



AXA Additional Driving Travel Insurance

Additional Car Rental Liability Insurance

Clause 1 Formation and Composition of the Contract

This Insurance Contract (hereinafter referred to as "this Contract") shall consist of the insurance clauses, the proposal materials, the policy or other insurance certificates, and Endorsement(s), etc. Any agreement pertaining to this Contract shall be made in writing.

Clause 2 Commencement of Cover of the Contract

The cover under this Insurance shall commence at the same time as the cover under the Contract, or at the time specified in the Endorsement to this Insurance.

Clause 3 Scope of Cover

The cover under this Contract consists of "Liability for Vehicle Damage" and "Liability for Breach of Rental Agreement". The above cover shall be agreed upon by the Applicant and the Company at the time of application. The Company shall not be liable to pay any benefit for cover not so agreed upon and specified in the policy.

(I) Liability for Vehicle Damage

If, during the Policy Period of this Contract, the Insured becomes legally liable to pay compensation to the rental company for loss or damage to the Rented Vehicle (Definition II) caused by an Accident (Definition I) during a car rental trip, the Company shall be liable, subject to the deductible (if any), up to the relevant Sum Insured for this cover as specified in the policy for that Insured. The liability is limited to the actual

compensation paid by the Insured for the following :

- Direct loss of the Rented Vehicle: This Contract covers the portion of vehicle loss, theft, robbery, or spontaneous combustion for which the Insured is liable under the rental agreement, up to the Sum Insured for this cover.
- Roadside assistance fees, towing charges, labour costs, lock/key replacement fees, and similar charges for the Rented Vehicle.

(II) Liability for Breach of Rental Agreement

If, during the Policy Period of this Contract, the Insured becomes liable under the rental agreement for the following losses or expenses arising during a car rental trip, the Company shall be liable, subject to the deductible (if any), up to the relevant Sum Insured for this cover as specified in the policy for that Insured. The liability is limited to the actual compensation paid by the Insured for the following:

- Loss of the rental company's property stored inside the enclosed passenger compartment or trunk of the Rented Vehicle due to theft, robbery, or looting with clear signs of forcible entry.
- Non-refundable rental charges actually incurred due to the Insured's inability to pick up the vehicle because of lost or stolen identification/travel documents.
- Loss of use charges for the Rented Vehicle rendered inoperable due to a traffic accident and expenses incurred for a replacement vehicle.



- Expenses incurred due to the Insured's failure to pick up the vehicle at the originally scheduled time caused by delay or cancellation of the Insured's flight.
- Other compensation payable by the Insured due to negligent use of the Rented Vehicle in breach of the terms of the rental agreement.

The Company's liability under this Contract is conditional upon the following:

- **The Rented Vehicle must be rented from a legally established and licensed vehicle rental company.**
- **The Rented Vehicle must be covered by the compulsory basic vehicle insurance (such as Collision Damage Waiver and Theft Protection) as required under the rental agreement.**
- **The Insured must have complied with all obligations under the rental agreement and the vehicle insurance policy, and must not have breached any terms thereof or any laws and regulations of the country of travel.**
- **The Rented Vehicle must be driven by the Insured who holds a valid and legal driver's license for the vehicle class being driven.**

Automatic Contract of Cover Period

If, during the Policy Period of this Contract, the Insured's trip is extended due to force majeure including but not limited to:

- Inevitable delay of the scheduled itinerary of the intended public conveyance during the trip due to adverse weather conditions or natural disasters;
- Or Prolongation of the Insured's trip due to hospitalisation at the locality as a result of suffering from a disease or sustaining serious bodily injury caused by an Accident;

The Policy Period of this Contract has expired, the Company shall, upon the Insured providing supporting documentation of the delay or hospitalisation, automatically and gratuitously extend the Policy Period of this Contract as is reasonable and necessary. Such Contract shall be

up to a maximum of 24 hours after the expiry of the number of days specified in the policy or until the conclusion of the Insured's trip, whichever occurs first.

Clause 4 Exclusions

The Company shall not be liable for any loss or expense arising from the following circumstances:

1. **The Insured being under the influence of drugs, narcotics, or controlled psychotropic or anaesthetic substances.**
2. **The Insured driving without a valid driver's license, or during the period when the license is detained, suspended, revoked, or cancelled according to law.**
3. **Driving a motor vehicle that does not match the vehicle class permitted by the driver's license.**
4. **Driving by a person not permitted by the Insured.**
5. **Loss arising from driving trucks, motorcycles, tractors, two-wheeled/three-wheeled vehicles, special-purpose vehicles, or disabled person's electric vehicles.**
6. **Compensation for emotional distress.**
7. **Legal fees, or litigation/arbitration costs not agreed in writing by the Company in advance.**
8. **Where the Applicant, Insured, or driver, knowing of the occurrence of an Insured Event, intentionally or through gross negligence fails to notify the Company promptly, thereby making it difficult to determine the nature, cause, or extent of the loss, the Company shall not be liable for the portion that cannot be determined, except where the Company has learned or should have learned of the occurrence through other means.**
9. **Any loss or liability arising from the Insured's intentional, malicious, wilful, or criminal acts.**



