



AIG PHILIPPINES INSURANCE, INC. (formerly Chartis Philippines Insurance, Inc.) (hereinafter called the "Company") agrees to insure the Insured Person(s) against loss covered by this Policy subject to and in accordance with the exclusions, limitations, provisions and terms described therein.

Section 1 – Personal Accident

The Insurance afforded is only with respect to injuries which, directly and independently of all other causes result in death and disablement, as stated hereunder, but only to the extent and within the time limits indicated and if such injury results in loss within ninety (90) days after the date of the accident.

1. Death	P	1,000,000
2. Permanent Total Disablement		1,000,000
3. Permanent and Incurable Paralysis of all limbs		1,000,000
4. Permanent Total Loss of Sight of Both Eyes		1,000,000
5. Permanent Total Loss of Sight of One Eye		1,000,000
6. Loss of or the Permanent Total Loss of use of Two Limbs		1,000,000
7. Loss of or the Permanent Total Loss of use of one Limb		1,000,000
8. Permanent Total Loss of Speech and Hearing		1,000,000
9. Permanent total Loss of Hearing in		
(a) both Ears		750,000
(b) one Ear		150,000

"Permanent" wherever used in this Policy shall mean lasting twelve (12) calendar months from the date of accident and at the expiry of the twelve (12)-month period being beyond hope of improvement.

"Permanent Total Disablement" shall mean disablement which commences within ninety (90) days from the date of the accident and which is permanent and which entirely prevents an Insured Person from attending to any business or gainful occupation (of any and every kind) or if he has no business or occupation from attending to any duties, which would normally be carried out by him in his daily life.

"Loss" wherever used in this Policy shall mean permanent total functional disablement or complete severance through or above the wrist or ankle joints.

"Loss of Limb" wherever used in this Policy shall mean total functional disablement or loss by complete and permanent physical severance of a hand at or above the wrist or of a foot at or above the ankle.

"Loss of Speech" wherever used in this Policy shall mean the disability in articulating any three of the four sounds which contribute to speech such as the Labial sounds, the Alveolar sounds, the palatal sounds and the Velar sounds or total loss of vocal cord or damage of speech center in the brain resulting in Aphasia.

"Loss of Hearing" wherever used in this Policy shall mean permanent irrecoverable loss of hearing where:

- If a dB = Hearing loss at 500 Hertz
- If b dB = Hearing loss at 1000 Hertz
- If c dB = Hearing loss at 2000 Hertz
- If d dB = Hearing loss at 4000 Hertz
- 1/6 of (a + 2b + 2c + d) is above 80 dB.

"Loss of Sight" wherever used in this Policy shall mean the entire and permanent irrecoverable Loss of Sight.

The occurrence of any specific loss for which indemnity is payable under this Section shall at once terminate all insurance under the Policy, but such termination shall be without prejudice to any claim originating out of the accident causing such loss.

No indemnity will be paid under any circumstances for more than one of the losses, the greatest for which provision is made in this section.

Section 2 – Accident Medical Expense Reimbursement

This section shall reimburse the Insured Person the usual customary, reasonable and medically necessary expenses as defined, incurred up to the benefit level stated whilst travelling in the Philippines, for accidental injury suffered by the Insured Person solely and independently of any other causes.

In the event the expenses for emergency medical treatment exceed Phil. Peso 75,000 funding up to the benefit levels stated maybe arranged and guaranteed by the Company or its authorized representative. All decisions will be made by the Company, or its authorized representative, and will be based solely upon medical necessity.

This section also covers medical expenses incurred upon return from the trip provided that the Insured Person(s) is confined in a hospital as a direct result of an injury (as defined) suffered during the trip. Admission to a hospital must be within twelve (12) hours after arrival and must be a continuation of medical attention sought whilst travelling. The maximum sum payable for medical expenses incurred is for up to seven (7) days stay in hospital or P 25,000 whichever is lower.

Policy Deductible: The Insured Person will have to pay for the first P 500 of each claim arising from any one event under this section of the Policy.

Definitions

"Medically Necessary Expenses" means expenses incurred within ninety (90) days of sustaining injury due to accident paid by the Insured Person to a legally qualified medical practitioner, physician, surgeon, nurse hospital and/or ambulance service for medical, surgical, x-ray, hospital or nursing treatment including the cost of medical supplies and ambulance hire but excluding the cost of dental treatment unless such treatment is necessarily incurred for sound and natural teeth and is caused by accidental injury. All treatment must be prescribed by a qualified medical practitioner in order for expenses to be reimbursed under this Policy. Treatment by herbalist, acupuncturist and bonesetter on injuries sustained while travelling other than fractures is payable up to a maximum of Phil. Peso 2,500 per accident.

