

Note: Before applying for this Policy, please read carefully the terms and conditions of this Policy, especially the **exclusions** highlighted in boldface. If you have any query, please contact our salespersons or call 4008208858.

CHARTIS INSURANCE COMPANY CHINA LIMITED

(Hereinafter called “the Company”)

Group Personal Accident Insurance **(2009 1st Version)**

CHAPTER I GENERAL PROVISIONS

ARTICLE 1 THE CONSTITUTION OF THE POLICY

All articles defined herein, together with the policy schedule, rider policies, application form, other insurance documents, individual enrolment forms (if any, original copies will be kept by the Company. Photocopies or scanned copies share equal validity as original), employee/member listings, endorsements and other agreements, constitute the entire Policy of this “Group Personal Accident Insurance” or “GPA” (hereinafter called the Policy).

The full name of the Policy is the Group Personal Accident Insurance, or GPA in abbreviation.

ARTICLE 2 POLICYHOLDER

Organizations, Corporations, Enterprise, Social Group or other Institution that has the qualification of signing up contract legally who has an insurable interest on the Insured Person. The number of insured person must occupy 75% of the defined group and the number of insured persons is not less than 5.

ARTICLE 3 MISSTATEMENT OF AGE

The age of an Insured Person shall be calculated in accordance with that registered on his or her legal identity document. The Policyholder shall state the age of the Insured Person’s last birthday. Please refer to the policy schedule for the acceptable age limit for this Policy. If the age of the Insured Person is misstated, the following rules shall apply:

- (1) If such misstatement affects the amount of premiums of this Policy, but does not invalidate insurance nor discontinue insurance of the Insured Person, an equitable adjustment of premiums shall be made accordance with the true age.
- (2) If such misstatement affects the amount of premiums of this Policy, and invalidates insurance or annuls insurance of the Insured Person, the appropriate un-used premiums of Insured Person will be returned unless there is special arrangement.

ARTICLE 4 DESIGNATION AND CHANGE OF BENEFICIARY

With the consent of the Insured Person, the Policyholder may, at the time of application, designate one or more persons as the death beneficiary/beneficiaries. In the case of more than one death beneficiaries, the Insured Person may determine the priority of the death

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beneficiaries and benefit proportions for the death benefits. If the benefit proportions are not specified, all death beneficiaries shall be entitled to an equal share of the death benefits. Where the beneficiary intentionally causes the death, injury, disability or illness to the insured or attempts to murder the insured, the beneficiary shall lose the beneficiary right.

With the consent of the Insured Person, the Policyholder may change the death beneficiary/beneficiaries with a written notice to the Company. No such change shall be effective unless recorded by the Company and by endorsement hereto. The Company shall not be responsible for any legal disputes resulting from any change(s) in the death beneficiary/beneficiaries.

Death benefits shall be paid to the death beneficiary/beneficiaries surviving the deceased Insured Person. Unless otherwise provided, the death benefits shall be payable to the estate of the Insured Person if none of the named death beneficiary/beneficiaries survives the Insured Person.

ARTICLE 5 ASSIGNMENT

No benefit under this Policy may be assigned.

ARTICLE 6 CHANGE OF ADDRESS OF POLICYHOLDER

Any change of the Policyholder's address shall be promptly filed to the Company in writing. If the Policyholder do not provide the aforesaid notice, all correspondence forwarded to the last address as stated in the application form will be considered valid.

ARTICLE 7 CHANGE IN CONTENT OF THE POLICY

The Policyholder may apply to change Policy content in accordance with our requirements while the Policy is in force. Such changes are valid only if it has been agreed and recorded by the Company and endorsed in the Policy.

CHAPTER II POLICY PERIOD

ARTICLE 8 COMMENCEMENT OF THE BENEFIT

Settlement of full premiums and the Company's acceptance of the risk shall be conditions precedent to any liability of the Company under the Policy. The Company shall issue a Schedule as an underwriting certificate.

The inception date of this Policy shall be that contained in the Schedule. The said date shall determine the policy expiry date and premium due date.

ARTICLE 9 POLICY PERIOD & RENEWAL

The Policy Period shall be that stated on the Schedule, but no longer than one year starting from 00:00 hours of the effective date of this Policy until 24:00 hours following the Policy expiry date.

The Policyholder may, on or before the expiration of the Policy Period, apply for renewal of

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Policy by payment of premium, in which event the Policy shall be still effective within next Policy Period subject to the approval of the Company and collection of renewal premiums from the Policyholder.

CHAPTER III ELIGIBILITY

ARTICLE 10 ELIGIBILITY OF INSURANCE OF INSURED PERSONS

- (1) Members of the organization(s) as defined in the Policy are eligible for coverage upon approval of the Company of the Applicant's written application for enrolling the said members in this Policy.
- (2) Members eligible for coverage shall become Insured Persons under the Policy.

ARTICLE 11 TERMINATION OF INSURANCE OF INSURED PERSON

The insurance of any Insured Persons shall be terminated if any of the following occurs:

- (1) The Policy anniversary date during which the Insured Person attains the upper age limit as specified in the policy schedule. Following the Policy anniversary date, the Insured Person shall be removed from this Policy;
- (2) The death or dismemberment of any Insured Person. The insurance of that Insured Person shall be terminated on the date of such occurrences.

The Insured Person is no longer an promissory group member of the Company, termination of Insurance shall be effective twenty-four (24) hours on that day.

CHAPTER IV BENEFIT

ARTICLE 12 ACCIDENTAL DEATH, BURNS & DISMEMBERMENT

The aggregate payments of benefits under this article to any Insured Person shall not exceed the sum insured for such Insured Person as stipulated in Schedule.

- (1) **Accidental Death Benefit:** In case of an Accident to any Insured Person during the Policy Period which results in death within one hundred and eighty (180) days from the date of Accident, the Company shall pay the individual sum insured for Accidental Death Benefit to the beneficiary/beneficiaries.

If the Insured Person has received benefits payable under paragraph (2) or (3) of this Article before his or her death, the benefit payable for Accidental Death shall be total sum insured minus any paid benefits.

- (2) **Accidental Dismemberment Benefit:** If, while the Policy is in force, any Insured Person sustains an Accident which results in dismemberment listed in the "Schedule of Benefits for Dismemberment" ("Table 1") within one hundred and eighty (180) days from the date of Accident, the Company shall pay the Insured Person the individual sum insured for Accidental Dismemberment Benefit at the time of the Accident, equal to a percentage of sum insured specified in the Schedule according to the "Schedule of Benefits for Dismemberment" ("Table 1").

If multiple dismemberments occur to the same part of body or same limb as a result

of one Accident, only one of the Accidental Dismemberment Benefits shall be paid, and that will be the higher or highest percentage of sum insured for that part of body or limb. If multiple dismemberments occur to the same part of body or same limb as a result of different Accidents, the higher or highest percentage of the sum insured for dismemberment of that part of body or limb shall be paid only. If a subsequent Accident results in a more serious dismemberment after benefits have been paid, any previous payables will be deducted from the further payment for this subsequent dismemberment. No further payment shall be made if the previous dismemberment is of more serious degree.

If multiple dismemberments as listed in "Table 1" occur to the Insured Person as a result of the same or different Accident(s), the Company shall pay the percentage of sum insured for each dismemberment, and the benefit payable shall not exceed the individual sum insured of the Insured Person at the time of the latest Accident.

- (3) **Accidental Burns Benefit:** If, while the Policy is in force, any Insured Person sustains an Accident which results in burns as listed in the "Schedule of Benefits for Third Degree Burns" ("Table 2"), the Company shall pay the Insured Person the individual sum insured for Accidental Burns Benefit at the time of the Accident equal to a percentage of sum insured specified in the Schedule according to the "Schedule of Benefits for Third Degree Burns" ("Table 2").

If the Insured Person suffers multiple Burns to the same part of the body or same limb as a result of one Accident, only one of the Accidental Burns Benefits shall be paid and that shall be the higher or highest percentage of sum insured for that part of body or same limb. If multiple Burns occur to the same part of body or same limb as a result of different Accidents, only one of the events shall be paid for, and that shall be for the more serious injury. If subsequent Burns are of a higher benefit, benefit payment shall only be made after deducting any previous benefit payments. If previous Burns are of a higher benefit, no indemnity shall be paid for this subsequent injury.

If the Insured Person suffers Burns on a different body part or limb as a result of a different Accident or the same Accident, the Company shall pay the benefit amount for each Accidental Burn, and the amount payable shall not exceed the individual sum insured for the Insured Person at the time of the latest Accident.

CHAPTER V EXCLUSIONS

ARTICLE 13 EXCLUSIONS

The Company shall not pay under this Policy for any injury arising as a result of:

- (1) any wars, military actions, riots, strikes, armed insurrection or any Terrorist Act;**
- (2) any explosions, burning or radiation caused by biological, chemical or atomic weapons, or atomic or nuclear equipment;**
- (3) any intentional actions by the Policyholder; self-inflicted injuries or suicide by the Insured Person whether sane or insane;**
- (4) fighting, being attacked or being murdered resulting from the intentional**

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- actions of the Insured Person (excluding helping others for a just cause);**
- (5) violations or attempted violations of the law or resistance to arrest by the Insured Person or during the period of detention or imprisonment;**
 - (6) the Insured Person under the influence of alcohol, drugs, or controlled drugs;**
 - (7) mental or nervous disorder of the Insured Person, including but not limited to insanity;**
 - (8) driving under the influence of alcohol or without a driving license or a valid vehicle license;**
 - (9) Acquired Immune Deficiency Syndrome (AIDS) or infection of the Human Immune Deficiency Virus (HIV) (as defined by the World Health Organization (WHO); the confirmation of infection by such virus requires the existence of the above mentioned disease or its antibodies found in the blood);**
 - (10) on board of any airplanes or air transportation vehicles or conveyances except as a passenger in any properly licensed private and/or commercial aircrafts;**
 - (11) any born abnormality;**
 - (12) any Pre-existing Injury or complications thereof;**
 - (13) participating in horse racing, Diving, water-skiing, skiing, gliding, parachuting, Rock Climbing, wrestling, Judo, Karate, Taekwando, horse riding, wushu, boxing or Stunt Performances;**
 - (14) participating in any professional or semi-professional sport activities;**
 - (15) participating in vehicle performances, vehicle racing or practicing, or go-karting;**
 - (16) the Insured Person serving in any armed force or engaging in any missions as a Policeman;**
 - (17) the Insured Person engaging in the activities such as mining, underground working, working in the cave, on water or at altitude higher than 5 meters.**
 - (18) pregnancy, miscarriage, childbirth, venereal diseases; cosmetic or plastic surgery, or other medical incidents or any injuries caused by such events;**
 - (19) any bacterial or virus infection (except for infections caused by an Accident); food poisoning.**

CHAPTER VI PREMIUM

ARTICLE 14 PAYMENT OF PREMIUMS

The premiums of the Policy are calculated on either a monthly or yearly basis.