10. **Loss or liability arising from the inability to claim under the vehicle insurance due to the Insured reporting the incident beyond the time limit required by the vehicle insurer or due to insufficient documentation provided by the Insured.**
 11. **Loss or liability arising from speeding, drunk driving, or violation of the laws and regulations of the country of travel.**
 12. **Loss or liability arising from an Accident unrelated to the Insured and the Rented Vehicle.**
 13. **Any punitive, aggravated, or exemplary damages awarded by a court, or any arbitration/litigation costs, legal fees, fines, penalties, or similar payments payable by the Insured.**
 14. **Liability not explicitly stated as the Insured's responsibility in the rental agreement.**
8. Settlement agreement (if any).
 9. Proof of payment of compensation.
 10. Identification documents of the Claimant.
 11. Any other evidence and materials the Claimant can provide relating to confirming the nature, cause, and extent of loss of the Insured Event.
 12. If the Claimant authorizes another person to apply, the original letter of authorization and identification documents of the principal and the authorized person shall also be provided.

If the Claimant cannot provide the above materials due to special reasons, other legal and valid materials shall be provided. **If the Claimant fails to provide the relevant materials, resulting in the Company being unable to verify the authenticity of the claim, the Company shall not be liable for the portion that cannot be verified.**

Clause 5 Documentation / Claim Application

When submitting a claim to the Company, the Claimant shall provide the following evidence and documentation within thirty (30) days of returning to the usual place of residence or work. Copies may be submitted after verification against originals unless originals are specifically required:

1. Identification documents of the Insured and the driver's license.
2. The Insured's travel documents.
3. Written accident report and traffic accident certification.
4. Police report. If mediated by the traffic management authority, a mediation agreement shall be provided. If adjudicated or mediated by a court, the judgment or mediation document shall be provided.
5. The rental agreement.
6. Proof of the loss amount from the rental company.
7. Repair invoice/details from the rental company.

Clause 6 Termination of the Contract

This Contract shall terminate upon the occurrence of the following:

- Expiry of the Policy Period of this Contract.

Clause 7 Definitions

I. Accident means a sudden, unforeseen, unintended, and non-disease-related objective event caused by external factors, which directly and solely results in bodily injury, disability, or death of the person. **For the avoidance of doubt, sudden death from any cause shall not be considered an Accident covered under this Contract.**

II. Rented Vehicle means a four-wheeled operational vehicle with 7 seats or fewer. It excludes trucks, motorcycles, tractors, two-wheeled/three-wheeled vehicles, special-purpose vehicles, and disabled person's electric vehicles.



Personal Accident Travel Insurance

CHAPTER I GENERAL PROVISIONS

Clause 1 This Insurance Contract (hereinafter referred to as “this Contract”) shall consist of the insurance clauses, the proposal materials, the policy or other insurance certificates, and Endorsement(s), etc. Any agreement pertaining to this Contract shall be made in writing.

Clause 2 The requirement for the insured age shall be agreed upon by the Applicant and the Insurer and specified in the policy, and shall not exceed 100 years of age. A natural person who meets the insured age requirement specified in the policy may be the Insured under this Contract. This insurance shall be applied for with the Insurer by an Applicant who has an insurable interest in the Insured.

Clause 3 The beneficiaries under this Contract shall include:

(I) Beneficiary(ies) for the Death Benefit

When this Contract is concluded, the Insured or the Applicant may designate one or more persons as the beneficiary(ies) for the death benefit. Where more than one beneficiary is designated for the death benefit, the order of precedence and the respective benefit shares shall be determined; if the benefit shares are not determined, each death benefit beneficiary shall be entitled to the benefit in equal shares.

The Insured or the Applicant may change the beneficiary(ies) for the death benefit, provided that the Insurer is notified in writing, and the Insurer shall issue a corresponding Endorsement. The Insurer shall not be liable for any legal disputes arising from the change of the death benefit beneficiary(ies).

Upon the death of the Insured, the insurance benefit shall be treated as part of the Insured’s estate and the Insurer shall fulfill its obligation to pay the insurance benefit in accordance with the laws and regulations governing succession, under any of the following circumstances:

- No beneficiary has been designated, or the designation is unclear and cannot be determined;
- The beneficiary predeceases the Insured and there is no other beneficiary;
- The beneficiary’s right to the benefit is forfeited or waived according to law, and there is no other beneficiary.