Provided that in the event an injured Person becomes entitled to a refund of all or part of such expenses from any other source, the Company will only be liable for the portion of the expenses in excess of the amount recoverable from such other source.

"Journey" shall mean a bonafide trip made by the Insured Person(s) to a destination at least 100 kilometers from the usual place of residence.

"Period of Journey" commences on the date specified or place of regular employment to commence the journey (whichever last occurs) and shall continue until such time as you return to your residence or place of regular employment, or the date specified on the schedule, whichever first occurs.

"Hospital" wherever used in this Policy shall mean a hospital (other than an institution for the aged, chronically ill or convalescent rest or nursing home) operated pursuant to the law for the care and treatment of sick or injured person with organized facilities for diagnosis and surgery and having twenty-four (24)-hour nursing service and medical supervision.

Section 3 – Emergency Medical Evacuation and Repatriation Expense

A. Emergency Medical Evacuation

When as the result of injury commencing while the Insured Person is travelling within the Philippines and if in the opinion of the Company or its authorized representative, it is judged medically appropriate to move an injured Person to another location for medical treatment, or to return the injured person to the usual place of residence, the Company, or its authorized representative, shall reimburse the Insured for the evacuation expenses utilizing the means best suited to do so, based on the medical severity of the Insured Person's condition.

The means of evacuation arranged by the Company, or its authorized representative, may include air ambulance, surface ambulance, regular air transportation, railroad or any other appropriate means. All decisions as to the means of transportation and the final destination will be made by the Company, or its authorized representative, and will be based solely upon medical necessity.

Covered expenses are expenses for services provided and/or arranged by the Company, or its authorized representative, for the transportation, medical services and medical supplies necessarily incurred as a result of an emergency medical evacuation of an Insured Person as described herein.

B. Repatriation Expense

When as the result of injury commencing while the Insured Person is travelling within the Philippines, the Insured Person dies within 30 days from the date of injury, the Company, or its authorized representative, shall make the necessary arrangements for the return of the Insured Person's mortal remains to the Insured Person's usual place of residence. The Company shall pay directly the authorized representative the covered expenses for such repatriation.

In addition to the transportation of the remains, the Company shall reimburse the Insured Person's estate expenses actually incurred, for service and supplies provided by a mortician or undertaker, including but not limited to the cost of a casket, the embalming and cremation if so elected.

Exclusions

The following expenses are excluded under this section:

1. Any expenses incurred for services provided by another party for which the Insured Person is not liable to pay, or any expenses already included in the cost of scheduled trip.
2. Any expenses for a service not approved and arranged by the Company, or any authorized representative, except that this exclusion shall be waived in the event the Insured Person or his/her travelling companions cannot for reason beyond their control notify the Company during an emergency situation. In any event, the Company reserves the right to reimburse the Insured Person only for those expenses incurred for service which the Company would have provided under the same circumstances and up to the maximum shown in the Schedule.

Definitions

1. "Insured" wherever used in this Policy shall mean the person named in the policy as the Insured Person.
2. "Family" wherever used in this Policy shall include the Insured Person's legally married spouse and their accompanying children aged from one (1) year old up to the attainment of eighteen (18) years of age.
3. "Journey" shall mean a bonafide trip made by the Insured Person(s) to a destination at least 100 kilometers from the usual place of residence.
4. "Period of Journey" or trip commences two (2) hours before the Insured Person leaves his/her place of residence and ceases on whichever of the following occurs first:
 - a. the expiry of the period specified in the Policy;
 - b. the Insured Person's return to his/her permanent place of residence; employment
5. "Injury" is bodily injury as sustained in an accident directly and independently of all other causes.
6. "Qualified Medical Practitioner" shall mean any person legally authorized by the Government with jurisdiction in the geographical area of his or her practice to render medical or surgical service, but excluding a medical practitioner who is the Insured Person, or the relative of the Insured Person.
7. "Acquired Immune Deficiency Syndrome" or AIDS wherever used in this Policy shall have the meanings assigned to it by the World Health Organization including Opportunistic Infection, Malignant Neoplasm, Human Immune Deficiency Virus (HIV), Encephalopathy (Dementia), HIV wasting Syndrome or any disease or sickness in the presence of a seropositive test for HIV.
8. "Opportunistic Infection" shall include but not be limited to pneumocystis carinii pneumonia, organism of chronic enteritis, virus and/or disseminated fungi infection.
9. "Malignant Neoplasm" shall include but not be limited to Kaposi's sarcoma, central nervous system lymphoma and/or other malignancies now known or which become known as immediate causes of death, an illness or disability, in the presence of Acquired Immune Deficiency.

