage aged above 6 months and under eighteen (18) years of age (or under twenty three (23) years of age if a full time student), unmarried and primarily dependent on the Insured Person for support.

**Common Carrier** means any land, sea or air travel arrangements for a scheduled tour, trip or cruise to any location pre-paid with the Eligible Card. **City of Permanent Residence** means the city in which You are residing.

**City of Permanent Residence** means the city in which You are residing.

**Country of Departure** means the country from which You first departed for Your Trip as per Your Travel Itinerary.

**Country of Permanent Residence** means the country where You are currently residing and hold a valid residency visa or where You were born.

**Covered Trip** means an Insured Person's land, sea or air travel arrangements for a scheduled tour, trip or cruise purchased with the Eligible Card that starts on or after the Eligible cardholder's registration from the country of the Eligible Card issuance. For round trips, coverage will be from the departure date until the return date as shown on the ticket purchased with the Eligible Card up to a maximum of one hundred eighty (180) days. For one-way trips, coverage will be from the departure date up to a maximum of seven (7) days.

**Eligible Card** means the Mastercard credit or debit cards issued from time to time in Taiwan.

**Eligible Cardholders** means those Cardholders aged between eighteen (18) and sixty-nine (69) years with Eligible who shall be entitled to receive payment or such other benefit as is provided for in the Policy.

**Emergency Evacuation** means:

- a. Your medical condition warrants immediate transportation from the place where You are injured or sick to the nearest Hospital where appropriate medical treatment can be obtained; or
- b. after being treated at a local Hospital, Your medical condition warrants transportation to Your current place of residence; or
- c. both (a) and (b) above.

**Excess or Deductible** means the amount of expenses or the number of days of each and every Loss payable by You before the Policy benefits become payable.

**Family** means the Spouse and up to 3 Children.

**Hospital** means a place that:

1. holds a valid license (if required by law);
2. operates primarily for the care and treatment of Sick or injured persons;
3. has a staff of one or more Physicians available at all times;
4. provides 24-hour nursing service and has at least one registered professional nurse on duty at all times;
5. has organized diagnostic and surgical facilities, either on premises or in facilities available to the Hospital or a pre-arranged basis; and

6. is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged, or a facility operated as a drug and/or alcohol treatment center.

**Injury** means a bodily injury caused solely and directly by violent, accidental, external and visible means resulting directly and independently of all other causes occurring during a Covered Trip while the Policy is in effect.

**Inpatient** means an Insured Person who is confined to a Hospital, under the recommendation of a Physician, and for whom a room and board charge is made.

**Insured Person(s)** means an Eligible Cardholder or other eligible person(s) who are defined as being eligible under each program's "Who is Covered" provision in this guide. The Policy offers coverage only to the Eligible Cardholders ordinarily resident in Taiwan where the Eligible Card was issued.

**Insured Events** means an occurrence which is outlined in the Benefits as a circumstance for which coverage is provided that takes place during a Covered Trip. Insured Events include those that occur during acts of Terrorism.

**Insurers/We/Us** means Taiwan Fire and Marine Insurance Company.

**Issuer** means a Bank or financial institution (or like entity) that is admitted and/or authorized by Mastercard to operate a Mastercard credit or debit card program in the Territory and is participating in the Travel Insurance offering to Cardholders.

**Mastercard** means Mastercard Asia/ Pacific Pte. Ltd, a corporation organized under the laws of Singapore, with its offices at 3 Fraser Street, Duo Tower, Singapore, 189352.

**Medically Necessary** medical services or supplies which:

1. are essential for diagnosis, treatment or care of the covered loss under the applicable benefit for which it is prescribed or performed;
2. meets generally accepted standards of medical practice; and
3. is ordered by a Physician and performed under his or her care, supervision or order.

**Natural Disaster** means extreme weather conditions (including but not limited to typhoons, hurricanes, cyclones or tornados), fires, floods, tsunamis, volcanic eruptions, earthquakes, landslides or other convulsion of nature or by consequences of any of the occurrences mentioned above.

