



PACIFIC CROSS

Bon Voyage

2 0 2 4

ANNUAL TRAVEL PLAN

More than just insurance. Pacific Cross provides peace of mind for your travel, Whenever you travel outside country of Residence, coverage begins automatically, for up to 90 days per trip.



BENEFIT (IN US\$)

Annual Travel plans are ideal for the frequent traveler or business executive who needs cover for an unlimited number of overseas trips per year. Pacific Cross provides peace of mind for your travel, Whenever you travel outside Country of Residence, coverage begins automatically, for up to 90 days per trip.

Benefits (in US\$)	Premier Plan	Executive Plan
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.	\$250,000	\$100,000
2. MEDICAL EXPENSES & EMERGENCY ASSISTANCE (The cost of medical treatment arising from illness or accidental injury)		
Medical Expense 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.	\$100,000	\$75,000
Follow-up Care Medical expenses reasonably incurred immediately following discharge from hospital within 90 days of return to Country of Residence.	\$6,500	\$6,500
Emergency Evacuation Emergency evacuation to the nearest facility capable of providing adequate medical care.	Included	Included
Repatriation Repatriation to the Country of Residence when the Company and attending physician determine that it is necessary.	Included	Included
Hospital Expenses Guarantee Guarantee eligible medical expenses when hospital bills exceed US\$2,500.	Included	Included
Additional Cost 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 a hospital confinement due to a covered Disability necessitating medical treatment of the Insured Person.	\$5,000	\$3,500
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.	\$5,000	\$3,500
Return of Children Reasonable additional accommodation and travelling expenses for unattended insured children (age below 14) return to the Country of Residence.	\$5,000	\$3,500
Burial and Funeral Transportation charges for repatriation of the mortal remains to the Country of Residence or origin.	\$3,000	\$2,000
Referral Services All referral services such as legal assistance, interpreter, obtaining replacement of lost travel document or air ticket, etc.	Included	Included
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.	\$1,000	\$750
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.	\$2,000	\$1,000
Additional Cover Loss of laptop computer or tablet computer (of screen size 7 inches or above measured diagonally)	\$1,000	\$500
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 6 hours from the time of arrival at destination.	\$250	\$125

BENEFIT (IN US\$)

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.

\$2,000

\$1,500

7. PERSONAL MONEY

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

\$500

\$325

8. TRAVEL DELAY

Additional Travel Cost

Transportation expenses necessarily incurred as a direct consequence of travel delay resulting from serious weather conditions, natural disasters (earthquake, flood, hurricane, tornado, tsunami, etc.), industrial action, hijack, mechanical derangement only if the Insured Person has to re-route his trip due to cancellation of a prior confirmed booking.

\$800

\$500

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 6 hours delay.

\$175

\$125

9. CURTAILMENT OF TRIP & CANCELLATION CHARGES

Reimbursement of irrecoverable prepaid travel arrangement deposits or 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.

\$6,500

\$4,500

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.)

\$100,000

\$65,000

11. ADDITIONAL PERSONAL ACCIDENT BENEFIT (for adult between age 18 and 65)

(up to Total
Sum Insured of
\$500,000)

(up to Total
Sum Insured of
\$500,000)

PREMIUM (IN US\$)

Plans	PREMIER PLAN	EXECUTIVE PLAN
Annual Premium	\$350	\$205
Additional Personal Accident (each US\$50,000 increase)	\$39	\$39

KEY FEATURE

- Maximum period of insurance up to 180 days
- No deductible for all benefits (except Optional Rental Car Protection).
- Provided cover for winter sports, trekking, scuba diving, rafting, and various aquatic sports without additional premium.
- One way trip is allowed, please inquiry for premium.
- Nomads travelers can be covered, please inquiry for premium.
- Baggage & Personal Effects cover extends to laptop computer or tablet computer.
- The policy can be extended 10 days for free of the conditions under Travel Delay are fulfilled.
- All plans are Schengen Approved.
- Personal accident Benefit for choosing up to a maximum of US\$500,000 (for adult between age 18 and 65)

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 12

1. Driving whilst intoxicated or under the influence of drugs or narcotics.
2. Liability or damage whether or not the Insured Person is responsible under the car rental agreement.

AGE LIMIT

A minimum age of 6 weeks to a maximum age of 85 years and children under 7 must be accompanied by an adult who is also insured under the same policy.

CLAIMS PROCEDURE

Notice of any claims must be submitted to the address noted below within 30 days of the expiry of this insurance. All claims shall be made together with proof satisfactory including reports from hospital, physician, police, airline or other responsible authority.

Important Note

1. The policy is valid for the purpose of leisure travel or business travel outside Country of Origin (limited to administrative and non-manual works only).
2. No refund of premium will be made once the policy has been issued.

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.

If you have any questions relating to this application, please forward them to Pacific Cross Insurance Company Limited
Business Development Team at
E-mail: inquiry@pacificcross.com
Website: <http://www.pacificcross.com>

ANNUAL TRAVEL APPLICATION



Policyholder: _____ Tel: _____
 Address: _____ Fax: _____
 _____ Email: _____
 _____ Country of Residence: _____

Coverage Selected: (please appropriate box): Premier Plan Executive Plan
 Preferred Effective Date: _____ / _____ / _____ (MM/DD/YY)

Name of Insured Person (Last Name / First Name)	Sex	Date of Birth (month/day/year)	Occupation	Passport No.	Personal Accident Benefit Additional Sum Insured	Premium US\$
Total premium of this policy:						

Payment will be made through a secure online link. You will receive the link via email to complete the payment.

Name of Cardholder: _____ Relationship to Policyholder: _____ 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. I further authorize the Company to provide my personal data including but not limited to health and details of the claims incurred to reinsurance companies with whom the Company has or proposes to have dealings or to any agent, contractor or third party service provider who provides services to the Company in connection with the operation of its business.

Policyholder's Signature: _____ Date (MM/DD/YY): _____ Broker: _____