For an annual policy, the stipulated premiums may be paid in lump sum or by installments as agreed upon by the Company provided that the subsequent installments shall be paid on or before the premium due date by way as specified in the Schedule.

If the premium is payable by installments and a claim occurs (including claim occurs during the Grace Period), the Company shall have the right to request the Policyholder to settle the remaining premium for the policy year before proceeding with the claim.

ARTICLE 15 RENEWAL PREMIUM

The renewal premium will be calculated based on the risk covered upon renewal according to our latest determined premium rates. The Company will inform you in writing if the renewal premium changes. If the Company have expressly declined to renew this Policy, any paid

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renewal premiums will be refunded without interest.

ARTICLE 16 GRACE PERIOD

If the Policy Period is one year and the Policyholder pay the premiums by installments, a grace period of thirty (30) days will be granted for the payment of each premium falling due after the first installment.

CHAPTER VII CANCELLATION AND TERMINATION

ARTICLE 17 DUTY OF DISCLOSURE AND POLICY VALIDITY

The Policyholder or the Insured Person(s) shall provide truthful information in response to written inquiries by the Company.

- (1) If any intentional withholding of the truth, when discovered, is sufficient to affect the judgment of the Company in deciding whether to provide coverage or increase the premium rate, the Company have the right to terminate the policy based on relative law without any refund of the premium, no matter whether a covered Accident has occurred or not at the time of such discovery. The Company shall not be liable for any otherwise covered Accident which has occurred prior to the termination of the Policy. If such intentional withholding is sufficient to affect the judgment of the Company in deciding whether to provide coverage to one Insured Person, his eligibility of the Insured Person shall be terminated, and the Company shall not be liable for any otherwise covered Accident which has occurred prior to the termination of his eligibility.**
- (2) If any unintentional withholding of the truth, when discovered, is sufficient to affect the judgment of the Company in deciding whether to provide coverage or increase the premium rate, the Company have the right to terminate the policy based on relative law, no matter whether a covered Accident has occurred or not at the time of such discovery, and the Company will refund the premium of this Insured Person without interest. If such unintentional withholding is sufficient to affect the judgment of the Company in deciding whether to provide coverage to one Insured Person, his eligibility of the Insured Person shall be terminated and the Company will refund the premium of this Insured Person without interest. **If such unintentional withholding has a material impact on a covered Accidents which occurred prior to the cancellation of the Policy or loss of eligibility, the Company shall not be liable for this Accident.**
- (3) If any withholding of the truth is sufficient to affect the judgment of the Company in deciding whether or not to increase the premium rate and the Company agree to continue to provide coverage, the Policyholder shall pay additional premiums accumulated as of the effective date of the Policy together with the interest accrued thereon. (**Note:** Accrued interest shall be determined in interest rate as agreed herein this Policy).

ARTICLE 18 CANCELLATION

The Policyholder may cancel the Policy at any time by giving a written notice to the Company while the Policy is in force. For monthly policy, the Policy shall be terminated at 24:00 of the last date of current insured month. The Company shall return the paid premiums for this Policy and all Riders for the next month without interest if the Policyholder have paid it. For non-monthly policy, the Policy shall be terminated at 24:00 of the date shown in the written notice. The Company shall return the last paid premiums for this Policy and all Riders on a pro-rata

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basis in accordance with the following table and with reference to the period between the cancellation date and expiry date of the Policy, and the Company will refund without interest the premium the Policyholder have advanced for the next policy period:

Time to Policy Expiry Date	% of premium returned for different insurance period			
	Insurance Period Less 1 Month	Insurance Period more than 1Month but less than 3 months	Insurance Period more than 3 Month but less than 6 months	Insurance Period more than 6 Month but less than 12 months
10 full months or above	-	-	-	60 %
Greater than 9 full months and less than 10 full months	-	-	-	50 %
Greater than 8 full months and less than 9 full months	-	-	-	40 %
Greater than 7 full months and less than 8 full months	-	-	-	30 %
Greater than 6 full months and less than 7 full months	-	-	-	25 %
Greater than 5 full months and less than 6 full months	-	-	50 %	0
Greater than 4 full months and less than 5 full months	-	-	40 %	0
Greater than 3 full months and less than 4 full months	-	-	25 %	0
Greater than 2 full months and less than 3 full months	-	30 %	0	0
Greater than 1 full months and less than 2 full months	-	0	0	0
less than 1 full month	0	0	0	0

If the increase of the covered risks has an impact upon the basis on which the Company have agreed to provide coverage, the Company may, while the Policy is in force, cancel the Policy by giving the Policyholder a thirty (30) days (or fifteen (15) days where the policy period is less than one full month) prior written notice. In this event, the Policy will be terminated at 24:00 of the date shown in the written notice. The written notice will be delivered in person, by registered mail or other similar mails to the Policyholder's address of domicile or correspondence. A pro-rata unearned premium will be returned.

ARTICLE 19 TERMINATION OF THE POLICY

The Policy shall terminate automatically in any of the following circumstances:

- (1) The Policy Period expires and the Policyholder do not intend to renew the Policy or the Company decline to renew the Policy;
- (2) For annual policy, premium due remains outstanding after the grace period;
- (3) This Policy terminates as per other provisions herein.

Note: Under the circumstances mentioned in (1), the Policy shall automatically terminate at 24:00 of the expiry date of the Policy. Under the circumstances mentioned in (2), the Policy shall automatically terminate at 24:00 of the Premium Due Date.

CHAPTER VIII APPLICATION FOR BENEFITS

ARTICLE 20 NOTICE OF CLAIMS

Notice of claims must be given to the Company by the Claimant within thirty (30) days of occurrence of any Accident to the Insured Person.

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The Company shall not be liable for the undeterminable part where the claimant fails to do so intentionally or for gross negligence, which makes it difficult to determine the nature, cause, degree of damage, etc. of the covered Accident, unless the Company have known or should have known the incident in a timely manner through any other channel.

ARTICLE 21 EVIDENTIAL DOCUMENTS/APPLICATION FOR CLAIMS

In case of claim, the Claimant shall fill in a claim form and provide the following proofs and original documents to the Company for the benefits hereunder:

- (1) proof that Insured Person is a member of the Group together with other relevant documents;
- (2) proof of cancellation of residential registration or other relevant similar credentials, identity document (if applicable) of the Insured Person;
- (3) proof of residential registration or other relevant similar credentials, identity document (if applicable) of the beneficiary/beneficiaries of the Accidental death benefits;
- (4) death certificate or other relevant similar credentials(if applicable) recognized by the Company, the Hospital or the public security department;
- (5) report on the degree of dismemberment or burns of the Insured Person issued by hospitals ranked as Grade II or above or by medical or judicial institutions recognized by the Company (if applicable) ;
- (6) other proof and material could be provided by claimant in connection with the claim.

If the Claimant fails to provide any of the above documents due to any particular reason, he or she should provide other relevant proofs or materials that are acceptable under the law in filing a claim.

If the Claimant fails to provide the relevant proofs or documents as a result of which the Company are unable to verify the truthfulness of the claim filed, the Company shall not be liable for the unverified part.

After receiving the completed claim materials from the Claimant, the Company shall assess the claim in time. If the claim can not be assessed within the statutory period under complex circumstances, the both parties agree to extend the period but the extended period shall not exceed 30 days.

The Company shall notify the claimant of the assessment result. For a claim which falls within the insurance coverage, the Company shall make payment within 10 days after reaching an agreement on payment of indemnity with the claimant. If the Policy provides otherwise for the time limit for payment of indemnity, the Company shall perform the obligation of paying indemnity as agreed upon therein. For a claim which does not fall within the insurance coverage, the Company shall, within three days after completing the assessment, send a notice of its refusal to pay indemnity to the claimant, and give reasons therefor.

The limitation period for a claimant to file a claim with the Company shall be two (2) years, which shall be counted from the day when the claimant knows or should have known the occurrence of the covered Accident.

ARTICLE 22 SUPPLEMENT OF CERTIFICATES AND MATERIALS

If the Company deem that the certificates and materials provided by the Claimant in respect of the claim are incomplete, it shall notify, in a timely manner and at one time, the claimant of all

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certificates and materials to be supplemented.

ARTICLE 23 OBLIGATION OF PAYMENT IN ADVANCE

Where the Company cannot determine the amount of indemnity to be paid within 60 days after receiving the claim for indemnity and the relevant certificates and materials, the Company shall advance the amount which may be determined according to the current certificates or materials, and after it finally determines the amount of indemnity to be paid, pay the difference.

ARTICLE 24 PROVISION OF DATA

- (1) The Applicant shall retain the personal data of each Insured Person encompassing the name, gender, enrolment age, dates of birth, occupation, business duty, sum insured, insurance plans, policy effective date, policy expiry date, changing of the insurance plans, designated death beneficiary/beneficiaries, premium and any other information in connection with the Policy. When necessary, the Applicant shall provide such data at the request of the Company.
- (2) The Applicant shall, upon the request of the Company, provide the personal data of each Insured Person and ensure that such data so provided be accurate. Any untrue personal data declared by the Applicant will not operate to prejudice other valid provisions herein provided that the Company reserves the right to make appropriate adjustments to relevant items including applicable premium rates upon discovery that the personal data is untrue.
- (3) All other data furnished by any Insured Person to the Applicant in connection with this Policy shall be made accessible to the Company at any time.
- (4) The Company may collect all personal information of any Insured Persons in connection with the Policy. Such personal information so collected will be held or used by the Company, and may be disclosed to any individual or organization associated with the Company for the purpose of the Policy and relevant services.

ARTICLE 25 HANDLING OF DISAPPEARANCE

If an Insured Person disappears as a result of an Accident while the Policy is in force, and is later declared dead by a PRC Court, the Company shall pay the percentage of sum insured applicable to death of the Insured Person. However, if the Insured Person is later found to be alive, the Recipient of Death Benefits is required to return the paid amount to the Company within one (1) month of knowing the fact about the Insured Person being alive.

ARTICLE 26 PHYSICAL EXAMINATION AND JUDICIAL AUTHENTICATION

During the claim process, the Company reserve the right to request the Insured Person to be subject to physical examination or requests for relevant examination reports from the Insured Person. In case of death of the Insured Person, the Company reserve the right to have a judicial authentication conducted by judicial authentication institutions.

ARTICLE 27 SETTLEMENT OF DISPUTES

Any dispute arising from the execution of the Policy or its riders shall be resolved through one of the following means to be selected by the Parties:

- (1) the said disputes shall be resolved by the Parties through negotiations, failing which shall be referred to the agreed Arbitration Commission for arbitration;

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- (2) the said disputes shall be resolved by the Parties through negotiations, failing which shall be referred to a PRC court.