Important Matters

- (i) The Company will not allow any refund of premium once coverage under any section of the Policy has become operative.
- (ii) The Insured person can only be covered under such one policy for the same trip.
- (iii) This Policy may not be renewed. However, if through circumstances outside the Insured Person's control the journey is extended beyond the period stated in the policy, the Company will extend the period of Insurance without charge for such a period that is reasonably necessary for the completion of his/her journey.
- (iv) All amounts shown are in Philippine Pesos.
- (v) The maximum period for this policy is six (6) months.

General Exclusions

The Company will not pay under any section of this Policy for loss or liability directly or



indirectly arising as a result of:

1. Any act of war, act of foreign enemy, civil war, revolution, insurrection or military power;
2. Loss, destruction or damage to any property whatsoever or any loss or expense whatsoever arising therefrom or any consequential loss directly or indirectly caused or contributed to by or arising from ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel;
3. Any breach of government regulation or any failure by the Insured Person to take reasonable precautions to avoid a claim under the Policy following the warning of any intended strike, riot or civil commotion through or by general mass media.
4. Air Travel (other than as passenger on a scheduled commercial flight);
5. Suicide or attempted suicide or intentional self injury;
6. AIDS or any injury or sickness commencing in the presence of a sero-positive test for HIV, and related disease;
7. Mental and nervous disorders, including but not limited to insanity;
8. The Insured Person engaging in naval, military or airforce service or operations or testing of any kind of conveyance or being employed as a manual worker or whilst engaging in offshore or mining or aerial photography or handling of explosives;
9. From any loss, injury, damage, or legal liability suffered or sustained directly or indirectly by an Insured Person if that Insured Person is a terrorist; a member of a terrorist organization; a narcotic trafficker; or a purveyor of nuclear, chemical or biological weapons.

General Conditions

1. Age Limit.
Coverage is available to adults up to the attainment of seventy (70) years of age. For accompanied children, the age limit is from 1 year up to the attainment of eighteen (18) years of age and for unaccompanied children, the age limit is from ten (10) years up to the attainment of eighteen (18) years of age. Unaccompanied Children will be charged the same premium as that of an adult Insured Person, however, the coverage of Accidental Death will be Phil. Peso 100,000 only. Disablement and the rest of the benefits shall be the same as that of an adult Insured Person.
2. Complying with Policy Conditions.
The due observance and fulfillment of the terms of this policy insofar as they relate to anything to be done or complied with by an Insured Person and the truth of the statements and answers in any proposal and/or application and of evidence required from an Insured Person in connection with this insurance shall be conditions precedent to any liability of the Company to make any payment under this Policy.
3. Entire Contract/Changes in Policy.
This Policy, together with the endorsements and the application if any, constitute the entire contract of insurance. Any rider, clause, warranty of endorsement purporting to be part of the contract of insurance and which is pasted or attached to this Policy is not binding on the Insured Person, unless the descriptive title or name of the rider, clause, warranty or endorsement is also mentioned and written on the blank spaces provided in the Policy. Unless applied for by the Insured Person, any rider, clause, warranty or endorsement issued after the original policy shall be countersigned by the Insured Person, which countersignature shall be taken as his consent to the contents of such rider, clause, warranty or endorsement.
None of the provisions, conditions and terms of this Policy shall be waived or altered except by the endorsement signed by any authorized official of the Company and issued in accordance with Section 50 of the Insurance Code.
4. Notice of Claims.
Written notice of claim must be given to the Company within thirty (30) days after occurrence of any event likely to give rise to a claim under this Policy or as soon thereafter as is reasonably possible. Notice given by or on behalf of an Insured Person to the Company at the address of the managing agents with sufficient data to identify the Insured Person, shall be deemed notice to the Company.
5. Claim Forms.
The Company, upon receipt of a notice of claim will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within fifteen (15) days after giving of such notice the claimant shall be deemed to have complied with requirements of this policy as to proof of loss.
6. Proofs of Loss.
Written proof of loss including original policy / certificate, original receipts, invoices and all other relevant documents must be furnished the Company at one of the local offices within sixty (60) days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and not later than one year from the time proof is otherwise required.
7. Time of Payment of Claim.
Compensation payable under this Policy for any loss other than loss for which periodic payment is provided will be paid immediately upon receipt of due written proof of such loss. Subject to written proof of loss, all accrued compensation for loss for which periodic payment is provided will be paid monthly and by any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.
8. Physical Examination and Autopsy.
The Company at its own expense shall have the right and opportunity to examine the person of the Insured Person when and as often as it may reasonably require during the pendency of a claim under Section 1 of this policy and to make an autopsy in the case of death where it is not forbidden by law.
9. Subrogation or Claim against those liable for the Claim.
To the extent the Company pays for a loss suffered by an Insured Person, the Company take over the rights and remedies the Insured Person had relating to the loss. This is known as subrogation. The Insured Person must help the Company preserve the rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over an Insured Person's rights, the Insured Person must sign an appropriate subrogation form supplied by the Company.
10. Arbitration Clause.
All differences as to the amount of any loss, or damage covered by this Policy shall be referred to the decision of an arbitrator to be appointed by the parties in difference or if they cannot agree upon a single arbitrator to the decision of two arbitrators, one to be appointed in writing by each of the parties or in case of disagreement between the arbitrators to the decision of an umpire to be appointed in writing by the arbitrators before entering on the reference and an award by the arbitrators or umpire shall be a condition precedent to any right of action against the Company only in cases of differences as to the amount of liability arising out of this Policy.
11. Legal Actions.
No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of the policy. No such action shall be brought after the expiration of one year after the time written proof of loss is required to be furnished.

