万事达卡

保险摘要资讯

旅行保险保障***	最高保险金额
旅行医疗保障:	
医疗费用 (伤害或疾病)	最高 663,000 人民币
紧急医疗救援 / 身故遗体送返	最高 663,000 人民币
住院每日现金保障 (最少 3 天, 最长 15 天)	每日 663 人民币
海外隔离津贴 (最长 14 天)	每日 663 人民币
援助部门服务	包括

^{***}配偶和**子女**于上述所有旅行保险保险额都有各别的分项限额。配偶及子女的分项给付限额相当于所有旅游保险金的50%。

请另行参阅援助部门章节,获取有关其他保险资讯及保障资料。 请另行参阅新冠肺炎门章节,获取有关其他保险资讯及保障资料。

一般主要条款及定义

获取保障

在以下情况下, 您有资格获得本保单的保障:

- (i) 你是一个受保资格持卡人; 和
- (ii) 您已在旅程开始前完成旅游保险注册流程; 和
- (iii) 当阁下使用受保资格卡支付一般交通工具乘客票的全部费用时,及/或透过使用受保资格卡的相关奖赏计划点数(例如:旅行里程点数)获取一般交通工具乘客票时。

除单程旅行外,从您注册之日起的十二(12)个月内,在使用合资格卡支付公共承运人全部交通费用的情况下,保险的有效期最长为一百八十(180)天。

保障对象

受保资格持卡人,其配偶和子女,无论同行或各自旅行。

单程旅行

对于以下津贴,单程旅行保险在被保险人到达其居住国以外的最终目的地七(7)天后终止:

- 1. 紧急医疗费用;
- 2. 紧急医疗后送/交通费用;
- 3. 紧急牙科治疗;
- 4. 遗体运返;
- 5. 住院每日现金津贴;
- 6. 海外新冠诊断检疫津贴

索赔

被保险人须负责向保险公司提供与损失相关之充分证据,以评估理赔金额。

赔偿支付

所有赔付将由 保险公司支付给承保地区的受保资格持卡人。任何保险赔付均须遵守赔付所在国当时有效的法律及政府规例。

承保期自动延长

如您于原返回日期正按执业医生的建议住院和/或隔离,则承保旅行的承保期将自一般交通工具乘票注明的原返回日期起自动延长三十(30)天。

制裁

若根据适用于保险公司、其母公司或其最终控权实体的任何法律或规例,于本保单生效时或其后任何时间,向受保人提供保险保障会或可能会因违反适用限制或制裁而触犯法律,则在会违反该等限制或制裁的情况下,保险公司不会提供保障且无论如何均不承担任何责任,亦不会为受保人进行抗辩或赔付抗辩费用,或代表受保人提供任何形式的保障。

消费者须知

保险公司必须遵守美国制裁法。因此,本保单不承保因计划或实际前往或途经古巴、伊朗、叙利亚、朝鲜或克里米亚地区而直接或间接产生或与之相关的任何损失、伤害、损害或责任、利益或服务.此外,本保单不承保古巴、伊朗、叙利亚、朝鲜或克里米亚地区居民的任何损失、伤害、损害或责任。最后,本保单不承保任何适用的政府观察名单上被认定为支持恐怖主义、毒品或人口贩运、海盗、大规模武器扩散的任何个人或实体直接或间接遭受的任何损失、伤害、损害或法律责任 破坏、有组织犯罪、恶意网络活动或侵犯人权行为。

适用法律和管辖权

本保单须受新加坡法例管限并据其进行解释。所有争议均接受新加坡法院的专有司法管辖。

一般主要条款及定义

意外:指受保人于受保旅行期间间因外在、暴力及可见方式而遭遇的突然、无法预料、无法控制及意外的人身事故。

持卡人:指在**该地区**及参与发卡机构发行受保资格卡之地区内,所有获发受保资格卡的个人,包含同一张户下的副卡或 附属卡持有人。

子女:指受保资格持卡人的儿子或女儿、血亲后代后、继子女及非婚生的直系及有血緣关係的年龄为 6 个月以上但未滿十八(18)岁(或若为全日制學生,则年龄未滿二十三(23)岁)的未婚且主要由受保人赡养的子女。

