

# With one application and one payment the Annual Travel Plan gives you a whole year protection

## BENEFITS

### (1) PERSONAL ACCIDENT

Accidental death or permanent disability including loss of one or more limbs or loss of sight in one or both eyes. The limit of cover for children under 18 years of age is US\$20,000.

### (2) MEDICAL EXPENSES & EMERGENCY ASSISTANCE

The cost of medical treatment arising from illness or accidental injury.

**Medical Expenses** – Fees for hospitalization, surgery, ambulance, medicine and tests with a maximum of US\$300 per day for hospital room and board, and US\$1,000 if the room fee includes the fees for all professional services.

**Follow-up Care** – Medical expenses reasonably incurred immediately following discharge from hospital within 90 days of return to home country.

**Emergency Evacuation** – Emergency evacuation to the nearest facility capable of providing adequate medical care.

**Repatriation** – Repatriation to the country of residence when the Company and attending physician determine that it is necessary.

**Hospital Expenses Guarantee** – Guarantee eligible medical expenses when hospital bills exceed US\$2,500.

**Additional Costs of Travel & Accommodation** – Additional travelling costs of the Insured Person for returning to the country of residence and additional costs of accommodation incurred by the Insured Person and an insured family member or travelling companion when such costs arise from hospitalization due to a covered disability necessitating medical treatment of the Insured Person.

**Family Member Visit** – Travelling costs for 2 immediate family members to join the Insured Person who is confined in hospital for more than 3 days or is dead abroad.

**Return of Children** – Reasonable additional accommodation and travelling expenses for unattended insured children (age below 14) return to the country of residence.

**Burial and Funeral** – Transportation charges for repatriation of the mortal remains to the country of residence.

**Referral Services** – All referral services such as legal assistance, interpreter, obtaining replacement of lost travel document or air ticket, etc.

### (3) HOSPITAL CASH ALLOWANCE

US\$50 for each complete day the Insured Person is hospitalized over 24 hours as a result of a covered disability.

### (4) BAGGAGE & PERSONAL EFFECTS

Loss or damage directly resulting from accident, theft, burglary, robbery or mishandling by carriers to the Insured Person's baggage or personal items carried. The limit is US\$250 per item and US\$500 per pair or set.

**Additional Cover** – Loss of laptop computer

### (5) BAGGAGE DELAY

Emergency purchases of essential items of toiletries and clothing up to a maximum of US\$65 per article when the checked baggage is delayed for at least 12 hours from the time of arrival at destination.

### (6) LOSS OF TRAVEL DOCUMENT

Cost of obtaining replacements of passport, air tickets, travel expenses and accommodation incurred to obtain such replacement arising from theft, burglary, robbery and accidental loss. Maximum limit per day for travel and accommodation expenses is US\$200 for Premier Plan and US\$150 for Executive Plan.

### (7) PERSONAL MONEY

Loss of cash, bank notes and travellers checks arising from theft, burglary or robbery.

### (8) TRAVEL DELAY

**Additional Travel Cost** – Transportation expenses necessarily incurred as a direct consequence of travel delay resulting from serious weather conditions, industrial action, hijack, mechanical derangement only if the Insured Person has to re-route his trip due to cancellation of a prior confirmed booking.

**Cash Allowance** – If the Insured Person need not pay additional travelling cost in the event of travel delay, the Insured Person will be indemnified at US\$25 for each full 12 hours delay.

### (9) CURTAILMENT OF TRIP & CANCELLATION CHARGES

Reimbursement of irrecoverable prepaid travel arrangement deposits and any increased cost of travel in the event of death, serious injury or illness of the Insured Person, immediate family members, close business partner or travel companion of the Insured Person, witness summons, jury service, compulsory quarantine; natural disasters at the planned destination or complete destruction of the Insured Person's principal residence.

### (10) PERSONAL LIABILITY

Indemnity against legal liability to a third party as a result of accidental injury or loss or damage to property during the Period of Insurance. (This benefit does not apply to the use or hire of motor vehicles.)

### (11) OPTIONAL RENTAL CAR PROTECTION (for adult between age 23 and 75)

Loss or damage occurs to a rental car result directly from fire, theft, collision or vandalism. Deductible: US\$250

### (12) ADDITIONAL PERSONAL ACCIDENT BENEFIT (for adult age of 18 or above only)

	UP TO US\$ PREMIER PLAN	EXECUTIVE PLAN
(1) PERSONAL ACCIDENT	250,000	100,000
(2) MEDICAL EXPENSES & EMERGENCY ASSISTANCE	100,000	75,000
(3) HOSPITAL CASH ALLOWANCE	6,500	6,500
(4) BAGGAGE & PERSONAL EFFECTS	Unlimited	Unlimited
(5) BAGGAGE DELAY	Unlimited	Unlimited
(6) LOSS OF TRAVEL DOCUMENT	5,000	3,500
(7) PERSONAL MONEY	5,000	3,500
(8) TRAVEL DELAY	3,000	2,000
(9) CURTAILMENT OF TRIP & CANCELLATION CHARGES	1,000	750
(10) PERSONAL LIABILITY	2,000	1,000
(11) OPTIONAL RENTAL CAR PROTECTION	1,000	500
(12) ADDITIONAL PERSONAL ACCIDENT BENEFIT	250	125
(11) OPTIONAL RENTAL CAR PROTECTION	2,000	1,500
(12) ADDITIONAL PERSONAL ACCIDENT BENEFIT	400	260
(11) OPTIONAL RENTAL CAR PROTECTION	800	500
(12) ADDITIONAL PERSONAL ACCIDENT BENEFIT	175	125
(11) OPTIONAL RENTAL CAR PROTECTION	6,500	4,500
(12) ADDITIONAL PERSONAL ACCIDENT BENEFIT	100,000	65,000
(11) OPTIONAL RENTAL CAR PROTECTION	(10,000 option)	
(12) ADDITIONAL PERSONAL ACCIDENT BENEFIT	(up to Total Sum Insured of 500,000)	