**Overseas** means beyond the territorial limits of Your Country of Departure or Country of Residence as applicable depending on the country from where You originally depart as per Your travel itinerary, but in no circumstance includes Your Country of Residence.

**Per Cover Limit** means the maximum amount payable under any single Cover per Cardholder during the Policy Period.

**Physician** means a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform surgery in accordance with the laws of the country where such professional services are performed, however, such definition will exclude chiropractors, physiotherapists, homeopaths and naturopaths.

**Policy** means a contract of insurance and any attached endorsements or riders issued to Mastercard.

**Pre-existing Medical Condition** means a condition for which medical care, treatment, or advice was recommended by or received from a Physician or which first manifested or was contracted within a period up to twelve (12) months preceding the Covered Trip.

**Quarantine** means a restriction on movement or travel placed by a medical or governmental authority, in order to stop the spread of a communicable disease.

**Sickness** means illness or disease of any kind contracted and/or commencing during a Covered Trip.

**Spouse** means the Eligible Cardholders' legally married husband or wife between the ages of eighteen (18) years and sixty-nine (69) years.

**Territory** means the countries in which Eligible Cards are issued, in this case, Taiwan.

**Terrorist Act** means the use or threatened use of force or violence against person or property, or commission of an act dangerous to human life or property, or commission of an act that interferes with or disrupts an electronic or communication system, undertaken by any person or group, whether or not acting on behalf of or in any connection with any organization, government, power, authority or military force, when the effect is to intimidate, coerce or harm a government, the civilian population or any segment thereof, or to disrupt any segment of the economy. Terrorism shall also include any act which is verified or recognized as an act of terrorism by the government where the event occurs.

**Transportation** - means any land, water or air conveyance required to transport You during an Emergency Evacuation. Transportation includes, but is not limited to, air ambulances, land ambulances and private motor vehicles.

**War** means any declared or undeclared war or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

#### **TRAVEL MEDICAL BENEFITS**

We will pay the usual reasonable and customary charges for Covered Medical Expenses, not due to a Pre-Existing Medical Condition, sustained by an Insured Person while travelling outside of Your Country of Permanent Residence.

### Key Features

- a. Trips are covered for travel worldwide.
- b. Coverage is provided for Injury or Sickness, even if it is not an emergency.
- c. Medical Expense coverage up to a maximum benefit amount of NTD 3,190,000 per person (sub-limits apply for Spouse and Children, please refer to the SUMMARY OF COVER for more details).
- d. No limitation on the number of trips.
- e. Coverage is provided for both, one-way or round-trip travel.
- f. Covered losses caused by or resulting from Acts of Terrorism are included.

### MEDICAL EXPENSES

If You suffer an Injury or Illness and need medical attention while outside of Your Country of Permanent Residence, benefits are provided for Covered Medical Expenses. This coverage provides a maximum benefit up to NTD 3,190,000 per person (sub-limits apply for Spouse and Children, please refer to the SUMMARY OF COVER for more details).

#### 1. Covered Medical Expenses include:

- a. The services of a Physician including diagnosis, treatment and surgery by a Physician;
- b. charges made by a Hospital for room and board, floor nursing and other services, including charges for professional services, except personal services of a non-medical nature, provided, however, that expenses do not exceed the Hospital's average charge for semi-private room and board accommodation;
- c. Anesthetics (including administration), x-ray examinations or treatments, and laboratory tests, the use of radium and radioactive isotopes, oxygen, blood transfusions, iron lungs and medical treatment;
- d. Ambulance Services;
- e. Dressings, drugs, medicines and therapeutic services and supplies that can only be obtained upon a written prescription from a Physician or surgeon; and
- f. Dental Treatment resulting from injuries sustained to sound, natural teeth subject to a maximum of NTD 3,190 per tooth.

The charges for services enumerated above shall not include any amount of such charges that are in excess of regular and customary charges or excluded.

**Regular and Customary** means the charge for the services and supplies for which the charge is made if it is not in excess of the average charge for such services and supplies in the locality where received, considering the nature and severity of the Sickness or Injury in connection with which such services and supplies are received.