一般交通工具: 指使用受保资格卡就前往任何地点的预定点预旅行、旅行或航程而预付费用的任何海、陆、空旅行安排。

永久居住城市:指阁下现正居住的城市。

永久居住国: 指阁下当前所居住且持有有效居住签证或阁下出生地所在的国家。

出发国: 是指被保险人在旅行行程中最初出发的国家。

受保旅行:是指在合资格持卡人从合资格卡的发卡国家注册之日或之后,被保险人使用合资格卡支付的预定旅游、旅行或游轮的陆海空旅行安排。对于往返旅行,保险期限自启程日期起至使用合资格卡支付票据上显示的返程日期止,最长一百八十(180)天。对于单程旅行,保险期限从启程日期起至最多七(7)天。

受保资格卡: 指中国不时发行的万事达卡借记卡/世界信用卡。

受保资格持卡人:指受保资格卡的持卡人(年龄介乎 18 岁至 69 岁),惟该受保资格卡在购买受保旅行时属有效、可使用且信用良好(未被取消、暂停使用或逾期还款),持卡人有权按保障列表获得赔付或其他保障。

紧急运送 - 指:

- a. 根据阁下的身体狀況,須将阁下由遭遇受伤或疾病的地方紧急运送至距离最近而可提供合适 医疗治疗的医院:
- b. 于当地医院进行治疗后,根据阁下的身体狀況,須将阁下运送至阁下现时的居住地; 或
- c. 同时包括上述(a)及(b)项。

自负额或免责期:指阁下在获付保单給付前須就各项及每项损失负责的费用或天数。

家属: 指配偶及最多 3 名子女。

医院: 指符合以下的机机构:

- a. 持有有效牌照 (若法律规定);
- b. 主要是为病人或受伤人士提供护理及治疗而运作;
- c. 全天均有一名或多名医生值勤;
- d. 提供24小时护理服务,全天至少有一名註册业专业护士值勤;
- e. 在医院可用物业或设施内备具备或可预先安排齐全的诊断及外科手术设备;及
- f. 除非是附帶机机构,否则不包括为老年人而设的诊疗所、护养院、养老院或疗养院,亦不包括作为戒毒及 / 或 戒酒治疗中心营运的机机构。

受伤:指于该保单生效期间,因受保旅行过程中仅由暴力、意外、外在及可见方式所直接导致且与任何其他原因无关的身体损伤。该保单仅向常居住在发卡国家中国的合格持卡人提供保险。

留院病人指按医生建义住院并須支付住宿房间及膳食费用的受保人。

受保人:指本摘要资讯内各「保障对象」條文项下界定为合资格的受保资格持卡人或其他合资格人士。

受保事件: 指受保旅行期间发生承保范围涵蓋的保障情況。受保事件包括于恐怖主义行为期间发生的事件。

保险公司/我们:指负责于持卡人登记的国家向持卡人提供旅游保险的该保险公司。

发卡机构:指经万事达卡公司允許及/或授权在**该地区**内经营万事达受保资格卡业务之银行或金融机机构或相似实体, 其参与向持卡人提供旅游保险。

万事达卡公司:指 MasterCard Asia/Pacific Pte. Ltd,根据新加坡法律成立的法团,其办事处地址为 3 Fraser Street, Duo Tower, Singapore 189352。

医疗必需品:满足以下條件的医疗服务或用品:(a)根据规定或執行的适用保障,对于所承保之损失的诊断、治疗或护理而言属必要;(b)符合医疗惯例的一般认可标准惯标准;及(c)由医生提供处方及于其监护、监督或指示下使用。