ARTICLE 28 EXCHANGE RATE

If currency conversion is required in any claim settlement, the Company shall apply the RMB central parity rate as publicized by the People's Bank of China (PBOC) on the day when the Claimant completes the Claim Form.

ARTICLE 29 APPLICABLE LAW

The Policy and its riders shall be governed by the law of the People's Republic of China

CHAPTER IX OTHERS

ARTICLE 30 DEFINITIONS

9. **Group** shall mean all employees or members of the Applicant or partial of employees or members eligible for coverage as stated in the Schedule..
10. **Actively at Work** shall mean full time employee of Policyholder who performs his or her regular duties at the usual place of work on business working days required by the Policyholder. The place of work shall be the office of Policyholder or other places allocated by the Policyholder for business reasons.
11. **Accident** shall mean any unexpected, unintentional, non-sickness related, unforeseen events caused by external and sudden incident which results in solely, directly and independently of any other causes the bodily injury of any Insured Person.
12. **Burns** shall mean that the entire skin layer of an Insured Person was damaged by Accidental Burns, defined as 3rd degree burns, while the Policy is in force. Third degree burns damage the skin (epidermis and dermis), to muscle tissue, bone and subcutaneous fat, and result in scarring. The degree of burns and damaged area are determined by the standard of "new rule of nines".
13. **War** shall mean any war, whether declared or not, including military action by any sovereign to achieve economic, geographic, nationalistic, racial, religious or other ends.
14. **Diving** referred in the Policy shall mean any underwater activity, whether in the river, lake, sea, reservoir, canal, etc. with auxiliary respiratory equipment.
15. **Rock Climbing** referred in the Policy shall mean any sport activity involving climbing of cliff, exterior wall of building, artificial cliff, ice cliff, iceberg, etc..
16. **Adventure** referred in the Policy shall mean any activity the Insured Person intentionally put oneself in with the knowledge of danger of death or any Injury under certain special natural circumstances, such as river drifting, traversing the desert on foot or deserted forest, etc..
17. **Stunt Show** shall mean performance of any special skill such as equestrianism, acrobatics, beast taming, etc.
18. **Force Majeure** shall mean any external event which is unforeseen, unavoidable and can not be overcome.
19. **Claimant** shall mean the Insured Person, death beneficiary/beneficiaries defined herein, legal heir of the Insured Person or any other person legally entitled to the benefits provided by the Policy.
20. **Recipient of Death Benefit** shall mean the death beneficiary/beneficiaries defined herein, legal heir of the Insured Person or any other person legally entitled to the death benefits.

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21. **Hospital** shall mean any medical institutions that:
1. holds a legal business license;
 2. is to mainly offer Hospital medical treatments and nursing services to the injured and patients;
 3. has Qualified Medical Practitioners and nurses offering medical treatments and nursing services twenty-four (24) hours a day;
 4. is not a medical institution which serves as a convalescent home, a nursing or therapeutic institution, a place for alcoholics or drug addicts.
- If the hospital locates Within the Territory, the hospital must be ranked as Grade II or above and satisfied the above requirements.**
22. **Qualified Medical Practitioner** shall mean any doctor who is authorized to conduct practice in a Hospital and give prescription, or any doctor who is duly licensed and qualified in the geographical area in which the Insured Person receives medical consultation, treatment, prescription or surgical services, but excluding the Insured Person or any Immediate Family Member of the Insured Person.
23. **Pre-existing Injury shall mean the existence of symptoms as a result of injury that cause an ordinarily prudent person to seek diagnosis, care, or treatment within a five (5) year period preceding he/she becomes eligible under this Policy or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a five (5) year period preceding he/she becomes eligible under this Policy.**
24. **Terrorist Act** shall mean any actual or threatened use of force or violence directed at or causing damage, Injury, harm or disruption, or commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered Terrorist Acts. Terrorists Acts shall also include any act, which is verified or recognized by the (relevant) government as an act of terrorism.
25. **Interest** shall be the corresponding rate of the 3-month fixed saving plan proposed on the first working day of every month by the People's Bank of China.

- End -

TABLE 1 Schedule of Benefits for Dismemberment

Body Parts	Item	Severity of Dismemberment	Maximum % of Benefits Payable
1. Head	One	Coloboma of Skull $\leq 3\text{cm}^2$, but no dysfunction;	10%
	Two	Coloboma of Skull $> 3\text{cm}^2$ and $< 9\text{cm}^2$, but no dysfunction;	20%
2. Face	One	Face Disfigurement (Note 1)	40%
3. Eyes	One	Permanent and Total blindness of both eyes (Note 2)	100%
	Two	Permanent and Total blindness of one eye	50%
	Three	Ectropion of one eyelid (Note 3)	10%
	Four	Blepharoptosis of one eyelid (Note 4)	10%
	Five	Significant coloboma of both eyelids (Note 5)	20%
4. Nose and Mouth	One	Atresia of nasal cavity or nasopharynx on both sides	15%
	Two	Injury in upper jaw accompanied with dysphonia and dysphasia	20%
	Three	Loss of nose and notable malfunction of olfaction (Note 6)	20%
5. Ear	One	Permanent and Total loss of functions of binaural hearing (Note 7)	50%
	Two	Permanent and Total loss of functions of one ear's hearing	20%
	Three	Over 2/3 loss of external auricle on both sides	25%
	Four	Over 2/3 loss of external auricle on one side	10%
6. Neck	One	Injury in throat and respiration is completely relied on tracheal tube or artificial gap	50%
	Two	Complete stiffness in neck due to fracture or dislocation of neck vertebra	35%
7. Pelvic Cavity	One	Serious and obvious displacement of Pelvic Cavity due to fracture	20%
8. Chest/Torso	One	Chest expansion, permanent and serious limitation due to fracture of over four ribs and dyspnea in three level or chest change operation on one side (excising over six ribs)	30%
	Two	Fracture of four or more than four ribs and intercostal neuralgia, causing chest expansion and middle level restriction and dyspnea in four level	25%
	Three	Fracture of spinal column, causing serious or complete stiffness in torso or total loss of lifting function	50%
9. Abdomen	One	Excision of Spleen	35%
	Two	Excision of Kidney in one side	40%

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10. Urogenital Apparatus	One	Loss of Penis	40%
	Two	Loss of testicles on both sides	40%
	Three	Loss of testicle on one side	15%
	Four	Loss of breasts on both sides	35%
	Five	Excision of Uterus or part thereof	40%
11. Hand and Arm	One	Loss of both hands above wrist joints or total loss of functions of both hands	100%
	Two	Loss of one hand above wrist joint	60%
	Three	Permanent and Total loss of functions of wrist joint in one hand	20%
	Four	Permanent and total loss of functions of three major joints in one upper limb (Note 8) (Note 9)	50%
	Five	Permanent and Total loss of functions of two joints among three major joints in one upper limb	30%
	Six	Permanent and Total loss of functions of one joint among three major joints in one upper limb	20%
	Seven	Permanent and Total paralysis of both upper limbs	100%
	Eight	Permanent and Total paralysis of one upper limbs	75%
12. Fingers	One	Total loss of one thumb (Note 10)	20%
	Two	Total loss of one forefinger (Note 10)	15%
	Three	Total loss of one middle finger (Note 10)	10%
	Four	Total loss of two or more than two ring fingers or little fingers	15%
	Five	Total loss of thumb, forefinger and another finger in one hand	40%
	Six	Total loss of two fingers (other than thumb and forefinger) in one hand (Note 10)	15%
	Seven	Permanent and Total loss of functions of ten fingers (Note 11)	50%
	Eight	Permanent and Total loss of functions of thumb and forefinger in one hand	10%
	Nine	Permanent and Total loss of functions of three or more than three fingers in one hand, including thumb or forefinger	15%
13. Foot and Toe	One	Total loss of both feet (Note 12)	100%
	Two	Total loss of one foot	50%
	Three	Total loss of ten toes (Note 13)	50%
	Four	Permanent and Total loss of functions of ten toes	30%
	Five	Total loss of five toes in one foot	20%
	Six	Permanent and Total loss of functions of five toes in one foot	15%
	Seven	Fracture and disconnection of shank or knee cap	10%

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	Eight	Permanent contraction of over 5 centimeters in one lower limb	30%
	Nine	Permanent and Total loss of functions of three main joints in one lower limb (Note 14)	50%
	Ten	Permanent and Total loss of functions of two joints among three major joints in one lower limb	30%
	Eleven	Permanent and Total loss of functions of one joint among three major joints in one lower limb	20%
14. Others	One	Permanent and Total loss of functions of mastication or deglutition (Note 15)	100%
	Two	Extreme malfunctions of central nerve or organs in chest or abdomen, permanent loss of ability to work, total need of others' assistance to do daily activity necessary for maintaining life existence (Note 16)	100%
	Three	Permanent and Total paralysis of both upper limbs or lower limbs or one upper limb and one lower limb (Note 17)	100%
	Four	Permanent and Total loss of functions of two joints among three major joints of two upper limbs, or two lower limbs, or one upper limb and one lower limb	75%
	Five	Permanent and Total loss of functions of language (Note 18)	30%

If the Insured Person suffers Permanent and Total dismemberment or partial dismemberment of body other than those items listed in the above Schedule of Benefits for Dismemberment caused by a covered Accident, the Company has the right to decide based on the detail case whether to pay the benefit. If the company decide to pay the benefit, then the highest payment proportion will not exceed the 5% of the sum insured.

Notes:

1. Face disfigurement shall mean three items out of six items as follows:

- a) Partial loss of brows;
- b) Ectropion or partial loss of eyelid;
- c) Partial loss of auricle;
- d) Partial loss of nasal wings;
- e) Cheilectropinion or microstomia;
- f) Cicatrix disfigurement in neck.

2. Blindness refers to the situation of loss or removal of eyeball, or the inability to discern dark and light, or only having the ability to discern hand motion before the eyes, with its best corrected visual acuity below 0.02 as defined in the International Standard Visual Testing Chart, or with its eyeshot radius lower than 5 degree, which shall be evidenced by a certificate of diagnosis issued by a qualified ophthalmologist appointed by the Company.

3. Ectropion of eyelid shall mean ectropion of palpebral conjunctiva, causing eyelid and eyeball can not be closely contacted and incomplete closure of palpebral fissure.

4. Blepharoptosis of upper eyelid shall mean the upper eyelid can not be raised partially or totally, and it screens out part of or total pupil.