If the charge incurred is in excess of such average charge, such excess amount shall not be recognized as covered expenses. All charges shall be deemed to be incurred on the date such services or supplies which give rise to the expense or charge are rendered or obtained.

#### 2. What is Not Covered by "Medical Expenses" (In addition to General Exclusions):

*In addition to the General Exclusions, "Medical Expense" benefits are not payable for any losses, fatal or non-fatal, which are caused by or resulting from:*

- a. *a Pre-existing Medical Condition, as defined herein;*
- b. *services, supplies or treatment, including any period of hospital confinement, which was not recommended, approved and certified as necessary and reasonable by a Physician;*
- c. *routine physicals, laboratory diagnostic, x-ray examinations or other examinations, except in the course of a disability established by the prior call or attendance of a Physician;*
- d. *Elective, cosmetic or plastic surgery, except as the result of an accident;*
- e. *dental care, except as the result of injury to sound, natural teeth caused by accident while the Policy is in effect;*
- f. *Expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails;*
- g. *The diagnosis and treatment of acne;*
- h. *Deviated septum, including sub mucous resection and/or other surgical correction thereof;*
- i. *Organ transplants that competent medical professionals consider experimental;*
- j. *Well childcare including exams and immunizations;*
- k. *Expenses which are not exclusively medical in nature;*
- l. *Any expenses incurred in Country of Residence;*

- m. Eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless Injury or Sickness has caused impairment of vision or hearing;*
- n. Treatment provided in a government hospital or services for which no charge is normally made;*
- o. Mental, nervous, or emotional disorders or rest cures; or*
- p. Pregnancy and all related conditions, including services and supplies related to the diagnosis or treatment of infertility or other problems related to inability to conceive a child; birth control, including surgical procedures and devices.*

#### **MEDICAL EVACUATION**

1. We will pay up to the maximum combined benefit of up to NTD 3,190,000 per person (sub-limits apply for Spouse and Children, please refer to the SUMMARY OF COVER for more details), for covered expenses due to emergency medical evacuation or Return of Mortal Remains if incurred outside of Your Country of Permanent Residence. An Emergency Evacuation must be ordered by the Assistance Department or a Physician who certifies that the severity or the nature of Your Injury or Sickness warrants Your Evacuation.

Covered expenses are those for Transportation and medical treatment, including medical services and medical supplies necessarily incurred in connection with Your Emergency Evacuation. All Transportation arrangements made for evacuating You must be by the most direct and economical route possible.

Expenses for Transportation must be:

- a. recommended by the attending Physician;
- b. required by the standard regulations of the conveyance transporting You; and
- c. arranged and authorized in advance by the Assistance Department.

#### **RETURN OF MORTAL REMAINS**

We will pay benefits for covered expenses reasonably incurred while travelling outside of Your Country of Permanent Residence, to return Your body to if You die. Benefits will not exceed the combined maximum limit of NTD 3,190,000 per person (sub-limits apply for Spouse and Children, please refer to the SUMMARY OF COVER for more details), for both the Medical Evacuation and Return of Mortal Remains.

Covered expenses include, but are not limited to, expenses for:

- embalming;
- cremation;
- coffins; and
- transportation.

**These expenses must be authorized and arranged by the Assistance Department and You or Your Family must contact the numbers listed in the Customer Service Section.**

#### **DAILY IN-HOSPITAL CASH BENEFIT**

If You are hospitalized as an Inpatient, due to Injury or Illness while outside Your Country of Permanent Residence, a benefit of NTD 3,190 per day per person (sub-limits apply for Spouse and Children, please refer to the SUMMARY OF COVER for more details), will be provided for each day an Insured Person is hospitalized. The Hospital confinement must be recommended by a Physician.