Where the beneficiary and the Insured die in the same event and the order of their deaths cannot be determined, it shall be presumed that the beneficiary predeceased the Insured.

(II) Beneficiary for the Accidental Disability Benefit

Unless otherwise agreed, the beneficiary for the accidental disability benefit under this Contract shall be the Insured.

Clause 4 Where a beneficiary intentionally causes the death, disability, or illness of the Insured, or attempts to intentionally kill the Insured, such beneficiary shall forfeit the right to benefit.

Clause 5 The designation or change of a beneficiary by the Applicant shall be subject to the consent of the Insured. Where the Insured is a person with no or limited capacity for civil conduct, the beneficiary shall be designated or changed by their guardian.



CHAPTER II POLICY PERIOD

Clause 6 The Policy Period of this Contract shall be subject to the term specified in the Policy, commencing from 00:00 hours of the Effective Date of this Contract. A day shall consist of twenty-four hours.

CHAPTER III INSURANCE COVERAGE

Clause 7 The Applicant may choose to apply for one or more of the following Coverage Items. The Coverage Item(s) applicable to each Insured shall be as specified in the Policy or Endorsement(s). Should a Coverage Item under this Insurance Coverage not be specified in the Policy or any Endorsement, the provisions within these Insurance Clauses pertaining to that Coverage Item shall be of no legal effect.

(I) Accidental Death Benefit

If, during the Policy Period, an Insured sustains an Accident during a Trip and dies within 180 days (inclusive of the 180th day, the same applying below) from the date of that Accident as a direct and sole result thereof, the Insurer shall pay the Accidental Death Benefit equal to the Sum Insured corresponding to that Insured as specified in the Policy or Endorsement(s). The Insurer's liability in respect of that Insured shall then terminate. If, prior to the death of the Insured, the Insurer has paid an Accidental Disability Benefit in respect of that Insured in accordance with the terms of this Contract, such Accidental Disability Benefit paid shall be deducted from the Accidental Death Benefit payable.

(II) Accidental Disability Benefit

If, during the Policy Period, an Insured sustains an Accident during a Trip and, within 180 days from the date of that Accident as a direct and sole result thereof, suffers a disability, the Insurer shall pay the Accidental Disability Benefit. This benefit shall be calculated by multiplying the Sum Insured corresponding to that Insured by the Benefit Payment Proportion associated with the relevant

degree of bodily disability. If medical treatment continues beyond 180 days from the date of the Accident, the degree of disability shall be determined based on the Insured's physical condition on the 180th day, and the Insurer shall pay the Accidental Disability Benefit accordingly. If an Insured sustains two or more disabilities arising from the same Accident, each disability shall be assessed separately. If the resulting disability grades differ, the most severe grade shall constitute the final assessment conclusion. If two or more disabilities result in the same grade, such grade may be elevated by one level at most, with the maximum elevation capped at Grade 1. Disabilities affecting the same body part and of the same nature shall not be assessed more than once (inclusive). The Insurer shall pay the Accidental Disability Benefit based on the Benefit Payment Proportion corresponding to the final assessed disability grade.

For a disability existing prior to this Accident (inclusive of disabilities existing prior to the Effective Date of this Contract, hereinafter collectively referred to as "Pre-existing Disability"), if the disability resulting from this Accident, when combined with a Pre-existing Disability, is assessed as a more severe Disability Classification, the Insurer shall pay the Accidental Disability Benefit for this Accident according to the following calculation formula:

Sum Insured corresponding to the Insured as specified in the Policy or Endorsement(s) × (Benefit Payment Proportion corresponding to the more severe disability grade after combination with the Pre-existing Disability – Benefit Payment Proportion corresponding to the grade of the Pre-existing Disability).

The Insurer's liability in respect of an Insured shall terminate when the aggregate amount of Accidental Death Benefit and Accidental Disability Benefit paid by the Insurer to that Insured under this Contract reaches the Sum Insured



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corresponding to that Insured as specified in the Policy or Endorsement(s).

(III) Public Conveyance Accident Benefit

If, during the Policy Period, an Insured sustains an Accident during a Trip while travelling as a fare-paying passenger (excluding circumstances where the Insured is acting as the driver, operator, or crew member of the Public Conveyance) on a Public Conveyance and, within 180 days from the date of that Accident, dies or suffers a disability as a direct and sole result thereof, the Insurer shall pay a Public Conveyance Accident Benefit. The amount payable shall be equivalent to the corresponding Accidental Death Benefit or Accidental Disability Benefit amount and shall be paid in accordance with the provisions stipulated in sub-clause (I) (in case of death) or sub-clause (II) (in case of disability) above, subject to the terms of this Contract.