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5. Notable loss of eyelids of both eyes refers to the situation that the eyelids can not totally cover the cornea when one closes his eyes.
6. Loss of nose and notable malfunction of olfaction refers to the situation that all or most nasal cartilage is lost and nasal passages of both sides are blocked, causing the difficulty in nasal respiration, which can not be corrected and cured, or loss of function of olfaction in both nasal passages.
7. Loss of hearing function shall refer to a circumstance that the average hearing loss of language frequency is greater than 90 decibels. The language frequencies are respectively 500, 1000 and 2000 Hz.
8. Loss of functions of arthrosis refers to the situation that an arthrosis becomes ankylosis or paralysis permanently and entirely, or can not function according to the consciousness.
9. Three major joints in upper limb shall mean shoulder joint, elbow joint and wrist joint.
10. Loss of finger refers to total amputation of the part above the proximal interphalangeal joint (in case of the thumb, it is the proximal interphalangeal joint).
11. Loss of functions of fingers refers to the situation of amputation of distal interphalangeal joint, or that the finger becomes ankylosis over the proximal interphalangeal joint or the joints of the finger is unable to do activity at random.
12. Loss of toe refers to the situation of amputation over the ankle joint.
13. Loss of toe refers to the situation of amputation over the toe joint.
14. Three major joints in lower limb shall mean hip joint, knee joint and ankle joint.
15. Loss of functions of mastication or deglutition refers to the situation that any malfunction or dysfunction of organs due to any reasons other than the reason caused by teeth, which caused the inability of mastication or deglutition, and the inability of ingesting or swallowing any foods other than liquid diet.
16. The status of total need of others' assistance to maintain the necessary everyday life activity to sustain the life shall refer to the situation that the inability of ingesting foods, doing urination and defecation, dressing and undressing, getting out of bed and going to bed, walking and bathing by the patient itself, which all need others' assistance.
17. Permanent and Total paralysis shall mean permanent and total loss of functions in upper limbs or lower limbs, which shall be subject to the medical diagnosis and certificate issued by a qualified professional practitioner.
18. Loss of functions of language refers to the situation that one is unable to make any three sounds of mouth and lip sound, dentilingual sound, mount covering sound and throat sound, which constituting the pronunciation of a language, total amputation of the plica vocalis, or suffering from alogia due to any injury in the language center, which shall be evidenced by a certificate of diagnosis issued by a qualified ENT (ear, nose and throat) doctor, but excluding alogia caused by any psychological disorder.

The “Permanent and Total” as mentioned above refers to the situation of loss of function remains after treatment for 180 days upon occurrence of an Accident, but does not refer to situations such as removal of eyeball, which are obviously irreversible.

TABLE 2 Schedule of Benefits for Third Degree Burns

Body Part	Percentage of Damaged Area to Total Body Surface Area	Maximum Percentage of Sum Insured
Head	2% or more but less than 5%	50%
	5% or more but less than 8%	75%
	8% or more	100%
Body (excluded head surface area)	10% or more but less than 15%	50%
	15% or more but less than 20%	75%
	20% or more	100%

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(End of page)

REFERENCE

CHARTIS INSURANCE COMPANY CHINA LIMITED

(Hereinafter called “the Company”)

Group Double Indemnity Rider **(2009 1st Version)**

(The Rider is valid only if it is insured)

ARTICLE 1 THE CONSTITUTION OF THE RIDER

The “Group Double Indemnity Rider” (hereinafter called the “Rider”) is made in consideration of your application of “Group Personal Accident Insurance” (hereinafter called the “Basic Policy”) and with our consent. The Rider is attached to the Basic Policy and the provisions of the Basic Policy are also applicable to the Rider. In the event of any discrepancy between the provisions of the Rider and those of the Basic Policy, the provisions of the Rider shall prevail.

The Rider will only be in effect when its benefits are set forth in the Schedule or endorsements.

ARTICLE 2 EFFECTIVE DATE

The Rider and the Basic Policy shall come in force at the same time, or at the time stated in the endorsement of the Rider.

ARTICLE 3 BENEFITS

While the Rider is in force, if any Insured Person sustains an Accident covered in the Basic Policy while he/she is riding as a fare paying passenger, (not including as the driver, operator or crew members in or on the Common Carrier), or when boarding or alighting from any Common Carrier, or while the Insured Person is riding in a hired or self-owned automobile with more than nineteen (19) seats which results in death or dismemberment or burns, the Company shall pay correspondent benefit amount stated under the Rider for the death, dismemberment or burns in addition to the benefits in the Basic Policy.

ARTICLE 4 TERMINATION

The Rider shall be automatically terminated when:

- (1) the Basic Policy is terminated; or
- (2) the Rider expires and the Policyholder do not renew or the Company decline the renewal of the Rider;
- (3) the Policyholder surrender within the effective period of the Rider;
- (4) the Rider is terminated as a result of any other provision.

Note: In respect of (2), the Rider shall be automatically terminated at 24:00 of the expiry date of the Policy.

ARTICLE 5 EXCLUSIONS

若英文译本与中文有异, 以中文版本为准。Should there be any inconsistencies between Chinese and English versions, the Chinese version shall prevail.

All the exclusions in the Basic Policy (if applicable) shall be applicable to the Rider.

ARTICLE 6 DEFINITIONS

Common Carrier referred to in the Rider shall mean any bus, coach, taxi, ferry, hovercraft, hydrofoil, ship, train, tram or rail train (inclusive of subway, light train and maglev train), any fixed-wing aircraft provided and operated by an airline or an air charter company and any helicopter provided and operated by an airline and operating only between established commercial airports or licensed commercial heliports provided and operated by a carrier duly licensed for the regular transportation of fare-paying passengers, and any regularly scheduled airport limousine operating on fixed routes and schedules provided and operated by a carrier duly licensed for the regular transportation of fare-paying passengers.

Any of the aforesaid Common Carrier will not be defined as Common Carrier under the Rider in case that it is used for non Common Carrier intention or purpose.

(End of page)

CHARITS INSURANCE COMPANY CHINA LIMITED

(Hereinafter called “the Company”)

Group Accidental Medical Reimbursement Rider **(2009 1st Version)**

(The Rider is valid only if it is insured)

ARTICLE 1 THE CONSTITUTION OF THE RIDER

The “Group Accidental Medical Reimbursement Rider” (hereinafter called the “Rider”) is made in consideration of your application of “Group Personal Accident Insurance” (hereinafter called the “Basic Policy”) and with our consent. The Rider is attached to the Basic Policy and the provisions of the Basic Policy are also applicable to the Rider. In the event of any discrepancy between the provisions of the Rider and those of the Basic Policy, the provisions of the Rider shall prevail.

The Rider will only be in effect when its benefits are set forth in the Schedule or endorsements.

ARTICLE 2 EFFECTIVE DATE

The Rider and the Basic Policy shall come in force at the same time, or at the time stated in the endorsement of the Rider.

ARTICLE 3 BENEFITS

While the Rider is in force, if any Insured Person sustains an Accident covered in the Basic Policy, the Company shall pay, after deducting the Deductible (if any) stated in the Schedule, for the Usual, Reasonable & Customary Medical Expenses paid by that Insured Person to a duly qualified and registered Medical Practitioner, nurse, Hospital or ambulance service within one hundred and eighty (180) days from the date of the Accident as per the percentage of sum insured stated in the Schedule up to the limit applicable to the said Insured Person under the Rider as stated in the Schedule. . The actual medical expenses shall not exceed the usual level of charges as approved by the government of the locality where the expense is incurred. Items covered include charges for hospitalization such as the costs of medical consultation, prescription, operation, ambulance service, Hospital lodging, medicine, x-ray examination, nursing and medical supplies.

If the said Insured Person obtains reimbursement from any other social welfare institution or medical insurance policy, the Company shall only be liable for the balance.

ARTICLE 4 EXCLUSIONS

The Exclusions in the Basic Policy (if applicable) are applicable to the Rider. In the event of any contradiction between the exclusions under this Article and those under the Basic Policy, this Article shall prevail.

若英文译本与中文有异, 以中文版本为准。Should there be any inconsistencies between Chinese and English versions, the Chinese version shall prevail.

The Company shall not be liable for any medical expenses incurred during the following period or as a result of the following:

- (1) any wars, military actions, riots, strikes, armed insurrection or any Terrorist Act;**
- (2) any explosions, burning or radiation caused by biological, chemical or atomic weapons, or atomic or nuclear equipment;**
- (3) any intentional actions by the Policyholder; self-inflicted injuries or suicide by the Insured Person whether sane or insane;**
- (4) fighting, being attacked or being murdered resulting from the intentional actions of the Insured Person (excluding helping others for a just cause);**
- (5) violations or attempted violations of the law or resistance to arrest by the Insured Person or during the period of detention or imprisonment;**
- (6) the Insured Person under the influence of alcohol, drugs, or controlled drugs;**
- (7) driving under the influence of alcohol or without driving license or a valid vehicle license;**
- (8) mental or nervous disorder of the Insured Person;**
- (9) Acquired Immune Deficiency Syndrome (AIDS) or infection of the Human Immune Deficiency Virus (HIV) (as defined by the World Health Organization (WHO); the confirmation of infection by such virus requires the existence of the above mentioned disease or its antibodies found in the blood);**
- (10) on board of any airplanes or air transportation vehicles or conveyances except as a passenger in any properly licensed private and/or commercial aircrafts;**
- (11) congenital anomalies;**
- (12) any Pre-existing Injury or complications thereof;**
- (13) participating in horse racing, Diving, water-skiing, skiing, ice-skating, gliding, parachuting, Rock Climbing, wrestling, Judo, Karate, Taekwando, horse riding, wushu, boxing or Stunt Performances;**
- (14) participating in any professional or semi-professional sport activities;**
- (15) participating in vehicle performances, vehicle racing or practicing, or go-karting;**
- (16) the Insured Person serving in any armed force or engaging in any missions as a Policeman;**
- (17) the Insured Person engaging in the activities such as mining, underground working, working in the cave, on water or at altitude higher than 5 meters.**
- (18) pregnancy, miscarriage, childbirth, venereal diseases; cosmetic or plastic surgery or any injuries caused by such events;**
- (19) any bacterial or virus infection (except for infections caused by an Accident); food poisoning.**
- (20) general health check-ups, convalescence, custodial, rest care, rehabilitation;**
- (21) naprapathy, massage or acupuncture due to any causes;**
- (22) injury caused by drug allergy or other treatment;**

ARTICLE 5 EVIDENTIAL DOCUMENTS/FILING OF CLAIMS

After settlement of the medical expenses and submission of the notice of claim, the Insured Person shall submit the following documents to the Company within thirty (30) days upon the completion of treatment:

- (1) proof that Insured Person is a member of the Group together with other relevant documents;
- (2) complete medical report issued by in-patient or emergency unit or the discharge summary;
- (3) original medical expense receipt issued by the Hospital;

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(4) other proof and material could be provided by claimant in connection with the claim.