12. To Whom Indemnities Payable.
Indemnity for loss of life of the Insured Person is payable to the Estate of the Insured Person. All other indemnities of this Policy are payable to the Insured Person, except under Section 2 and 3. Under Section 2, in the event funds for emergency medical treatment are guaranteed to the provider of healthcare by an Assistance Provider or its authorized representative, indemnities shall be payable directly to the provider of healthcare. Indemnity for expenses under Section 2 incurred directly by the Insured Person shall be payable to the Insured Person. Under Section 3, the benefits will be paid directly to the provider of service as indicated in each section.
13. Refund and Cancellation.
The company will not allow any cancellation once this Policy has been issued. The Company shall likewise not allow any refund of premium once this Policy has been issued.
14. Assignment.
No assignment of interest under this Policy shall be binding upon the Company unless and until the original or a duplicate thereof is filed with the Company. The Company does not assume any responsibility for the validity of an assignment. No change of Beneficiary under this Policy shall bind the Company unless consent thereto is formally endorsed hereon by an executive officer of the Company.
No provision of the charter, constitution or by-laws of the Company shall be used in defense of any claim arising under this Policy, unless such provision is incorporated in full in this Policy.
15. One-way Trips.
This policy is extended to cover one way trips.
16. Right of Recovery.
In the event authorization of payment and/or payment is made by the Company or its Assistance Provider or its authorized representative for a medical claim whereby policy liability is not engaged, the Company or its Assistance Provider or its authorized representative, reserves the right to recover against the Insured Person for the full sum which the Company or its Assistance Provider or its authorized representative is liable to the medical institution which the Insured Person was submitted to.
17. Compliance with Policy Provision.
Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.
18. Settlement of Claim.
The amount of any loss or damage for which the Company may be liable under this Policy shall be paid within thirty (30) days after proof of loss is received by the Company and ascertainment of the loss or damage is made by agreement between the Insured Person and the Company or by arbitration; but if such ascertainment is not had or made within sixty (60) days after such receipt by the Company of the proof of loss, then the loss or damage shall be paid within ninety (90) days after such receipt.
19. Action against Company.
If a claim be made and rejected and an action or suit be not commenced either in the Insurance Commission or any Court of competent jurisdiction in Makati City, Philippines within twelve (12) months from receipt of notice of such rejection or in case of arbitration taking place as provided herein, within twelve (12) months after due notice of the award made by the arbitrator or arbitrators or umpire, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable hereunder. Actions against the Company can only be filed in the jurisdiction of Makati City, Philippines.
20. Cancellation Clause.
This Policy shall not be canceled by or on behalf of the Company except in accordance with and pursuant to the provisions of Section 64 and 65 of the Insurance Code of 1978. In the event of such cancellation the Company shall refund the paid premiums less the earned portion thereof to the Insured Person.

IN WITNESS WHEREOF, the AIG PHILIPPINES INSURANCE, INC. has caused this policy to be executed on its behalf by the undersigned Authorized Representative.

AIG PHILIPPINES INSURANCE, INC.
TIN 000-531-569 Non-VAT


WILFREDO R. PANGILINAN
Senior Vice President

Documentary Stamps to the value stated have been affixed and properly cancelled on the Office of this Policy.

IMPORTANT NOTICE

The Insurance Commissioner, with offices in Manila, Cebu and Davao is the government official in charge of the faithful execution and enforcement of all laws relating to insurance and has supervision over insurance companies. He is ready at all times to render assistance in settling any controversy between an Insurance Company and Policyholder relating to insurance matters.

For Customer concerns, you may contact the following:

Inquiries: callcenter.phl@aig.com
Complaints: WeCare.phl@aig.com

Telephone No.: +632 878-5400
Fax: +632 878-5555

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