(IV) Accidental Compassionate Benefit

If, during the Policy Period, an Insured sustains an Accident during a Trip and dies within 180 days from the date of that Accident as a direct and sole result thereof, the Insurer shall pay an Accidental Compassionate Benefit equal to the Sum Insured corresponding to that Insured as specified in the Policy or Endorsement(s).

Clause 8 If, during the Policy Period, any of the following events of force majeure occurs and, as a result, a Trip commenced during the Policy Period has not concluded by the expiry of the said Period, the Insurer may, upon the Insured providing relevant supporting documents and subject to the Insurer's review and approval and the issuance of a corresponding Endorsement, extend the coverage under this Contract for that Insured in respect of that specific Trip. The Contract shall commence from the day following the expiry of the Policy Period and continue until the expiry of the extended number of days specified in the Endorsement or the conclusion of that Trip for that Insured, whichever occurs first. Provided that an Insured Event as defined in this Contract occurs

during the extended period of that Trip, the Insurer shall be liable to pay the benefit in accordance with the terms of this Contract.

(I) Inevitable delay of the scheduled itinerary of the intended Public Conveyance during the Trip due to force majeure including adverse weather conditions or natural disasters.

(II) Prolongation of the Insured's Trip due to hospitalisation at the locality as a result of suffering from a disease or sustaining serious bodily injury caused by an Accident.

Clause 9 The commencement and termination of the "Trip" under this Contract are defined as follows:

(I) The "Trip" shall commence at 00:00 hours of the day on which the Insured leaves his/her usual place of residence or work for the purpose of the Trip towards the Trip destination during the Policy Period.

(II) The "Trip" shall terminate at the earliest occurrence of the following times:

- 24:00 hours of the expiry date of the insurance contract as specified in the Policy;
- 24:00 hours of the day on which the Insured returns directly to his/her usual place of residence or work after concluding the Trip;
- 24:00 hours of the day on which the maximum number of days of coverage as specified in the insurance contract expires (the maximum number of days of coverage shall be calculated from the commencement time of the Trip).

CHAPTER IV EXCLUSIONS

Clause 10 The Insurer shall not be liable to pay any benefit for any Insured Event arising directly or indirectly from, or in connection with, any of the following circumstances:



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(I) War, military action, riot, or armed rebellion; declared or undeclared war or any related act, invasion, act of foreign enemy, hostilities, civil war, insurrection, revolution, uprising, exercise of military power, usurpation of power, strike, riot, or civil commotion.

(II) The Insured being detained by judicial authorities or sentenced to imprisonment.

(III) The Insured being under the influence of alcohol, narcotics, or controlled drugs.

(IV) The Insured being on board any aircraft or aerial conveyance (except while travelling as a passenger on a civilian or commercial scheduled flight).

(V) The Insured engaging in occupational activities involving oil drilling, mining, aerial photography, handling of explosives, deforestation, on-site construction work at building sites, transportation driving/operating, portage, loading/unloading, underground work, cave work, water operations, or work at heights at Grade 2 or above.

(VI) The Insured driving a motorized vehicle under the influence of alcohol, without a valid driver's license, or driving a motorized vehicle without a valid registration certificate. The Insured illegally taking conveyance or taking conveyance not registered or licensed by the relevant local government authorities.

(VII) The Insured suffering from mental illness (diseases classified as mental and behavioural disorders according to the WHO International Statistical Classification of Diseases and Related Health Problems (ICD-10)), venereal disease or sexually transmitted disease, AIDS or HIV infection (the definitions of which shall be based on those established by the World Health Organization; the presence of the said virus or its antibodies in the Insured's blood sample shall be conclusive evidence of infection), or severe osteoporosis.

(VIII) The Insured's pregnancy, miscarriage, childbirth, disease, drug allergy, food poisoning, cosmetic surgery, plastic surgery, or bacterial or viral infection (except infection occurring in a wound sustained due to an accidental injury).

(IX) The Insured being employed on a commercial vessel; the Insured serving in the navy, air force, army, or performing duties as a police officer, firefighter, or law enforcement officer; the occupational operation or testing of any kind of vehicle. The Insured participating in or performing military or police missions or acting in a law enforcement capacity.

(X) The Insured's condition due to disease, including but not limited to high altitude sickness, heatstroke, and sudden death, or bacterial/viral infection not caused by accidental injury.

(XI) If the Insurer's provision of insurance coverage for a specific risk, or payment of claim proceeds, provision of insurance benefits or any other benefits pursuant to these Insurance Clauses, would expose the Insurer to sanctions, prohibitions or restrictions by reason of potential non-compliance with the trade or economic sanctions laws and regulations of certain countries and organizations, the Insurer shall not be deemed to have provided any insurance coverage in respect of such risk and shall not be liable for any indemnification, payment of benefits or any other benefits whatsoever.