In the event the benefit amount cannot cover the full actual medical expense paid, the Claimant may request the return of the original receipt in writing. The Company shall return the original receipt with a company seal and remark of the amount indemnified.

ARTICLE 6 TERMINATION

The Rider shall be automatically terminated when:

- (1) the Basic Policy is terminated; or
- (2) the Policyholder surrender within the effective period of the Rider;
- (3) the Rider expires and the Policyholder do not renew or the Company decline the renewal of the Rider;
- (4) the Rider is terminated as a result of any other provision.

Note: In respect of (3), the Rider shall be automatically terminated at 24:00 of the expiry date of the Policy.

ARTICLE 7 DEFINITION

- (1) **Accident** referred in the Rider shall mean any unexpected, unintentional, non-sickness related, unforeseen events caused by external and sudden incident which results in solely, directly and independently of any other causes the bodily injury of any Insured Person.
- (2) **Qualified Medical Practitioner** shall mean any doctor who is authorized to conduct practice in a Hospital and give prescription, or any doctor who is duly licensed and qualified in the geographical area in which the Insured Person receives medical consultation, treatment, prescription or surgical services, but excluding the Insured Person or any Immediate Family Member of the Insured Person.
- (3) **Pre-existing Injury referred in the Rider shall mean the existence of symptoms as a result of injury that cause an ordinarily prudent person to seek diagnosis, care, or treatment within a five (5) year period preceding the effective date of the Rider, or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a five (5) year period preceding the effective date of the Rider.**
- (4) **Usual, Reasonable & Customary Medical Expenses** referred in the Rider shall mean expenses which:
 - (i) are charged for any medically necessary treatments, medical supplies or medical services under the order of a Qualified Medical Practitioner or a Hospital to the Insured Person based on the severity of the Insured Person's Injury;
 - (ii) would not have been incurred if this insurance has not been purchased.

(End of page)

CHARTIS INSURANCE COMPANY CHINA LIMITED

(Hereinafter called “the Company”)

Group Accidental Hospital Income Rider **(2009 1st Version)**

(The Rider is valid only if it is insured)

ARTICLE 1 THE CONSTITUTION OF THE RIDER

The “Group Accidental Hospital Income Rider” (hereinafter called the “Rider”) is made in consideration of your application of “Group Personal Accident Insurance” (hereinafter called the “Basic Policy”) and with our consent. The Rider is attached to the Basic Policy and the provisions of the Basic Policy are also applicable to the Rider. In the event of any discrepancy between the provisions of the Rider and those of the Basic Policy, the provisions of the Rider shall prevail.

The Rider will only be in effect when its benefits are set forth in the Schedule or endorsements.

ARTICLE 2 EFFECTIVE DATE

The Rider and the Basic Policy shall come in force at the same time, or at the time stated in the endorsement of the Rider.

ARTICLE 3 BENEFIT

While the Rider is in force, if any Insured Person is confined to a Hospital as a result of an Accident, the Company shall pay the Hospital Income Benefit applicable to such Insured Person under the Rider as stated in the Schedule which is calculated according to the Number of Days of Confinement of the Insured Person. For monthly policy, no matter how many times the policy is renewed, the payable Number of Days of Confinement due to the same cause will be up to the days stated in the Schedule. However, if the Rider is continuously renewed and the Hospital Confinement is separated by at least 365 days from the date of discharge and the date of a subsequent admission to Hospital due to the same cause, the Company will consider the two Confinements are due to different causes. For annual policy, the payable Number of Days of Confinement during the policy period are up to the days stated in the Schedule.

The deductible, if any, under the Rider shall be stated in the Schedule. The Company shall not be liable for any loss under the deductible.

ARTICLE 4 EXCLUSIONS

The Company shall not be liable for any expense incurred during the following period or as a result of the following directly or indirectly leading to the Confinement to the Hospital of the Insured Person:

- (1) any wars, military actions, riots, strikes, armed insurrection or any Terrorist Act;**
- (2) any explosions, burning or radiation caused by biological, chemical or atomic weapons, or atomic or nuclear equipment;**
- (3) any intentional actions by the Policyholder; self-inflicted injuries or suicide by**

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- the Insured Person whether sane or insane;**
- (4) **fighting, being attacked or being murdered resulting from the intentional actions of the Insured Person (excluding helping others for a just cause);**
 - (5) **violations or attempted violations of the law or resistance to arrest by the Insured Person or during the period of detention or imprisonment;**
 - (6) **the Insured Person under the influence of alcohol, drugs, or controlled drugs;**
 - (7) **driving under the influence of alcohol or without driving license or a valid vehicle license;**
 - (8) **mental or nervous disorder of the Insured Person;**
 - (9) **Acquired Immune Deficiency Syndrome (AIDS) or infection of the Human Immune Deficiency Virus (HIV) (as defined by the World Health Organization (WHO); the confirmation of infection by such virus requires the existence of the above mentioned disease or its antibodies found in the blood);**
 - (10) **on board of any airplanes or air transportation vehicles or conveyances except as a passenger in any properly licensed private and/or commercial aircrafts;**
 - (11) **congenital anomalies;**
 - (12) **any Pre-existing Injury or complications thereof.**
 - (13) **participating in horse racing, Diving, water-skiing, skiing, gliding, parachuting, Rock Climbing, wrestling, Judo, Karate, Taekwando, horse riding, wushu, boxing or Stunt Performances;**
 - (14) **participating in any professional or semi-professional sport activities;**
 - (15) **participating in vehicle performances, vehicle racing or practicing, or go-karting;**
 - (16) **the Insured Person serving in any armed force or engaging in any missions as a Policeman;**
 - (17) **the Insured Person engaging in the activities such as mining, underground working, working in the cave, on water or at altitude higher than 5 meters.**
 - (18) **correction of defect of vision, dental treatment or surgery unless necessitated by an Accident and denture fault or dental restoration due to any causes;**
 - (19) **pregnancy, miscarriage, childbirth, infertility, contraceptive or sterilization-related operations, venereal diseases;**
 - (20) **injury caused by drug allergy or other treatment;**
 - (21) **general health check-ups, convalescence, custodial, rest care, rehabilitation;**
 - (22) **naprapathy, massage or acupuncture due to any causes;**
 - (23) **injury caused by drug allergy or other treatment.**

ARTICLE 5 EVIDENTIAL DOCUMENTS/FILING OF CLAIMS

After settlement of the medical expenses, the Insured Person shall submit the following proofs and original documents (or copies if stated below) together with the completed Claim Form as required by the Company to the Company within thirty (30) days after discharged from the Hospital:

- (1) proof that Insured Person is a member of the Group together with other relevant documents;
- (2) complete medical report issued by the in-patient or emergency unit;
- (3) discharge summary;
- (4) copy of medical expense receipt issued by the Hospital;
- (5) other proof and materials relevant to the claim the Claimant could provide .

ARTICLE 6 TERMINATION

若英文译本与中文有异, 以中文版本为准。Should there be any inconsistencies between Chinese and English versions, the Chinese version shall prevail.

The Rider shall be automatically terminated when:

- (1) the Basic Policy is terminated;
- (2) the Rider expires and the Policyholder do not renew or the Company declines the renewal of the Rider;
- (3) the Policyholder surrender within the effective period of the Rider;
- (4) the Rider is terminated as a result of any other provision.

Note: In respect of (2), the Rider shall be automatically terminated at 24:00 of the expiry date of the Policy.

ARTICLE 7 DEFINITIONS

1. **Confined to the Hospital or Confinement** referred in the Rider means admission to a Hospital for a minimum period of twenty-four (24) hours upon the recommendation of a physician with an evidence by a daily room/room & board charged by the Hospital.
2. **Number of Days of Confinement** referred in the Rider means the actual number of days an Insured Person is Confined to a Hospital, where a period of twenty-four (24) hours shall mean one (1) day.
3. **Accident** referred in the Rider shall mean any unexpected, unintentional, non-sickness related, unforeseen events caused by external and sudden incident which results in solely, directly and independently of any other causes the bodily injury of any Insured Person.
4. **Hospital shall mean any medical institutions that:**
 - (1) holds a legal business license;
 - (2) is to mainly offer Hospital medical treatments and nursing services to the injured and patients;
 - (3) has Qualified Medical Practitioners and nurses offering medical treatments and nursing services twenty-four (24) hours a day;
 - (4) is not a medical institution which serves as a convalescent home, a nursing or therapeutic institution, a place for alcoholics or drug addicts.

The hospital within China must be ranked as Grade III or other hospitals appointed or agreed upon by the Company.

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CHARTIS INSURANCE COMPANY CHINA LIMITED **(Hereinafter called “the Company”)**

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Group Hospital Income Rider (2009 1st Version)

(The Rider is valid only if it is insured)

ARTICLE 1 THE CONSTITUTION OF THE RIDER

The “Group Hospital Income Rider” (hereinafter called the “Rider”) is made in consideration of your application of “Group Personal Accident Insurance” (hereinafter called the “Basic Policy”) and with our consent. The Rider is attached to the Basic Policy and the provisions of the Basic Policy are also applicable to the Rider. In the event of any discrepancy between the provisions of the Rider and those of the Basic Policy, the provisions of the Rider shall prevail.

The Rider will only be in effect when its benefits are set forth in the Schedule or endorsements.

ARTICLE 2 EFFECTIVE DATE

The Rider and the Basic Policy shall come in force at the same time, or at the time stated in the endorsement of the Rider.

ARTICLE 3 BENEFIT

While the Rider is in force, if any Insured Person is confined to a Hospital as a result of an Accident or Sickness, the Company shall pay the Hospital Income Benefit applicable to such Insured Person under the Rider as stated in the Schedule which is calculated according to the Number of Days of Confinement of the Insured Person. For monthly policy, no matter how many times the policy is renewed, the payable Number of Days of Confinement due to the same cause will be up to the days stated in the Schedule. However, if the Rider is continuously renewed and the Hospital Confinement is separated by at least 365 days from the date of discharge and the date of a subsequent admission to Hospital due to the same cause, the Company will consider the two Confinements are due to different causes. For annual policy, the payable Number of Days of Confinement during the policy period are up to the days stated in the Schedule.

The deductible, if any, under the Rider shall be stated in the Schedule. The Company shall not be liable for any loss under the deductible.