#### ***What is Not Covered by "Daily In-Hospital Cash Benefit" (In addition to General Exclusions):***

- 1. Pre-existing Medical Condition;*
- 2. Hospitalization in Your Country of Residence;*
- 3. Pregnancy and resulting childbirth, miscarriage or disease of the female organs of production;*
- 4. Routine physical exams;*
- 5. Cosmetic or plastic surgery, except as a result of Injury;*
- 6. Any mental or nervous disorder or rest cures.*

#### **OVERSEAS COVID-19 DIAGNOSIS QUARANTINE ALLOWANCE**

1. We will pay up to NTD 3,190 per day as specified in the Summary of Cover per person for up to fourteen (14) consecutive days, if while Overseas, You test positive for COVID-19, and as a result are unexpectedly placed into mandatory Quarantine outside of the Territory.

We will pay the amount specified above to cover reasonable and necessary accommodation costs, meals or other expenses directly related to Quarantine.

Any claim for Overseas COVID-19 Diagnosis Quarantine Allowance shall be offset against any amount We have paid or are liable to pay under Travel Cancellation or Travel Curtailment in respect of the same event.

**2. What is NOT Covered by Overseas Covid-19 Diagnosis Quarantine Allowance (In addition to the General Exclusions):**

- a. This benefit will not apply where Quarantine measures are mandatory for all arriving passengers or Quarantine mandates exist for all passengers from a particular country/region of origin;
- b. We will not cover any loss if You are travelling against a medical practitioner's or doctor's advice, or any claim arising from You acting in a way that goes against the advice of a medical practitioner or doctor (including, but not limited to, travelling with COVID-19 symptoms).

**GENERAL PLAN EXCLUSIONS**

The Policy does not provide coverage for any of the following:

1. Intentionally self-inflicted injury, suicide or any attempt thereof while sane or insane; nor
2. War, civil war, invasion, insurrection, revolution, use of military power or usurpation government or military power; nor
3. any period an Insured Person is serving in the Armed Forces of any country or international authority, whether in peace or war; nor
4. loss sustained or contracted in consequence of an Insured Person being intoxicated or under the influence of any narcotic or drug unless administered on the advice of a physician; nor
5. any loss of which a contributing cause was the Insured Person's attempted commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or resistance to arrest by the Insured Person; nor
6. Any loss sustained while flying in any aircraft or device for aerial navigation except as specifically provided herein; nor
7. congenital anomalies and conditions arising out of or resulting there from, hernia or dental treatment except to sound natural teeth as occasioned by injury; nor
8. flying in any aircraft owned, leased or operated by or on behalf of an Insured Person or any member of an Insured Person's household; nor
9. driving or riding as a passenger in or on (a) any vehicle engaged in any race, speed test or endurance test or (b) any vehicle being used for acrobatic or stunt driving; nor
10. any claim caused by opportunistic infection or malignant neoplasm, or any other sickness condition, if, at the time of the claim, the Insured Person had been diagnosed as having AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex) or having an antibody positive blood test to HIV (Human Immune Virus); nor
11. the use, release or escape of nuclear materials that directly or indirectly results in nuclear reaction or radiation or radioactive contamination; nor
12. the dispersal or Application of pathogenic or poisonous biological or chemical materials; nor
13. Any loss sustained while the Insured person is participating in any professional sports, winter sports, or in sky diving, parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing, potholing; nor
14. any Pre-existing Medical Condition or congenital anomalies or any complication arising there from; nor
15. any sickness, disease, illness and any complications arising there from, unless specifically covered in the Policy; nor
16. Traveling against the advice of a physician; nor
17. any terrorist or member of a terrorist organization, illegal drug traffickers, or purveyor of nuclear, chemical or biological weapons, nor
18. planned or actual travel in, to, or through Cuba, Iran, Syria, Sudan, North Korea, or the Crimea region or actual travel in, to, or through Afghanistan or Iraq.

**COVID 19 COVERED CONDITIONS AND EXCLUSIONS**

Benefit	Covered Conditions And Exclusions
Medical Expenses	If You are diagnosed with COVID-19 whilst Overseas, We will pay up to the limit stated in the Summary of Cover for the necessary and reasonable medical costs incurred during your Covered Trip, as a result of You contracting COVID-19 during Your Trip.