自然灾害指的是极端天气条件(包括但不限于台风、飓风、旋风或龙卷风)、火灾、洪水、海啸、火山爆发、地震、山体滑坡或其他自然灾害,或上述任何事件的后果。

海外: 是指超出被保险人出发国或居住国的领土范围,具体取决于被保险人在旅行行程中最初出发的国家,但在任何情况下都不包括被保险人的居住国。

医生:指持有牌照可根据进行有关业专业服务的国家的法律提供医疗服务或实施手术的内科医生或外科医生,但不包括 脊医、理疗师、順势疗法医生及自然疗法医生。

保单: 向万事达卡公司发出的保险合約及任何附加條款或附加保障。

受保前已存在之医疗状况: 指于保单生效日期前 12 个月内曾获医生建议义或获医生提供医疗护理、治疗或意见的狀況。

隔离,是指医疗或政府部门为阻止传染病的传播而对人员流动或旅行进行的限制。

疾病: 指于受保旅行期间感染及/或罹患的任何病症。

配偶: 指受保资格持卡人于合法婚姻中的丈夫或妻子(年龄介乎十八(18)岁至六十九(69)岁)。

该地区: 指发行受保资格受保资格卡的国家或地区, 中国 (不包括香港、台湾和澳门)。

恐怖主义行为:指任何人或团体,对人身或財产实际或威胁使用武力或暴力,或是犯下对生命或财产造成危险的行为,或是犯下干扰、中断电子或通讯系统之行为,不论是代表任何组织、政府、政权、当局或军事武力或与其有关者,只要其产生恐吓、胁迫或伤害政府、平民或其中任何部分,或破坏任何经济体系即属之。恐怖主义亦应包含任何被事发当地政府证实或认定为恐怖主义之行为论经经济。

运输工具 - 指于紧急运送期间运送阁下所需的任何陆地、水上或空中交通运输工具。运输工具包括但不限于救护机飞机、陆地救护车及私人机动车车辆。

战争:指任何已宣告或尚未宣告的战争,或任何类似战争的活动,包括任何主权国家为达到经济、地理、民族、政治、 种族、宗教或其他目的而使用军事力量达经经济。

旅行医疗保障

我们会就并非由于阁下于永久居住国以外的地区旅游时仍处于受保前已存在之狀況所造成的承保医疗费用支付一般合理惯例费用。

主要内容:

- 旅行涵蓋全球范围的旅游。
- 保障为受伤或疾病提供,即使并非紧急事故。
- 医疗费用保障最高赔偿金额为每人663,000人民币(配偶和子女适用分项限额,更多详情请参阅上文保单)。
- 旅行次数并无限制。
- 保障适用于单程或往返旅行旅游的情况。
- 包含因恐怖主义行为(定义见本文)而引致或造成的所承保之损失。

医疗费用:

若阁下于永久居住国以外的地区遭遇受伤或疾病,并需要医疗看护,我们会就承保医疗费用提供保障,最高保障金额 为每人 663,000 人民币(**配偶**和**子女**适用分项限额,更多详情请参阅上文保单)。

1. 承保医疗费用包括:

- a. 医生服务,包括由一名医生进行的诊断、治疗及手术;
- b. 医院提供住宿及膳食、病房护理及其他服务所收取的费用,包括业专业服务费用,但不包括非医疗性质的个人服务费用,惟无论如何,费用不得超过医院就半私人病房及膳食所收取的平均费用;
- c. 麻醉剂(包括施用)、X光检查或治疗,以及化驗、使用鐳及放射性同位素、氧氣、输血、鐵肺及药物治疗;
- d. 救护车服务;
- e. 仅可于获得一名医生或外科医生的书面处方后方可获得的敷料、药品、药物及治疗服务及用品;及
- f. 对于因健全真牙受到损伤而进行的牙科治疗,最高限额为每只牙663人民币。

上述服务费用不包括超出常规惯例收费或不保事项的任何相关费用金额。

<u>常规惯例</u>:_指就有关服务及用品收取的费用,而经经考虑与所相关服务及用品有关的疾病或受伤的性质及严重程度,相关费用不超过在当地就有关服务及用品所收取的平均费用。