ARTICLE 4 EXCLUSIONS

The Company shall not be liable for any expense incurred during the following period or as a result of the following directly or indirectly leading to the Confinement to the Hospital of the Insured Person:

- (1) **any wars, military actions, riots, strikes, armed insurrection or any Terrorist Act;**
- (2) **any explosions, burning or radiation caused by biological, chemical or atomic weapons, or atomic or nuclear equipment;**
- (3) **any intentional actions by the Policyholder; self-inflicted injuries or suicide by the Insured Person whether sane or insane;**
- (4) **fighting, being attacked or being murdered resulting from the intentional**

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- actions of the Insured Person (excluding helping others for a just cause);**
- (5) **violations or attempted violations of the law or resistance to arrest by the Insured Person or during the period of detention or imprisonment;**
 - (6) **the Insured Person under the influence of alcohol, drugs, or controlled drugs;**
 - (7) **driving under the influence of alcohol or without driving license or a valid vehicle license;**
 - (8) **mental or nervous disorder of the Insured Person;**
 - (9) **Acquired Immune Deficiency Syndrome (AIDS) or infection of the Human Immune Deficiency Virus (HIV) (as defined by the World Health Organization (WHO); the confirmation of infection by such virus requires the existence of the above mentioned disease or its antibodies found in the blood);**
 - (10) **on board of any airplanes or air transportation vehicles or conveyances except as a passenger in any properly licensed private and/or commercial aircrafts;**
 - (11) **any Pre-existing Sickness or Injury or complications thereof or any illness or symptoms occurring in ninety (90) days after the Insured Person acquires qualification under this Rider.**
 - (12) **participating in horse racing, Diving, water-skiing, skiing, gliding, parachuting, Rock Climbing, wrestling, Judo, Karate, Taekwando, horse riding, wushu, boxing or Stunt Performances;**
 - (13) **participating in any professional or semi-professional sport activities;**
 - (14) **participating in vehicle performances, vehicle racing or practicing, or go-karting;**
 - (15) **the Insured Person serving in any armed force or engaging in any missions as a Policeman;**
 - (16) **the Insured Person engaging in the activities such as mining, underground working, working in the cave, on water or at altitude higher than 5 meters.**
 - (17) **correction of defect of vision, dental treatment or surgery unless necessitated by an Accident and denture fault or dental restoration due to any causes;**
 - (18) **cosmetic or plastic surgery or any elective surgery;**
 - (19) **lumbosacral disc disease or disorder;**
 - (20) **congenital anomalies or congenital disease;**
 - (21) **pregnancy, miscarriage, childbirth, infertility, contraceptive or sterilization-related operations, venereal diseases;**
 - (22) **general health check-ups, convalescence, custodial, rest care, rehabilitation;**
 - (23) **injury caused by drug allergy or other treatment;**
 - (24) **treatment or surgery for tonsils, adenoids, hernia or a disease peculiar to the female generative organs, unless these medical treatment or surgery are received one hundred and twenty (120) days after the Insured Person acquires qualification under the Rider;**
 - (25) **naprapathy, massage or acupuncture due to any causes;**
 - (26) **without proof from Hospital or Qualified Medical Practitioner.**

ARTICLE 5 EVIDENTIAL DOCUMENTS/FILING OF CLAIMS

After settlement of the medical expenses, the Insured Person shall submit the following proofs and original documents (or copies if stated below) together with the completed Claim Form as required by the Company to the Company within thirty (30) days after discharged from the Hospital:

若英文译本与中文有异, 以中文版本为准。Should there be any inconsistencies between Chinese and English versions, the Chinese version shall prevail.

- (1) proof that Insured Person is a member of the Group together with other relevant documents;
- (2) complete medical report issued by the in-patient or emergency unit;
- (3) discharge summary;
- (4) copy of medical expense receipt issued by the Hospital;
- (5) other proof and materials relevant to the claim the Claimant could provide .

ARTICLE 6 TERMINATION

The Rider shall be automatically terminated when:

- (1) the Basic Policy is terminated;
- (2) the Rider expires and the Policyholder do not renew or the Company declines the renewal of the Rider;
- (3) the Policyholder surrender within the effective period of the Rider;
- (4) the Rider is terminated as a result of any other provision.

Note: In respect of (2), the Rider shall be automatically terminated at 24:00 of the expiry date of the Policy.

ARTICLE 7 DEFINITIONS

1. **Confined to the Hospital or Confinement** referred in the Rider means admission to a Hospital for a minimum period of twenty-four (24) hours upon the recommendation of a physician with an evidence by a daily room/room & board charged by the Hospital.
2. **Number of Days of Confinement** referred in the Rider means the actual number of days an Insured Person is Confined to a Hospital, where a period of twenty-four (24) hours shall mean one (1) day.
3. **Pre-existing Injury referred in the Rider shall mean the existence of symptoms that cause an ordinarily prudent person to seek diagnosis, care, or treatment within a five (5) year period preceding the effective date of the Rider, or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a five (5) year period preceding the effective date of the Rider.**
4. **Accident** referred in the Rider shall mean any unexpected, unintentional, non-sickness related, unforeseen events caused by external and sudden incident which results in solely, directly and independently of any other causes the bodily injury of any Insured Person.
5. **Hospital shall mean any medical institutions that:**
 - (1) holds a legal business license;
 - (2) is to mainly offer Hospital medical treatments and nursing services to the injured and patients;
 - (3) has Qualified Medical Practitioners and nurses offering medical treatments and nursing services twenty-four (24) hours a day;
 - (4) is not a medical institution which serves as a convalescent home, a nursing or therapeutic institution, a place for alcoholics or drug addicts.

The hospital within China must be ranked as Grade III or other hospitals appointed or agreed upon by the Company.

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REFERENCE

CHARTIS INSURANCE COMPANY CHINA LIMITED

(Hereinafter called “the Company”)

Group Surgical Fee Indemnity Rider **(2009 1st Version)**

(The Rider is valid only if it is insured)

ARTICLE 1 THE CONSTITUTION OF THE RIDER

The “Group Surgical Fee Indemnity Rider” (hereinafter called the “Rider”) is made in consideration of your application of “Group Personal Accident Insurance” (hereinafter called the “Basic Policy”) and with our consent. The Rider is attached to the Basic Policy and the provisions of the Basic Policy are also applicable to the Rider. In the event of any discrepancy between the provisions of the Rider and those of the Basic Policy, the provisions of the Rider shall prevail.

The Rider will only be in effect when its benefits are set forth in the Schedule or endorsements.

ARTICLE 2 EFFECTIVE DATE

The Rider and the Basic Policy shall come in force at the same time, or at the time stated in the endorsement of the Rider.

ARTICLE 3 BENEFIT

While the Rider is in force, if any Insured Person is Confined to a Hospital and receives an operation listed in the “Schedule of Benefits for Surgery” performed by a Qualified Medical Practitioner due to any Injury resulting from an Accident or any sickness covered by the Policy, the Company shall pay the percentage of sum insured of the surgery listed in the “Schedule of Benefits for Surgery”.

In the event of more than one surgery on the same part of body, only one of the surgery benefits shall be paid, and that will be the higher or highest percentage of sum insured listed in the “Schedule of Benefits for Surgery” for that part of body during the effective period of the Rider.

The aggregate amount of benefit shall not exceed the individual sum insured of the Insured Person during the effective period of the Rider.

ARTICLE 4 EXCLUSIONS

The Company shall not be liable to any expense incurred during the following period or as a result of the following directly or indirectly leading to the Confinement to the Hospital of the Insured Person:

- (1) any wars, military actions, riots, strikes, armed insurrection or any Terrorist Act;**
- (2) any explosions, burning or radiation caused by biological, chemical or atomic weapons, or atomic or nuclear equipment;**
- (3) any intentional actions by the Policyholder; self-inflicted injuries or suicide by**

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- the Insured Person whether sane or insane;**
- (4) **fighting, being attacked or being murdered resulting from the intentional actions of the Insured Person (excluding helping others for a just cause);**
- (5) **violations or attempted violations of the law or resistance to arrest by the Insured Person or during the period of detention or imprisonment;**
- (6) **the Insured Person under the influence of alcohol, drugs, or controlled drugs;**
- (7) **driving under the influence of alcohol or without driving license or a valid vehicle license;**
- (8) **mental or nervous disorder of the Insured Person;**
- (9) **Acquired Immune Deficiency Syndrome (AIDS) or infection of the Human Immune Deficiency Virus (HIV) (as defined by the World Health Organization (WHO); the confirmation of infection by such virus requires the existence of the above mentioned disease or its antibodies found in the blood);**
- (10) **on board of any airplanes or air transportation vehicles or conveyances except as a passenger in any properly licensed private and/or commercial aircrafts;**
- (11) **any Pre-existing Sickness or Injury or complications thereof or any illness or symptoms occurring in ninety (90) days after the Insured Person acquires qualification under this Rider.**
- (12) **participating in horse racing, Diving, water-skiing, skiing, gliding, parachuting, Rock Climbing, wrestling, Judo, Karate, Taekwando, horse riding, wushu, boxing or Stunt Performances;**
- (13) **participating in any professional or semi-professional sport activities;**
- (14) **participating in vehicle performances, vehicle racing or practicing, or go-karting;**
- (15) **the Insured Person serving in any armed force or engaging in any missions as a Policeman;**
- (16) **the Insured Person engaging in the activities such as mining, underground working, working in the cave, on water or at altitude higher than 5 meters.**
- (17) **correction of defect of vision, dental treatment or surgery unless necessitated by an Accident and denture fault or dental restoration due to any causes;**
- (18) **cosmetic or plastic surgery or any elective surgery;**
- (19) **lumbosacral disc disease or disorder;**
- (20) **congenital anomalies or congenital disease;**
- (21) **pregnancy, miscarriage, childbirth, infertility, contraceptive or sterilization-related operations, venereal diseases;**
- (22) **general health check-ups, convalescence, custodial, rest care, rehabilitation;**
- (23) **injury caused by drug allergy or other treatment;**
- (24) **treatment or surgery for tonsils, adenoids, hernia or a disease peculiar to the female generative organs, unless these medical treatment or surgery are received one hundred and twenty (120)days after the Insured Person acquires qualification under the Rider;**
- (25) **naprapathy, massage or acupuncture due to any causes;**
- (26) **without proof from Hospital or Qualified Medical Practitioner.**

ARTICLE 5 FILING OF CLAIMS

If any Insured Person is Confined to a Hospital, the Insured Person shall obtain the following original documents (or copies if stated below) when discharged from the Hospital:

- (1) complete medical report issued by the in-patient or emergency unit;

若英文译本与中文有异, 以中文版本为准。Should there be any inconsistencies between Chinese and English versions, the Chinese version shall prevail.

- (2) surgery record and discharge summary;
- (3) copy of medical expense receipt issued by the Hospital;
- (4) proof that Insured Person is a member of the Group together with other relevant documents
- (5) other proof and materials relevant to the claim the Claimant could provide.

Such Insured Person shall submit the proofs and documents mentioned above together with the completed Claim Form as required by the Company to the Company within thirty (30) days from the date of discharge.