<b>Emergency Medical Evacuation</b>	Included within the Medical Expenses benefit limit stated in the Summary of Cover, if You contract COVID-19 during Your Trip, We will cover the cost of emergency evacuation if deemed medically necessary.
<b>Return of Mortal Remains</b>	<p>This benefit includes the cost of returning Your body or Your ashes to the Territory up to the limit stated in the Summary of Cover.</p> <p>We will not cover any loss if You are travelling against a medical practitioner's or doctor's advice, or any claim arising from You acting in a way that goes against the advice of a medical practitioner or doctor (including, but not limited to, travelling with COVID-19 symptoms).</p> <p>In all cases, You or someone on Your behalf must contact Our assistance Department immediately.</p>
<b>Daily In-Hospital Cash Benefit</b>	The Policy will only pay for a claim in respect of either Daily In-Hospital Cash Benefit or Overseas Covid-19 Diagnosis Quarantine Allowance for the same event, but not both.
<b>Overseas COVID-19 Diagnosis Quarantine Allowance</b>	<p>Please note: This benefit is only payable for the time that You are placed into an unexpected mandatory Quarantine Overseas and ceases if You are required to Quarantine upon Your return to Your Country of residence. This amount is meant to help You pay reasonable and necessary accommodation costs directly related to Your Quarantine.</p> <p>What you are covered for:</p> <p>We will pay up to the amount shown in the Summary of Cover if while on an Overseas Trip, You are unexpectedly placed into a mandatory Quarantine outside Your Country of Residence by a written order of a governmental body for one of the following two reasons:</p> <ul style="list-style-type: none"> <li>• You test positive for COVID-19; or</li> <li>• Such governmental body identifies You or any Travelling Companion, specifically, as having been exposed to the coronavirus that causes COVID-19.</li> </ul> <p>We will pay to cover reasonable and necessary accommodation costs directly related to such Quarantine up to the amount specified in the Summary of Cover for up to 14 consecutive days.</p> <p>What you are not covered for under this section:</p> <p>In addition to the exclusions set out in the General Exclusions section, the Policy does not cover any loss or expenses arising out of, based upon, or attributable to any Quarantine mandate that generally or broadly applies to:</p> <ul style="list-style-type: none"> <li>• all arriving/transiting passengers, or all arriving/transiting passengers from a particular geographic area of origin;</li> <li>• all individuals currently located in a particular geographic area;</li> <li>• all passengers, or a sub-group of passengers that is broader than just You and Your Travelling Companion(s), in any Common Carrier.</li> </ul> <p>Please note that the conditions set out in the General Conditions section apply to all benefit sections.</p> <p>Claims evidence required for this section may include:</p> <ul style="list-style-type: none"> <li>• Proof of a positive COVID-19 test, if applicable</li> <li>• Proof of a Quarantine mandate issued by a governmental body</li> <li>• Proof of Your Hospital admission and discharge dates and times, if hospitalized</li> <li>• Proof of travel (confirmation invoice, travel tickets)</li> </ul> <p>Please note: We may require other evidence to support Your Claim depending on the circumstances, in which case We will request this from You.</p>

## ASSISTANCE DEPARTMENT

### For Customer Service in case of a medical emergency call our 24 hours Assistance Departments:

When travelling inside the US (N-America): 866 273 9079 toll free number

For Travel outside the US (N-America): 001 817-826-7014 call collect

Please keep in mind that the Assistance Department is not insurance coverage and that You will be responsible for the fees incurred for professional or emergency services requested of the Assistance Department (for example, medical or legal bills). This benefit may reimburse You for medical related expenses (Please refer to the Travel Medical section for additional information).

#### 1. Where the service is available:

In general, coverage applies worldwide, but there are exceptions.

Restrictions may apply to regions that may be involved in an international or internal conflict, or in those countries and territories where the existing infrastructure is deemed inadequate to guarantee service. You may contact the Assistance Department prior to embarking on a Covered Trip to confirm whether or not services are available at Your destination(s).