若产生的费用超过有关平均收费,则超出的有关金额不应列作承保费用。所有费用均应被视为于产生费用或收费的相关服务或用品获提供或取得当天产生。

2. 「医疗费用」不保障的项目(在一般不保项目上附加):

除一般不保项目以外,「医疗费用」保障亦不会就由于以下原因而引致或造成的任何致命或非致命损害作出赔付:

- 1. 受保前已存在之医疗狀況 (定义见本文);
- 2. 未经医生建义、批准及证实属必要及合理的服务、用品或治疗,包括任何住院期;
- 3. 例行体检、化驗诊断。X 光检查或其他检查,惟在医生先前要求或主治确定为殘疾的过程中所进行者除外;
- 4. 选擇性美容或整容外科手术,不包括因意外而进行的手术;
- 5. 牙科护理,该保单生效期间因意外导致健全真牙受伤而須进行的护理除外;
- 6. 因涉及虛弱、紧張或扁平足、鸡眼、老茧或指甲而产生的费用;
- 7. 痤疮的诊断及治疗:
- 8. 隔膜異位,包括黏膜下切除手术及/或为此而实施的外科矫正手术;
- 9. 主治医疗專家認为属試驗性质的器官移植;
- 10. 儿童健康保育,包括检查及疫苗接种;
- 11. 非纯医疗性质的费用;
- 12. 于原住国内产生的任何费用;
- 13. 眼镜、隱形眼镜、助听器及为就此而开出处方或配方而进行的检查,除非受伤或疾病已导致视力或听力损伤;
- 14. 公立医院提供的治疗或通常免费的服务;
- 15. 精神、神经或情绪障碍或静经养疗法; 或
- 16. 怀孕怀孕或所有相关情况,包括与不孕或其他与无法妊娠及生育控制有关的問題的诊断或治疗相关的服务及用品,包括外科手术及设备。

医疗运送

1. 若于阁下的永久居住国以外的地方,因紧急医疗运送或遺体运返产生承保费用,我们将支付最高合併赔尝赔偿金额,上限为每人663,000 人民币(配偶和子女适用分项限额,更多详情请参阅保单)。紧急运送須由援助部门或医生安排进行,而该援助部门或医生可证明根据阁下受伤或疾病的严重程度或性质需要为阁下提供运送服务。

承保费用乃为运输及医疗治疗(包括与阁下的紧急运送有关的必要医疗服务及医疗用品)招致的费用。运送阁下的所有 交通运输安排須採用最直接及经经济的路线。

运输费用須:

- a. 由主治医生建义;
- b. 对于运送阁下的交通工具的标准管制而言属必要;及
- c. 由援助部门预先安排及批准。

遺体运返

1. 若阁下于永久居住国以外的地方旅游时不幸身故,**我们将就**因运返阁下遺体而产生的合理承保费用**支付赔偿**。就医疗运送及遺体运返而言,保障均不超过合併最高限额每人 663,000 人民币(**配偶**和**子女**适用分项限额,更多详情请参阅上文保单)。

承保费用包括但不限于以下费用:

- a. 遺体防腐;
- b. 火化;
- c. 棺木;及
- d. 运送。

该等费用須由援助部门批准及安排,且阁下須联络客户服务章节所列的电话号码。

住院每日现金保障

若阁下因于永久居住国以外的地方遭遇受伤或疾病而作为留院病人住院,我们会为住院的受保人提供每日每人 663 人民币的住院保障(配偶和子女适用分项限额,更多详情请参阅上文保单)。留院必須是医生建义。

不保事项

- 1. 受保前已存在之医疗狀況;
- 2. 在阁下居住国进行的住院治疗;
- 3. 怀孕及之后的分娩、流产或女性生殖器官疾病;
- 4. 定期体检;
- 5. 美容或整形外科手术,不包括因受伤而引致的手术;
- 6. 任何精神或神经障碍或静经养治疗。