Clause 11 The Insurer shall not be liable to pay any benefit for any Insured Event directly or indirectly caused by any of the following:

(I) Explosion, burn, contamination, or radiation caused by any biological, chemical, atomic weapon, or atomic or nuclear energy device; radioactive contamination from ionizing radiation or from any radioactive nuclear fuel or from any nuclear waste from the combustion of fuel, radioactive toxic explosion, or any hazardous material from any explosive nuclear device or its nuclear components.



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(II) Intentional acts of the Applicant, or self-inflicted injury or suicide of the Insured, except where the Insured was without capacity for civil conduct at the time of suicide.

(III) Fighting, assault, or murder resulting from provocation or intentional acts of the Insured.

(IV) The Insured committing an intentional crime or resisting lawful criminal compulsory measures.

(V) An Accident resulting from the Insured's mental confusion or disorder.

(VI) The Insured taking, applying, or injecting drugs without following a doctor's advice or prescription.

(VII) Any injury and its complications existing prior to the Effective Date of this Contract.

(VIII) The Insured's participation in any High-Risk Activity, specifically including the following:

1. Extreme sports;
2. Competitive sports;
3. Professional sports or other activities for which any remuneration, donation, sponsorship, or financial return is or may be received;
4. Speed racing;
5. Exploration expeditions;
6. Hunting activities not provided by a qualified commercial operator;
7. Skiing or snowboarding off marked ski runs;
8. White-water rafting on rivers graded Class IV or above;
9. Sailing outside territorial waters;
10. Scuba diving, except where the diver holds a valid CMAS International Diver Qualification,

PADI (Professional Association of Diving Instructors) qualification, or similar recognized certification, or dives under the direct supervision of a qualified instructor. Under the aforementioned exception, the dive depth must not exceed the depth limit stated on the valid CMAS, PADI, or similar certification, with a maximum depth limit of 30 meters, and solo diving is prohibited; otherwise, such diving shall be deemed a High-Risk Activity;

11. Motorcycling, except where all the following conditions are simultaneously met:

11.1. The person operating the motorcycle (including the Insured if operating) holds a valid motorcycle license issued or recognized by the country where the motorcycle is being ridden;

11.2. The motorcycle has an engine capacity below 126cc; or, if the engine capacity is 126cc or above, the Insured or the person operating the motorcycle holds a valid registration certificate for that motorcycle;

11.3. All applicable local road traffic laws and regulations are complied with, and a motorcycle helmet and appropriate safety equipment are worn at all times.

12. The following mountaineering, expedition climbing, and high-altitude activities:

12.1. Ascending or descending mountains requiring the use of specific equipment (including but not limited to crampons, ice axes, anchors, bolts, carabiners, quickdraws, or anchor devices for top-rope climbing, etc.);

12.2. Outdoor rock climbing or abseiling (excluding artificial/man-made climbing walls);



12.3. Any activity at an altitude above 5,000 meters.

Clause 12 The Sum Insured is the maximum limit of the Insurer's liability for payment of benefit under this Contract. The Sum Insured corresponding to each Insured shall be agreed upon by the Applicant and the Insurer and specified in the Policy or Endorsement(s).

Clause 13 Renewal is applicable only where the Policy Period is one year. The Applicant may apply for renewal by paying the renewal premium to the Insurer on or before the expiry of each Policy Period. If the Insurer agrees to renew the coverage and has received the full renewal premium, the Insurer shall issue a Policy or other insurance certificate for the next Policy Period to the Applicant. This Contract may be renewed in the manner stated above until the first policy anniversary date on which all Insureds have reached the maximum insured age specified in the Policy.

If the Insurer declines the renewal, the Insurer shall refund the renewal premium paid by the Applicant without interest.

CHAPTER V OBLIGATIONS OF THE INSURER

Clause 14 Where standard clauses provided by the Insurer are used in concluding this Insurance Contract, the Insurer shall furnish the Applicant with the standard clauses attached to the proposal materials and shall explain the contents of the Insurance Contract to the Applicant. With respect to clauses exempting the Insurer from liability in the Insurance Contract, the Insurer shall provide sufficient warning to attract the Applicant's attention to such clauses in the proposal materials, the Policy, or other insurance certificates at the time of concluding the Contract, and shall give clear written or oral explanations of the contents of such clauses to the Applicant. Such clauses shall be invalid if the Insurer fails to provide such warning or clear explanations.