#### 2. Assistance Department:

- a. During Your trip, in the event of an emergency, the Assistance Department provides information on travel requirements, including documentation (visas, passports), immunizations, or currency exchange rates. The exchange rate provided may differ from the exact rate that issuers use for transactions on Your card. Information on exchange rates for items billed on Your statement should be obtained from the financial institution that issued Your card.
- b. In case of loss or theft Your travel tickets, passport, visa or other identity papers necessary to return home, the Assistance Department will provide assistance in replacing them by contacting local police, consulates, airline company or other appropriate entities.
- c. In the event of loss or theft of the transportation ticket to return home, a replacement transportation ticket can be arranged.
- d. Please note that this service does not provide maps or information regarding road conditions.

#### 3. Medical Assistance Departments:

- a. Provides a global referral network of general physicians, dentists, hospitals, and pharmacies.
- b. Provide help with prescription refills with local pharmacists (subject to local laws).
- c. In the event of an emergency, the Assistance Department will make arrangements for a consultation with a general practice physician. Additionally, the Assistance Department medical team will maintain contact with the local medical staff and monitor Your condition.
- d. If You are hospitalized, We can arrange to have messages relayed home, transfer You to another facility if medically necessary, or have a family member or close friend brought to Your bedside if You have been travelling alone (this will be at cardholder's expense).
- e. If the medical team determines that adequate medical facilities are not locally available in the event of an accident or illness, We will arrange for an emergency evacuation to a hospital or to the nearest facility capable of providing adequate care.
- f. If a tragedy occurs, We will assist in securing travel arrangements for You.

#### 4. Legal Referral Services:

If You are arrested or are in danger of being arrested as the result of any non-criminal action resulting from responsibilities attributed to You, We will assist, if required, to provide You with the name of an attorney who can represent You in any necessary legal matters.

## GENERAL PROCEDURE – HOW TO FILE A CLAIM

### Notice of Service request / Claim (non-medical emergency claims on reimbursement basis)

Written notice of service request / claim must be given no later than thirty (30) days from the date of the incident. Failure to give notice to the claims department listed below, within thirty (30) days from the date of the incident may result in a denial of the claim. To file a claim, log on to <https://tw.mycardbenefits.com> or send a claim notification to:

**Taiwan Fire & Marine Insurance Co., Ltd.**

8F, No.49, Guanqian Rd., Zhongzheng Dist.

Taipei City 100, Taiwan (R.O.C.)

Tel.: (02) 23120923

Customer Service Timing: 9:00 AM to 6:00 PM (excluding Saturday, Sunday and Public Holidays)

Email: [claims\\_mastercard@tfmi.com.tw](mailto:claims_mastercard@tfmi.com.tw)

The following procedures should be followed:

1. You (cardholder) or the beneficiary or someone legally acting on behalf of either, must notify us as required in the Claim

Notification Period, or your claim may be denied - Upon receipt of a notice of claim, the or Insurance Company, will furnish to a claimant the necessary Claim Form(s) along with instructions;

2. Complete the Claim Form(s) in its entirety;
3. Submit all required Information (certificate of registration, proof of loss etc.), as outlined in this section no later than the Submission Period.

Please note, there may be additional information requested at times in order to process your claim. It is your responsibility to provide this information or the claim may not be processed.

For assistance with filing a claim, please contact the numbers listed above.

#### **TRAVEL MEDICAL BENEFIT CLAIMS**

**Medical Expenses (Injury or Sickness) / Emergency Medical Evacuation & Return of Mortal Remains / Daily In-Hospital Cash Benefit/ Overseas Covid-19 Diagnosis Quarantine Allowance**

Claim Notification Period: Within ninety (90) days from the date of loss.

Submission Period: No later than ninety (90) days from the date of Claim Notification.

Required Information (proof of loss):

1. Medical report detailing history and nature of injury or sickness together with original medical receipts;
2. Transaction verification confirming the full passenger fare for the Covered Trip had been charged to the Eligible Card, including copies of Common Carrier ticket(s) and receipts;
3. Hospital Admission/ Discharge Card, if hospitalized;
4. Copy of the passport including Entry and Exit Stamps;
5. Proof of a positive COVID-19 test, if applicable; and
6. Proof of a Quarantine mandate issued by a governmental body, if applicable.

**Please note: We may require other evidence to support Your Claim depending on the circumstances, in which case We will request this from You.**