海外新冠确诊隔离津贴

1.如果被保险人在海外期间新冠检测呈阳性,并意外因此被就地强制隔离,我们将按照保险概要中的规定,在连续14天内,每人每天支付人663人民币。

我们将给付上述金额,以支付合理且必要的住宿费、餐费或与隔离直接相关的其他费用。

对于海外新冠确诊隔离津贴的任何索赔,均应抵销我们就同一事件在"旅行取消"或"旅程缩短"项下已支付或应支付的任何金额。

2.除一般除外条款外,海外新冠确诊隔离津贴不包括哪些内容:

- a. 如果对所有入境旅客强制采取隔离措施,或对来自特定国家/地区的所有旅客有隔离规定,则该补贴不适用;
- b. 如果被保险人未听从执业医师或医生的建议而去旅行,或其行为违反执业医师或医生的建议(包括但不限于在有新 冠肺炎症状的情况下旅行),我们将不赔偿任何损失。

一般保障不保事项

该保单概不承保下列任何项目:

- 1. 在神志清醒或不清醒时,故意自殘、自殺、或意图自殺;或
- 2. 战争、内战、入侵、骚动、革命,使用武力或篡权政府或军事力量;或
- 3. 受保人在任何国家或国际组织的军部服役期间,不论是和平或战乱,; 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. 主要由于受保人故意从事或故意参与非法行为,或由于受保人违法或企图违法或拒捕而造成的任何损失;或
- 6. 乘坐飞机或航空设备时遭受的任何损失,但不包括本保单内特别订明者;或
- 7. 先天性畸形及其引发或产生的病症、疝气或牙齿医疗,但不包括因伤害造成对完好真牙的治疗;或细菌感染, 但不包括事故伤口引起的化脓性感染;或
- 8. 搭乘由受保人或受保人家庭任何成员本人或其代表所拥有、租用或操作之飞机;或
- 9. 駕駛或作为乘客乘坐: (a)参与任何比賽、測速或耐力測試的任何车车辆或(b)用于杂技或特技駕駛的任何车车辆; 或
- 10. 机会性感染或惡性腫瘤,或任何其他疾病引致的任何索赔,而于提出索赔时,受保人已被确诊患愛滋病(后天免疫力缺乏症)、愛滋病相关症候群(ARC)或愛滋病病毒(HIV)抗体血液測試結果;或
- 11. 使用、釋放或洩漏核原料,直接或间接导致核反应、核輻射或放射性污染;或

- 12. 散佈或应用致病性或有毒性生物或化學材料; 或
- 13. 受保人参与任何业专业体育运动、冬季运动、或高空跳傘、跳傘、悬挂式滑翔、蹦极跳、深海潛水、爬山、野 炊所遭受的任何损失;或
- 14. 受保前已存在之医疗狀況、或先天性畸形或其引发的任何併发症;或
- 15. 任何病痛、疾病、病疫及其引发的任何併发症,但保单内订明保障者除外;或
- 16. 不遵医囑出行;或
- 17. 任何恐怖分子或恐怖組織成员,非法販运药物者、或提供核武、化學或生物武器的供应者;或
- 18. 计划或实际在古巴,伊朗,叙利亚,苏丹,朝鲜或克里米亚地区旅行,或前往或通过阿富汗或伊拉克实际旅行。