Clause 15 The right of the Insurer to rescind the Contract or terminate the coverage for an Insured in accordance with Clause 19 or Clause 22 hereof shall be extinguished if the Insurer fails to exercise such right for more than thirty (30) days from the date it becomes aware of the cause for rescission or termination. The Insurer shall not be entitled to rescind the Contract or terminate the coverage for an Insured if more than two (2) years have elapsed from the date of formation of this Contract; in the event of an Insured Event, the Insurer shall be liable to pay compensation. If the Insurer was aware at the time of concluding the Contract that the Applicant had failed to make a full and truthful disclosure, the Insurer shall not be entitled to rescind the Contract or terminate the coverage for an Insured; in the event of an Insured Event, the Insurer shall be liable to pay compensation.

Clause 16 The Insurer shall issue the Policy or other insurance certificates to the Applicant promptly after the formation of this Contract.

Clause 17 If the Insurer deems the evidence and materials relating to the claim provided by the Claimant to be incomplete, the Insurer shall promptly notify the Claimant once to provide supplementary information.

CHAPTER VI OBLIGATIONS OF THE APPLICANT AND THE INSURED

Clause 18 The Applicant shall pay the full insurance premium at the time of the formation of the Insurance Contract. If the Applicant fails to pay the full insurance premium as agreed, the Insurance Contract shall not become effective, and the Insurer shall not be liable for any event occurring before the effective date of the Insurance Contract.

Clause 19 In concluding the Insurance Contract, the Applicant shall make a full and truthful disclosure in response to the Insurer's inquiries regarding the subject matter of insurance or the Insured. If the Applicant intentionally or through



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gross negligence fails to fulfill the obligation of full and truthful disclosure stipulated in the preceding paragraph, to the extent that it materially influences the Insurer's decision on whether to underwrite the risk or to increase the premium rate, the Insurer shall have the right to rescind the Contract or terminate the coverage for that Insured. If the Applicant intentionally fails to fulfill the obligation of full and truthful disclosure, the Insurer shall not be liable to pay any compensation or benefit for any Insured Event occurring before the rescission of the Contract or termination of the coverage for that Insured, nor shall the insurance premium be refunded. If the Applicant fails to fulfill the obligation of full and truthful disclosure through gross negligence, which has a material effect on the occurrence of an Insured Event, the Insurer shall not be liable to pay any compensation or benefit for any Insured Event occurring before the rescission of the Contract or termination of the coverage for that Insured, but shall refund the insurance premium.

Clause 20 The Applicant shall notify the Insurer in writing within ten (10) days of any change in the Applicant's domicile or correspondence address. If the Applicant fails to provide such notification, any notice sent by the Insurer to the last known domicile or correspondence address as recorded in this Contract shall be deemed to have been duly served on the Applicant.

Clause 21 The Insurer shall reduce the number of Insureds under this Contract in accordance with the following provisions:
If an Insured has no claims record during the Policy Period, the Applicant may apply to remove that Insured. Upon review and approval by the Insurer, that Insured may be removed. The Insured shall cease to be covered under this Contract from 24:00 hours of the day on which the Insurer receives the Applicant's written application for removal. Unless otherwise agreed in this Contract, the Insurer shall refund the pro-rata daily premium for the remaining term of the Policy Period for that Insured.

When the Policy Period is one year, an Insured shall cease to be covered under this Contract from 24:00 hours of the first policy anniversary date following the date that Insured reaches the maximum insured age stipulated in the Policy. If an Insured dies, that Insured shall cease to be covered under this Contract from the date of death.

Clause 22 The insured age of an Insured shall be based on the full age as registered on the legal identity document. The insured age of any Insured covered under this Contract must meet the age requirement specified in the Policy and shall not exceed 100 years of age. When applying for insurance, the Applicant shall fill in the age in full years of the Insured. If the declared age of the Insured is incorrect, and the premium paid by the Applicant is less than the payable premium, the Insurer shall have the right to make corrections and require the Applicant to pay the difference. If the declared age of the Insured is incorrect, and the premium paid by the Applicant is more than the payable premium, the Insurer shall refund the overpaid premium for that Insured to the Applicant without interest. If the declared age of the Insured is incorrect, and the true age does not meet the underwriting requirements of the Insurer, the Insurer shall have the right to rescind this Contract or terminate the coverage for that Insured and shall refund to the Applicant the pro-rata daily premium for the remaining period of the Policy Period for that Insured. The Insurer shall not be liable to pay any benefit for any Insured Event occurring before the rescission of this Contract or termination of the coverage for that Insured.

Clause 23 The Applicant, the Insured, or the Beneficiary shall notify the Insurer promptly upon becoming aware of the occurrence of an Insured Event. If such notification is not given promptly, intentionally or through gross negligence, making it difficult to determine the nature, cause, or extent of loss of the Insured Event, the Insurer shall not be liable for the portion of the claim which cannot be determined, except where the Insurer has



learned or should have learned of the occurrence of the Insured Event through other means in a timely manner.