ARTICLE 6 TERMINATION

The Rider shall be automatically terminated when:

- (1) the Basic Policy is terminated; or
- (2) the Policyholder surrender within the effective period of the Rider;
- (3) the Rider expires and the Policyholder do not renew or the Company declines the renewal of the Rider;
- (4) the Rider is terminated as a result of any other provision.

Note: In respect of (3), the Rider shall be automatically terminated at 24:00 of the expiry date of the Policy.

ARTICLE 7 DEFINITIONS

1. **Accident** referred in the Rider shall mean any unexpected, unintentional, non-sickness related, unforeseen events caused by external and sudden incident which results in solely, directly and independently of any other causes the bodily injury of any Insured Person.
2. **Confined to the Hospital or Confinement** referred in the Rider means admission to a Hospital for a minimum period of twenty-four (24) hours upon the recommendation of a physician with an evidence by a daily room/room & board charged by the Hospital.
3. **Pre-existing Sickness or Injury referred in the Rider shall mean the existence of symptoms that cause an ordinarily prudent person to seek diagnosis, care, or treatment within a five (5) year period preceding the effective date of the Rider, or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a five (5) year period preceding the effective date of the Rider.**
4. **Hospital shall mean any medical institutions that:**
 - (1) holds a legal business license;
 - (2) is to mainly offer Hospital medical treatments and nursing services to the injured and patients;
 - (3) has Qualified Medical Practitioners and nurses offering medical treatments and nursing services twenty-four (24) hours a day;
 - (4) is not a medical institution which serves as a convalescent home, a nursing or therapeutic institution, a place for alcoholics or drug addicts.

If the hospital locates Within the Territory, the hospital must be ranked as Grade II or above and satisfied the above requirements.

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REFERENCE

《Schedule of Benefits for Surgery》

Cardiac Surgery	% of Sum Insured	Cardiac Surgery	% of Sum Insured
Aorta Valve Replacement	100%	Excision of Aneurysm of Thoracic Aorta & Artificial Vascular Grafting	100%
Pulmonary Artery Embolectomy	50%	Septal Atrioplasty of Heart	50%
Coronary Artery Bypass Grafting (one artery)	75%	Heart Traumata Neoplasty	30%
Mitral Stenosis Commissurotomy	50%	Pulmonary Lobectomy	30%
Cardiac Tumor Excision	100%	Bronchial Fistula Neoplasty	30%
Cardiac Valve Stenosal Balloon Plastic Operation (multivalve)	75%	Cardiac Transplantation	100%
Radical Operation of Pulmonary Carcimoma	100%	Complete Transposition of Great Blood Arteries	100%
Exploratory Thoracotomy	30%	Lung Transplantation	100%
Neurosurgery	% of Sum Insured	Neurosurgery	% of Sum Insured
Excision of Ependymomas of the Third Ventricle of Brain	100%	Cerebroma Excision	50%
Memingoma of Middle Cranial Fossa Excision	100%	Nidus Excision of Epilepsy	50%
Tumor of Posterior Fossas Excision	75%	Scalp Cancer Extensive Excision + Metastasis of Skin Flap + Dermatoplasty	75%
Acoustic Neuroma Excision	100%	Micro Surgery: Tumor Excision	75%
Depressed Fracture of Skull Reposition	30%	Skull Nidus Clearing	20%
Arteriae Cerebri Media Tumours Excision (Splintage and Closure)	75%	Craniotomy + Hematoma Clearing	50%
Tumor of Intraspinal Cord Excision	75%	Ventriculostomy + Ventricle Drainage	30%
Meningocele Neoplasty	50%	Excision of Spinal Abscess	30%
Open Cerebral Injury Epluchage	50%	Excision of Tumor of Skull	20%
Catheterization	% of Sum Insured	Catheterization	% of Sum Insured
Percutaneous Transluminal Coronary Angioplasty PTCA (Ductule)	100%	Aorto-pulmonary Collateral Obstruction	100%
Examination of Other Blood Vessel	50%	Endocardium Forceps Biopsy	50%
Vertebral Arteriography Transfemoral Artery Cannula	30%	Renal Artery Stent Plastic Operation (Unilateral)	75%
Coronary Artery Stent Implantation	100%	Aorta Plastic Operation	100%
Blood Vessel Ablation of Whole Brain	50%		
Vascular Surgery	% of Sum Insured	Vascular Surgery	% of Sum Insured
Femoriliac Artery By-pass Operation	30%	Aneurysm (infraclavicular Part / Femur Artery) Excision > 4cm	50%
Axillary Femoral Artery By-pass Operation	50%	Femur-Fibular/Tibial Vein in situ with Great Saphenous Vein By-pass Transplantation	30%
Thrombus of Lower Limb Deep Vein Excision	30%	Acquired Arteriovenous fistula Excision	30%
Urinary Surgery	% of Sum Insured	Urinary Surgery	% of Sum Insured
Whole Bladder Excision	50%	Transplantation of Kidney (Unilateral)	75%
Bladder Partial-excision and Ureter Transplantation	30%	Ureter Plastic Operation (Unilateral)	30%
Bladder Opening and Calculus Removed	30%	Radical Operation of Kidney Cacinoma(Unilateral)	50%
Traumatic Bladder Neoplasty	30%	Excision of Whole Kidney	30%
Complex Kidney Calculi Opening and Calculus Removed	50%	Transurethral Resection of Prostate	50%
Renal Pelvis Plastic Operation	30%	Urethra Plastic Operation + Bladder Fistulation	50%
Calculus Removed under Ureterscope (Unilateral)	20%	Groin Lymph Clean-down	30%
Prostate Laser Excision	30%	Excision of Scrotum and Penis	30%
Calculus Removed under pyeloscope (Unilateral)	30%	Radical operation of Testis Cacinoma	50%
Cyst of Spermatic Cord Excision (Unilateral)	20%	Excision of Testis and Epididymis (Unilateral)	15%
General Surgery	% of Sum Insured	General Surgery	% of Sum Insured
Excision of Whole Stomach or Subtotal Gastrectomy	50%	Liver Traumatic Suture	30%
Transabdominal Radical Operation of Gastric Cacinoma:	75%	Excision Three Leafs of Liver(left or right)	75%
Gastric Pylorus Plastic Operation	30%	Partial Excision of Liver or Liver Leaf + Anastomosis of Hepatobiliary and Jejunum	50%
Gallbladder Excision (simplify)	30%	U Type Canal Drainage of Porta Hepatis cholangiocarcinoma	30%
Radical Operation of Gall Bladder Cacinoma	50%	Liver Transplantation	100%
Pancreatic Duodenum Excision or Radical Operation Carcinoma of Head of Pancreas	75%	Spleen Transplantation	50%
Excision of Islet Cell Tumor	30%	Excision of Whole Spleen	30%

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Anastomosis of Duodenum and Bile Duct	30%	Appendix Excision	30%
Anus Reconstruction of carcinoma of rectum	75%	Fistula Close of Stomach and Bowel	30%
Complex Enterodialysis	30%	Transabdominal Colon Polyp Excision	30%
Partial Excision of Bowel	30%	Exploratory Laparotomy (Including Biopsy, Neoplasty of Stomach and Bowel, Fistulation)	50%
Neoplasty of Oblique Inguinal Hernia	20%	Retroperitoneal Tumor Excision	50%
Radical Operation of Mastocarcinoma	50%	Plastic Operation of Anus with Perineum of Abdomen	30%
Thyroid Cacinoma + Neck Lymph Nodes Cleaning	50%	Excision of Circular Hemorrhoid	10%
Gynecology	% of Sum Insured	Gynecology	% of Sum Insured
Radical Operation of Hystero carcinoma	100%	Neoplasty of Perforation of Uterus	30%
Excision of Peritoneum and Whole Uterus + Pelvic Cavity Adhesiolysis	50%	Rudimentary Horn of Uterus Excision	30%
Emboliform Excision of Ovary	30%	Excision of Adnexa or Excision of Ovary Cyst (Unilateral)	30%
Extensive Excision of Cunnus	30%	Radical Operation of Ovary Cacinoma (Including Extensive Whole Uterus, Adnexal Great Omentum and Lymph Clearing, Intubatton)	100%
Complex Vesicovaginal fistula repair	30%	Transvaginal Syndesis Repair of Urinary Fistula and Fecal Fistula	50%
Radical Operation of Cunnus Carcinoma (Including Extensive Excision of Genitalia, Cleaning of Lymphs of Both Sides)	75%		
Orthopaedics	% of Sum Insured	Orthopaedics	% of Sum Insured
Lateral Curved Vertebra Reshaping and Internal Fixation by Dayer's Appliance and Bone Grafting Fusion	50%	Long Bone of Extremities Steel Plate Compression or Extraction of Intramedullary Nail (Anatomy of Nerve)	30%
Back Bone Grafting Fusion of Lateral Curved Vertebra	30%	Bone Marrow Transplantation	50%
Internal Fixation by Steel Plate and Screw	20%	Reshaping and Bone-cutting of Abnormal Costal Bone of Lateral Curvature of Vertebra	30%
One-Sided Decompression by Fenestration of Back Cervical Vertabral Lamina (Two or Above Cones)	50%	Lumbar Spondylolisthesis,, Decompression of Back Lumbar Vertabral Lamina, Fusion of Transverse Process, Exploration of Spinal Cord	50%
Excision and Fusion of Intervertebral Discs of Front Cervical Vertebra (Multi-intervertebral)	75%	Tumor of Front / Back Chest or Lumbar Vertebra Excision and Reconstruction(Multi-vertebral joint)	100%
Excision of Tumor of Front/Back Sacral Vertebra (One Vertebra Joint)	100%	Arthroscopy of Knee Joint + Meniscectomy under Arthroscopy	50%
Open reduction and Internal Fixation of Pelvis Fracture (Multiple Fracture)	70%	Artificial Vertebra Body Replacement	50%
Partial Excision of Femur + Neoplasty of Ligament	30%	Open Reduction and Internal Fixation of Fractured Scapula	30%
Meniscectomy	30%	Correction and Osteotomy of Knee Joint	50%
Partial Excision of Patella + Neoplasty of Ligament	50%	Artificial Hemi-Pelvis Replacement	100%
Thigh Amputation	50%	Fixation by Sleeve、Steel Plate and Screw of Femur Neck Fracture	50%
Fusion of Hip Articulation	30%	Orthopedics of Thumb Eversion	20%
Replantation of Breaking Metacarpus	80%	Replantation of Breaking Metacarpus(one palm)	40%
Otorhinolaryngology	% of Sum Insured	Otorhinolaryngology	% of Sum Insured
Removal of Foreign Body from Trachea / Bronchus	10%	Implantation of Electronic Cochlea	15%
Atresia and Figuration of External Acoustic Canal	20%	Decompression the Trigeminal Nerve	30%
Incision and Drainage of Nasal Septal Abscess and Hematoma	10%	Partial Excision of the Lower Part of Inferior Nasal Concha (Unilateral)	30%
Radical Treatment of Middle Ear Cacinoma	75%	Circulation of Nasolacrimal Duct with Laser	20%
Excision Angioma; of Nasal Cavity	20%	Radical Treatment of Nasal Cavity Cacinoma	75%
Extended Radical Treatment of Frontal Sinus Osteocarcinoma	50%	Total Laryngectomy + Reconstruction of Larynx	75%
Extended Radical Treatment of Maxillary Sinus Carcinoma	75%	Excision Tumor of Oral Cavity	100%
Craniotomy of Anterior Cranial Fossa (Unilateral)	50%		
Ophthalmology (Single Eye)	% of Sum Insured	Ophthalmology (Single Eye)	% of Sum Insured