新冠肺炎- 承保条件和除外责任

津贴	承保条件和除外责任
医疗费用	如果被保险人在海外期间被确诊为新冠肺炎,我们将按照保险摘要中规定的限额,赔付被 保险人在承保的旅行期间因感染新冠肺炎而产生的必要且合理的医疗费用。
紧急医疗后送	在保险摘要中规定的医疗费用津贴限额内,如果被保险人在旅行中感染了新冠肺炎,如有
	医疗需要,我们将赔付紧急医疗后送的费用。
遗体运返	本津贴包括将被保险人遗体或骨灰运回境内的费用,但不超过保险摘要中规定的限额。
	如果被保险人违反执业医师或医生的建议而去旅行,或因被保险人的行为违反执业医师或
	医生的建议(包括但不限于在有新冠肺炎症状的情况下旅行)而引起的任何索赔,我们将不赔偿任何损失。
	在任何情况下,被保险人或其代表必须立即与我们的援助部门联系。
住院每日现金津贴	本保单仅赔付同一事件的住院每日现金津贴或海外新冠肺炎确诊隔离补贴中的任何一项索赔。
海外新冠肺炎确	请注意:该补贴仅在被保险人在海外被意外强制隔离期间赔付,如果被保险人在返回居住
诊隔离补贴	国后被要求隔离,则赔付将终止。该补贴用于帮助被保险人支付与其隔离直接相关的合理 且必要的住宿费用。
	保险范围:
	如果被保险人在海外旅行期间,由于以下两种原因之一,依据政府机构的书面命令,在其
	居住国以外地区被强制隔离,我们将赔付保险摘要中规定的金额:
	● 被保险人新冠检测呈阳性;
	● 被保险人或其任何旅伴被政府机构列为新冠肺炎接触者。
	我们将赔付与隔离直接相关的合理且必要的住宿费用,但不超过保险摘要中规定的金额,
	最多连续14天。
	本部分不予承保的情况:
	除"一般除外责任"部分的除外责任外,本保单不赔付任何由普遍或广泛适用于以下群体的隔离命令所产生的损失或费用:
	→ 所有入境/过境旅客,或所有来自某一特定地理区域的入境/过境旅客;
	· 四日八兔/足兔冰百,纵川日本日本 付足也连边场的八兔/足兔冰台,

- 目前位于某一特定地理区域的所有个人;
- 所有乘客,或包含被保险人及其旅伴在内的任何公共承运人的旅客群体。

请注意, "一般条件"部分所列的条件适用于所有津贴部分。

本部分要求的索赔证据可能包括:

- 新冠检测阳性证明 (如适用)
- 由政府机构发出的隔离命令的证明
- 住院、出院日期和时间的证明(如住院)
- 旅行证明 (确认发票、旅行票据)

请注意:我们可能酌情要求其他索赔证据,在这种情况下,我们将向被保险人提出要求。

援助部门服务

对于医疗紧急情况的客户服务,请致电我们的24小时协助部门:

在美国境内旅行时 (N-America): 866 273 9079 免费热线 在美国境外旅行 (N-America): 001 817-826-7014 来电收集

请记住,援助部门不是乘保范围,您将负责协助部门要求的专业或紧急服务所产生的费用(例如,医疗或法律费用)。 此福利可能会向您退还医疗相关费用(有关其他信息,请参阅旅行医疗部分)。

1.提供服务的地方:

一般而言, 乘保范围适用于全球, 但也有例外。

限制可能适用于可能涉及国际或国内冲突的地区,或适用于现有基础设施被认为不足以保证服务的国家和地区。您可以在开始涵盖旅行之前联系援助部门,以确认您的目的地是否有可用的服务。

2.援助部门:

- a. 在您的旅行期间,如果发生紧急情况,援助部门会提供有关旅行要求的信息,包括文件(签证,护照),免疫接种或货币兑换率。提供的汇率可能。
- b. 不同于发卡机构用于您的受保资格卡交易的确切费率。有关您的对帐单上的结算项目的汇率信息应从发卡的金融机构获取。
- c. 如果丢失或被盗您的旅行机票,护照,签证或其他返回家园所需的身份证件,援助部门将通过联系当地警察, 领事馆,航空公司或其他适当实体来帮助更换它们。
- d. 如果返回家中的运输票丢失或被盗,可以安排更换运输票。
- e. 即请注意,此项服务不提供有关道路状况的地图或信息。

3.医疗援助部门:

- a. 提供全科医生,牙医,医院和药房的全球推荐网络。
- b. 向当地药剂师提供处方补充的帮助(根据当地法律)。
- c. 在紧急情况下,援助部门将安排与全科医生进行咨询。此外,援助部医疗团队将与当地医务人员保持联系并监控您的病情。