Clause 24 If an Insured disappears due to an Accident during the Policy Period and is subsequently declared dead by a court of law, the Insurer shall pay the benefit in accordance with the terms of this Contract. If the Insured is found to be alive after being declared dead, the Beneficiary shall return the benefit paid by the Insurer within thirty (30) days from the date the Beneficiary knows or should have known that the Insured is alive.

CHAPTER VIII ALTERATION, RESCISSION AND TERMINATION OF THE CONTRACT

Clause 32 During the validity period of this Contract, if the Applicant wishes to amend any content of this Contract, a written application shall be submitted to the Insurer. Upon agreement by the Insurer, an Endorsement shall be issued. If an Insured has died, the Insurer shall not accept any application for alteration concerning that Insured under this Contract.

Clause 33 Prior to the commencement of insurance liability, the Applicant shall have the right to rescind this Contract by written notice to the Insurer. The validity of this Contract shall terminate at 24:00 hours of the day on which the Insurer receives the rescission application or at the contract termination time specified in the application, whichever is later. The Insurer shall refund the full insurance premium within thirty (30) days from the date of receiving the rescission application.

During the Policy Period, the Applicant shall have the right to rescind this Contract by written notice to the Insurer. The validity of this Contract shall terminate at 24:00 hours of the day on which the Insurer receives the rescission application or at the contract termination time specified in the

application, whichever is later. For any Insured who has a claims record during the Policy Period, no premium shall be refunded for that Insured. For any Insured with no claims record during the Policy Period, the Insurer shall refund the premium corresponding to that Insured within thirty (30) days from the date of receiving the rescission notice, calculated according to the following formula:

Refundable Premium = Premium Paid × (Original Policy Period – Elapsed Policy Period) / Original Policy Period. The Policy Period shall be calculated on a daily basis.

Clause 34 When applying for rescission of this Contract, the Applicant shall provide the following materials:

The rescission application for the Insurance Contract; the original Insurance Contract; proof of premium payment; identification documents of the Applicant and the Insured.

Clause 35 After the formation of this Contract, if the Insurer requires rescission in accordance with the Insurance Law or the terms of this Contract, unless otherwise provided by the Insurance Law or this Contract, this Contract shall terminate when the rescission notice is served to the last known correspondence address of the Applicant.

Clause 36 This Contract shall automatically terminate upon the occurrence of any of the following circumstances:

When the Policy Period is one year, the first policy anniversary date on which all Insureds have reached the maximum insured age stipulated in the Policy;

When the Policy Period is one year, upon the expiry of the Policy Period, if the Applicant does not intend to renew or the Insurer does not accept the renewal of this Contract;

Termination of this Contract due to circumstances listed in other Clauses.



CHAPTER IX DISPUTE RESOLUTION AND GOVERNING LAW

Clause 37 The formation, validity, interpretation, performance, and resolution of disputes arising from this Contract shall be governed by and construed in accordance with the laws of [Jurisdiction to be specified].

Clause 38 Any dispute between the Applicant, the Insured and the Insurer arising from or in connection with this Contract shall, if negotiation fails, be submitted to a court with competent jurisdiction for adjudication.

CHAPTER X INTERPRETATIONS

Accident means a sudden, unforeseen, unintended, and non-disease-related objective event caused by external factors, which directly and solely results in bodily injury, disability, or death of the person. For the avoidance of doubt, sudden death from any cause shall not be considered an Accident covered under this Contract.

Sudden Death means a non-violent and sudden death of an apparently healthy person due to latent disease, functional disorder, or other causes, occurring within 24 hours after the onset of symptoms, and shall be considered death due to illness. The determination of Sudden Death shall be based on legal documents from judicial authorities such as public security organs, procuratorates, courts, or diagnosis certificates from medical institutions, if such documents are available.

Drugs refer to opium, heroin, methamphetamine (ice), morphine, marijuana, cocaine, and other narcotic drugs and psychotropic substances that are addictive, excluding prescription drugs containing drug components which are prescribed by physicians for treating diseases and used by the Insured in accordance with medical advice..

War means any war or military action, whether declared or not, undertaken by sovereign states for purposes such as economic or territorial expansion, nationalism, race, religion, or other objectives.

Extreme Sports refer to sports activities requiring a high level of professional skill, highly specialized equipment, or special techniques, which challenge one's physical limits and are highly likely to cause bodily injury or endanger life. These include but are not limited to big wave surfing, winter sports (e.g., luge, bobsleigh, ski jumping or performance), canoeing in rapids, cliff diving, equestrian show jumping, polo, stunt performances, and bicycle, motorcycle, air, or sea vessel speed racing or performances. This definition excludes tourist activities provided by qualified local tour operators or activity providers with no restrictions on participation by the general public (such restrictions exclude warnings regarding height, general health, or physical fitness requirements), provided that the activity must be conducted under the supervision and guidance of qualified guides from the tour operator or activity provider.