# ANNUAL TRAVEL APPLICATION

Applicant: \_\_\_\_\_ Tel: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Country of Residence: \_\_\_\_\_

Coverage Selected: (please  appropriate box):  Premier Plan  Executive Plan

Name of Insured Person (Last Name/First Name)	Sex	Date of Birth (MM/DD/YY)	Passport No.	Optional Rental Car Protection	Additional Personal Accident Benefit Additional Sum Insured	Premium US\$
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Policy Effective Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/YY) Total premium for this policy: \_\_\_\_\_ payable to "Pacific International Insurance Company Limited".

I enclose my check for US\$ \_\_\_\_\_  
 Please charge:  American Express  Visa  Mastercard Card No.: \_\_\_\_\_  
 Expiry Date (MM/YY): \_\_\_\_\_ / \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_

**Declaration:** I hereby apply for an Annual Travel Insurance Policy to be based on the above statements, and warrant that to the best of my knowledge and belief that no Insured Person is travelling contrary to the advice of a medical practitioner or for the purpose of obtaining medical treatment and that I understand treatment of any pre-existing, existing, recurring or congenital medical conditions is not insured. I further warrant that I am not aware of any condition, cause or circumstances that may necessitate the cancellation or curtailment of the journey as planned.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Broker: \_\_\_\_\_

## ■ PREMIUM (IN US\$)

	PREMIER PLAN	EXECUTIVE PLAN
Annual Premium	318	186
Optional Rental Car Protection	75	75
Additional Personal Accident (each US\$50,000 increase)	35	35

## ■ KEY FEATURES

- Whenever you travel abroad, coverage begins automatically, for up to 90 days per trip.
- No deductible for all benefits (except Optional Rental Car Protection).
- Provides cover for winter sports, trekking, scuba diving, rafting, bungee-jumping and various aquatic sports without additional premium.
- Baggage & Personal Effects cover extends to laptop computers.
- Additional Personal Accident benefit for choosing up to a maximum of US\$500,000.

## ■ AGE LIMIT

A minimum age of 6 weeks to a maximum age of 75 years and children under 7 must be accompanied by an adult who is also insured under the same policy.

## ■ MAIN EXCLUSIONS

### For benefit section 1, 2 & 3

1. Suicide, self-inflicted injury, childbirth, miscarriage, dental treatment (except as necessitated by accidental injuries to sound and natural teeth), psychiatric and mental disorders, insanity, alcoholism or drug addiction, self-exposure to needless peril, venereal disease, AIDS or AIDS related complex.
2. Any pre-existing conditions or excluded illness.
3. Any professional sport, racing and competitions of any kind, skydiving, rock or mountain climbing normally involving the use of ropes or other equipment, hang gliding, or parachuting.

### For benefit section 4, 5, 6, 7, 8 & 9

1. Losses not reported to police within 24 hours, and/or to the carrier immediately as appropriate.
2. No proof is provided for relevant expenses/loss.
3. Normal wear and tear, breakage or damage to fragile article.

### For benefit section 10

Liability arising out of the use of motorized vehicles, aircraft, water craft; willful, malicious or unlawful act; any cost resulting from criminal proceedings.

### For benefit section 11

1. Driving whilst intoxicated or under the influence of drugs or narcotics.
2. Intentional loss or damage, use of the car rental in violation of the car rental agreement.
3. Liability or damage whether or not the Insured Person is responsible under the car rental agreement.

## ■ CLAIMS PROCEDURE

Notice of any claims must be submitted to the address noted below within 30 days of any occurrence which may give rise to a claim under this insurance. All claims shall be made together with proof satisfactory including reports from hospital, physician, police, airlines or other responsible authority.

*This brochure is not a contract. For exact wording and complete details of the cover, terms, conditions and exclusions of the policy, please refer to the policy itself.*

Please send the completed application and payment to Pacific International Insurance Company Limited care of our third party administrator, International Administrators Limited at the following address:

16/F, 9 Des Voeux Road West  
Sheung Wan, Hong Kong, SAR

Tel: (852) 2573-2278, (852) 2573-2535

Fax: (852) 2573-2917

E-mail: [inquiry@ialhk.com](mailto:inquiry@ialhk.com)

Website: <http://www.insurance-pacific.com>

# ANNUAL TRAVEL PLAN



Covers frequent traveller or  
business executive on  
an unlimited number  
of overseas trips  
per year