- d. 如果您住院,我们可以安排将信息转发回家,如果您有医疗必要,将您转移到另一家医疗机构,或者如果您一个人旅行则将家人或亲密朋友带到您的床边(这将由持卡人承担费用)。
- e. 如果医疗团队确定在发生事故或疾病时当地没有足够的医疗设施,我们将安排紧急撤离到医院或能够提供足够护理的最近设施。
- f. 如果发生悲剧,我们将协助确保您的旅行安排。

4.法律推荐服务:

如果您被逮捕或有可能因您的责任而导致的任何非刑事诉讼而被逮捕,我们将在必要时协助向您提供可代表您的任何必要的律师姓名法律事务。

-般程序 - 如何申请索赔

服务申请/索赔通知(按重複赔偿基準的非医疗紧急事故索赔)

服务申请/索赔通知书須于事故发生当日起三十(30)日内作出。未于事故发生当日起三十(30)日内向下列理赔部作出通知者,保险公司或会拒絕受理。要提出索赔,请登录 https://cn.mycardbenefits.com 或将索赔通知发送至:

中国南部地区理赔中心美亚财产保险有限公司

中国广东省广州市越秀区北京路 374-2 号广州中心 10 楼 04-07 单元邮编: 510030

传真: +8620-2882 5818

电子邮箱: Mastercard.Services-CN@aig.com

请遵循下列程序:

- 1) 阁下(持卡人)或受益人,或阁下(持卡人)或受益人的合法代表,必須于规定的索赔通知期内通知我们,否则我们或会拒絕受理阁下的索赔。收到索赔通知后,保险公司将向索赔人索取相关资料与提供指示;
- 2) 于提交期結束前提交本节概述的所有必須资料(注册证书,损失证明等)。

请注意,受理阁下的索赔或須不时提供其他资料。阁下有责任提供此等资料,否则可能无法受理索赔。

如需协助申请索赔,请联系联系上述电话号码。

旅行医疗保障索赔

医疗开銷 (伤害或疾病) / 紧急医疗运送及遺体运返 / 住院每日现金保障/海外隔离津贴

索赔通知期: 自损失日期起九十(90)日内。

提交期:最遲不超过索赔通知日期后九十(90)日。

必須资料 (损失证明):

- 1. 医疗報告(详列伤害或疾病歷史及属性)連同医疗费用收据原件;
- 交易核实资料(确认受保旅行的全部客票费用均由受保资格卡支付),并包括一般交通工具票据及收据的副本;
- 3. 住院、出院日期和时间的证明(如住院);
- 4. 护照副本 (需含出入境印章);
- 5. 新冠检测阳性证明(如适用);
- 6. 由政府机构发出的隔离命令的证明 (如适用)。

请注意:我们可能酌情要求其他索赔证据,在这种情况下,我们将向被保险人提出要求。

MASTERCARD CHINA

SUMMARY OF COVER

Travel Insurance Coverage***	Maximum Benefit Amount
Travel Medical Benefits:	
Medical Expenses (Injury or Sickness)	Up to RMB 663,000
Emergency Medical Evacuation/Return of Mortal Remains	Up to RMB 663,000
Daily In-Hospital Cash Benefit (min 3 days, max 15 days)	RMB 663 per Day
Overseas Quarantine Allowance (max 14 days)	RMB 663 per Day
Assistance Department Services	Included

^{***} Sub-limits apply for Spouse and Children Helper 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 refer to COVID-19 section for additional information.

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 your purchase of your Common Carrier fare; and
- 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

For 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.

本条款及细则所述保险由 AIG Asia Pacific Insurance Pte. Ltd(AIG 新加坡") 承保。	Page 11 of 20
The insurance policy referred to in this document is underwritten by AIG Asia Pacific Insurance Pte Ltd ("AIG Singapore").	第11页,共 11 页

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 Singapore. Any dispute will be subject to the exclusive jurisdiction of the courts of Singapore.

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.

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.

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

Country of Permanent Residence/ Country of 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 China.

Eligible Cardholders means those Cardholders aged between 18 years and 69 years with Eligible Cards that are valid, open and in good standing (not cancelled, suspended or delinquent) at the time of purchase of Covered Trip 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.