Competitive Sports refer to any organized sports activities or events (including training) involving physical demands, stunts, or competition, including but not limited to cycling, triathlon, biathlon, ultramarathon, equestrian, sailing and other water sports, football, rugby, hockey, gymnastics, pole vault, fencing, weightlifting, archery, shooting, martial arts, boxing, and all winter sports. Competitive Sports exclude friendly matches organized by the Applicant and any sports competitions including the aforementioned sports organized for primary and secondary school students.

Exploration refers to the act of intentionally placing oneself, in any form, in a situation where there is a known risk of losing life or sustaining bodily injury under specific natural conditions. This includes but is not limited to travel on foot to high-risk, inaccessible, or uninhabitable areas; any



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river or sea drifting; travel to unexplored or uncultivated regions; travel to remote areas for scientific research or political purposes; and polar expeditions, trekking across deserts, or pristine forests rarely visited by people. For other situations not listed above, hiking and travel provided by qualified tour operators or activity providers with no restrictions on participation by the general public (such restrictions exclude warnings regarding height, general health, or physical fitness requirements) shall not be considered Exploration, provided that the hiking or travel must be conducted under the supervision and guidance of qualified guides from the tour operator or activity provider.

Hiking refers to excursions, treks, backpacking, or similar journeys across mountainous areas, nature reserves, or preserves involving overnight stays outdoors, primarily on foot but may also involve riding animals or off-road vehicles during the journey. Outdoors includes campsites, huts, mountain or grassland lodges. For the avoidance of doubt, Hiking does not include mountaineering.

Force Majeure means objective circumstances that are unforeseeable, unavoidable, and insurmountable.

Serious Bodily Injury means bodily injury caused by an Accident or illness, diagnosed by a hospital doctor, confirming that the person's physical condition precludes continuation of the planned journey.

Injury Existing Prior to the Effective Date of this Contract means any injury for which the Insured sought diagnosis, medical care, or treatment due to the appearance of any symptoms within the twelve (12) months prior to the Effective Date of the Insurance Contract.

Hospital means an institution legally established and operated, equipped with qualified doctors and nurses providing 24-hour in-patient medical treatment and nursing services. It excludes

institutions whose primary purpose is rehabilitation, convalescence, nursing, alcohol or drug detoxification, or similar.

If emergency treatment is required at the nearest hospital due to an Emergency, the Insured must notify the Insurer within 48 hours from the occurrence of the Insured Event.

Emergency means a sudden onset of symptoms suffered by the Insured requiring urgent medical treatment by a physician to avoid permanent damage to life or health.

Age in Full Years means the exact age calculated based on the date of birth recorded in the legal identity document.

Endorsement means a written statement or notice issued by the Insurer to confirm and record any amendment to this Contract, including any change in wording or in the scope of coverage under this Contract, or the conditions imposed when underwriting with restrictions.

Without a Valid Registration Certificate refers to any of the following circumstances:

The motor vehicle's registration has been legally cancelled;

The motorized vehicle lacks a registration certificate and license plate issued by the traffic management department of the public security authority, or also lacks a temporary license plate or temporary moving permit;

The motorized vehicle has not undergone or has failed the mandatory periodic safety technical inspection within the prescribed period.

Public Conveyance means a conveyance holding a valid public transport operating license issued by the competent government authority according to law, legally carrying fare-paying passengers, including buses, long-distance coaches, taxis (limited to four-wheel motor vehicles), ferries, hovercraft, hydrofoils, ships, trains, trams, rail trains (including subways, light rail, and maglev trains), fixed-wing aircraft operated by an airline or



charter company operating scheduled flights, and helicopters operated by an airline operating between two fixed commercial airports or licensed commercial heliports, and any fixed airport shuttle buses operating on fixed routes and schedules. If any of the aforementioned conveyances is used for purposes other than as a public conveyance, it shall not meet the definition of Public Conveyance under this Contract.

Claimant means the Insured under this Contract, the Beneficiary, the legal heir of the Insured, or any other person entitled by law to claim the insurance benefit.

Physician/Doctor means a licensed medical practitioner who is not the Insured, a relative of the Insured, or a business associate (such as a business partner, employee, or employer) of the Insured, and who holds a valid medical practice license issued by the health authorities of the country where he/she practices. The treatment services provided must be within the scope of his/her license and training. References to "Physician/Doctor" in this Contract shall, where applicable, be understood to include general practitioners and/or specialists.

Nurse means a person with nursing qualifications (who is not the Insured, a relative of the Insured, or a business associate, including business partners, employees, or employers), holding a valid nursing practice license issued by the health authorities of the country where he/she practices. The services provided must be within the scope of his/her license and training.