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 China 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 the Insurers that shall be responsible for providing Travel Insurance to cardholders in their country of registration.

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.

Major Travel Event means:

- 1. Natural Disaster;
- 2. epidemic or pandemic as at a Phase 4 level or higher as declared by the World Health Organization or for which a warning against non-essential travel is issued by the China government or the government of the country or territory You are travelling to;
- 3. major industrial accident;
- 4. Civil Unrest, Riot or Commotion resulting in cancellation of scheduled Common Carrier services or in a relevant government warning against non-essential travel;
- 5. Strike resulting in cancellation of scheduled Common Carrier services; or
- 6. any event leading to airspace or multiple airport closures.

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.

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 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 country where the Eligible Cards are issued, in this case, China (excluding Hong Kong, Taiwan and Macau).

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 RMB 663,000 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 RMB 663,000 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 isotypes, 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 RMB 663 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:

- 1. a Pre-existing Medical Condition, as defined herein;
- 2. services, supplies or treatment, including any period of hospital confinement, which was not recommended, approved and certified as necessary and reasonable by a Physician;
- 3. 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;
- 4. Elective, cosmetic or plastic surgery, except as the result of an accident;
- 5. dental care, except as the result of injury to sound, natural teeth caused by accident while the Policy is in effect;
- 6. Expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails;
- 7. The diagnosis and treatment of acne;
- 8. Deviated septum, including sub mucous resection and/or other surgical correction thereof;
- 9. Organ transplants that competent medical professionals consider experimental;
- 10. Well child care including exams and immunizations;
- 11. Expenses which are not exclusively medical in nature;
- 12. Any expenses incurred in Country of Residence;
- Eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless Injury or Sickness has caused impairment of vision or hearing;
- Treatment provided in a government hospital or services for which no charge is normally made;
- 15. Mental, nervous, or emotional disorders or rest cures; or
- 16. 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 RMB 663,000 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 and 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 RMB 663,000 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 RMB 663 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 under DAILY HOSPITAL INCOME (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 reproduction;
- 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 RMB 663 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).

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.
Emergency Medical Evacuation	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.
Return of Mortal Remains	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.
	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).
	In all cases, You or someone on Your behalf must contact Our assistance Department immediately.
Daily In-Hospital Cash Benefit	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.
Overseas COVID-19 Diagnosis Quarantine Allowance	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.
	What you are covered for: 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: • You test positive for COVID-19; or • Such governmental body identifies You or any Travelling Companion, specifically, as having been exposed to the coronavirus that causes COVID-19.
	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 fourteen (14) consecutive days.
	What you are not covered for under this section: 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:

- all arriving/transiting passengers, or all arriving/transiting passengers from a particular geographic area of origin;
- all individuals currently located in a particular geographic area;
- all passengers, or a sub-group of passengers that is broader than just You and Your Travelling Companion(s), in any Common Carrier.

Please note that the conditions set out in the General Conditions section apply to all benefit sections.

Claims evidence required for this section may include:

- Proof of a positive COVID-19 test, if applicable
- Proof of a Quarantine mandate issued by a governmental body
- Proof of Your Hospital admission and discharge dates and times, if hospitalized
- Proof of travel (confirmation invoice, travel tickets)

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

GENERAL PLAN EXCLUSIONS

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

- 1. Intentionally self-inflicted injury, suicide or any attempt thereat while sane or insane; nor
- 2. War, civil war, invasion, insurrection, revolution, use of military power or usurpation government o 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
- 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.

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 Re-Imbursement 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://cn.mycardbenefits.com or send a claim notification to:

South China Regional Claims Center AIG Insurance Company China Limited

Units 04-07, 10/F, The Centrepoint, 374-2 Beijing Road, Yuexiu District, Guangzhou, Guangdong, P.R.C. China 510030 Fax: +8620-2882 5818

Email: Mastercard.services-CN@aig.com

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 Insurance Company, will take necessary details from the claimant and provide instructions;
- 2. 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 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.