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Anti-glaucomatous Operation (Including Filtration, Trabeculectomy, etc)	20%	Intubation Reconstruction of Lacrimal Passage	10%
Excision of Peripheral Iris	20%	Cyclodialysis	20%
Cataract Extraction Plus Implantation of Artificial Crystal	15%	Anastomosis of Conjunctiva and Dacryocyst	30%
Excision of Iris Tumor or Pupil Plastic Operation	30%	Excision of Tumor of Ciliary Body	50%
Orbit Edge Dissection and Excision of Tumor: Deep Part or Posterior	30%	Excavation of Orbital Content + Transplantation of Skin	30%
Eyeball Removal (Including Excavation of Orbital Content) and Transplantation of Artificial Eye	20%	Reconstruction of Anterior Chamber (Tetragenous Operation Including Incision of Vitreous Body)	50%
Reconstruction of Whole Face (Laser Assistance)	50%	Transplantation of Whole Conjunctival Cyst	50%
Excision of Distichiasis Eyelashes plus Part Refrigeration	30%	Separation of Extensive Atretoblepharia plus Allograft	50%
Laser Coagulation of Intraocular Retina	30%	Incision of Vitreous Body + Retina	75%
Extraction Foreign Body of Anterior Chamber	30%	Magnetic Suction of Intraocular Foreign Body (not including Foreign Body of Anterior Chamber)	30%
Transplantation of Penetrating Cornea	30%	Transplantation of Corneal Epithelium	50%
Frontal Plane Surgery	% of Sum Insured	Frontal Plane Surgery	% of Sum Insured
One-side Excision of Upper Frontal Bone + Transplantation of Skin	50%	Combinational Radical Treatment of Gingival Cacinoma	50%
Incision, Reposition and Fixation of Upper Frontal Bone Fracture	20%	Excision of Cheek Cacinoma	75%
Excision of Benign Tumour of Tongue	30%	Excision of Cheilocarcinoma	50%
Mouth Floor Combinational Radical Treatment of Tongue Carcinoma	50%	Excision of Cutaneous Cacinoma of Face	75%
Plastic Operation on Stiff Joint of Mandibular Joint (Unilateral)	50%	Combinational Radical Treatment of Cheek Cacinoma Mucosa	100%
Neoplasty of Fistula of Oropharyngeal Vestibule	20%	Radical Treatment of Oral Cacinoma	100%
Excision of Tricheiria of Gingival Tumor (Excision Part of Bone)	20%	Excision Lymphoma of Jaw and Neck	30%
Restitution of One-side Harelip	10%		
Burn Surgery	% of Sum Insured	Burn Surgery	% of Sum Insured
One side Upper or Lower Limb Scab Cutting and Skin Transplantation (Excluding Hand)	30%	Hand Scab Cutting and Large Skin Transplantation (Unilateral)	30%
Abdomen Scab Cutting and Skin Transplantation of	30%	Autogenic-Xenogenic Microparticle Skin Overlay of Burn Wound: One Upper Limb	30%
Back Scab Cutting and Skin Transplantation	30%	Dilatation of Burned Defective Scalp	20%
Whole Face Scab Cutting and Skin Transplantation of	50%	Scab Cutting of Burn and Overlapping Conductor Skin: One Upper Limb	20%
Neck Scab Cutting and Skin Transplantation	30%		
Restitution & Reparation	% of Sum Insured	Restitution & Reparation	% of Sum Insured
Excision of Scar + Transplantation of Skin: >10cm*10cm	50%	(Neurofibroma) Excision of Angioma; + Repairing >4cm	30%
Restoration of Breast: Transfer of Myocutaneous Flap (one side)	30%	Repairing of Bedsore	15%
Functional Reconstruction of Anus	30%	Repairing of Defect of Thoracic and Abdominal Wall	30%
Trauma Exploring and Anastomosis of Limbs Blood Vessel	20%	Function Reconstruction of one side Thumb	30%
Fibre Endoscope Examination	% of Sum Insured	Fibre Endoscope Examination	% of Sum Insured
Fibre Ultrasonic Endoscope + Polypectomy, Biopsy or Lavement of Pulmonary Alveoli	30%	Calculus Removal of Common Bile Duct and Pancreatic Duct under Endoscope	20%
Calculus Removal of Fibre Single-channel Endoscope	20%	Laparoscopic Operation	50%
Operation under Ventriculoscope	50%	Fistulation of Stomach	30%
Colostomy under Enteroscope	30%		
Interventional Surgery	% of Sum Insured	Interventional Surgery	% of Sum Insured
Endotracheal Balloon Dilatation	20%	Transsplenic drug Injection Treatment under CT Guidance	30%
Endotracheal Laser Ablation	100%	Internal Stent Treatment and Internal Drainage of Bile Duct Obstructive Jaundice	50%
Paracentesis and Biospy under CT Guidance	10%	Biliary Tract Drainage with Percutaneous Liver Puncture	20%
Renin Assay of Renal Vein	10%		

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CHARTIS INSURANCE COMPANY CHINA LIMITED

(Hereinafter called “the Company”)

Group Medical Evacuation & Repatriation Rider **(2009 1st Version)**

(The Rider is valid only if it is insured)

ARTICLE 1 THE CONSTITUTION OF THE RIDER

The “Group Medical Evacuation & Repatriation Rider” (hereinafter called the “Rider”) is made in consideration of your application of “Group Personal Accident Insurance” (hereinafter called the “Basic Policy”) and with our consent. The Rider is attached to the Basic Policy and the provisions of the Basic Policy are also applicable to the Rider. In the event of any discrepancy between the provisions of the Rider and those of the Basic Policy, the provisions of the Rider shall prevail.

The Rider will only be in effect when its benefits are set forth in the Schedule or endorsements.

ARTICLE 2 EFFECTIVE DATE

The Rider and the Basic Policy shall come in force at the same time, or at the time stated in the endorsement of the Rider.

ARTICLE 3 BENEFIT

Whilst the Rider is in force, if any Insured Person sustains any Accident or sickness, which in the opinion of TRAVEL GUARD provider or its authorized representative, it is medically appropriate to evacuate such Insured Person to a local Hospital or Hospital nearby that is of medical standard, or otherwise to repatriate the Insured Person to the domicile stated on his/her legal credentials, TRAVEL GUARD provider or its authorized representative shall arrange such evacuation or repatriation.

TRAVEL GUARD provider or its authorized representative shall decide the means of evacuation and/or repatriation and the final destination based on the health condition of the Insured Person or medical necessity and the recommendation of Qualified Medical Practitioner(s). Means of evacuation and repatriation include transportation vehicles with the Qualified Medical Practitioner(s), nurse and necessary conveyance vehicles. Conveyance vehicles arranged may include air ambulance, surface ambulance, general commercial airlines, railroad or any other appropriate means.

Expenses of evacuation and repatriation are expenses for transportation, nursing and medical equipment and supplies during transportation as arranged by the TRAVEL GUARD provider or its authorized representative. The Company shall pay the expenses of evacuation and repatriation directly to the TRAVEL GUARD provider after verification up to the limit applicable to the Insured Person under the Rider as stated in the Schedule. If the actual expenses exceed the said limit, the difference shall be at the expense of the Insured Person. If the Insured Person is afforded the same benefits under several comprehensive insurance policies offered by the Company, The Company shall only make payment up to the benefits under the policy with highest limit.

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The Company shall not be liable for any expense that has not been approved and arranged by the TRAVEL GUARD provider or its authorized representative. In case of a medical emergency situation, if the Insured Person cannot notify the TRAVEL GUARD provider due to certain reasons, the Company reserve the right to reimburse, as per the insurance plan as chosen by the Policyholder, the Insured Person only for those expenses of services which the TRAVEL GUARD provider would have otherwise provided or arranged under the same circumstances.

ARTICLE 4 EXCLUSIONS

The Exclusions in the Basic Policy (if applicable) are applicable to the Rider. In the event of any contradiction between the exclusions under this Article and those under the Basic Policy, this Article shall prevail.

The Company shall not be liable for expenses arising as a result of:

- (1) any expenses not charged for the services provided by a third party or expenses which have been included in the travelling expenses.**
- (2) dental treatment or surgery unless necessitated by an Accident and denture fault or dental restoration due to any cause;**
- (3) correction of defect of vision or optometry test for the preparation of correction of defect of vision which is not necessitated by an Accident; refraction error;**
- (4) cosmetic or plastic surgery or any elective surgery;**
- (5) lumbosacral disc disease or disorder;**
- (6) congenital disease;**
- (7) any Pre-existing Sickness or Injury or complications thereof or any illness or symptoms occurring in ninety (90) days after the Insured Person acquires qualification under this Rider.**
- (8) mental sickness, disorder, insane; under the influence of alcohol, drug, controlled drug, or abuse or misuse of medicine;**
- (9) pregnancy, miscarriage, childbirth, infertility, contraceptive or sterilization-related operations, venereal diseases;**
- (10) general health check-ups, convalescence, custodial, rest care, rehabilitation;**
- (11) injury caused by drug allergy or other treatment;**
- (12) treatment or surgery for tonsils, adenoids, hernia or a disease peculiar to the female generative organs, unless these medical treatment or surgery are received one hundred and twenty (120) days after the Insured Person acquires qualification under the Rider;**
- (13) the treatment or surgery conducted Outside the Territory as insisted by the Insured Person but in the opinion of a Qualified Medical Practitioner, such treatment or surgery can be reasonably delayed until the Insured Person returns;**
- (14) without proof from Hospital or Qualified Medical Practitioner.**

ARTICLE 5 TERMINATION

The Rider shall be automatically terminated when:

1. the Basic Policy is terminated; or
2. the Rider expires and the Policyholder do not renew or the Company declines the renewal of the Rider;
3. the Policyholder surrender within the effective period of the Rider;
4. the Rider is terminated as a result of any other provision.

若英文译本与中文有异, 以中文版本为准。Should there be any inconsistencies between Chinese and English versions, the Chinese version shall prevail.

ARTICLE 6 DEFINITIONS

1. **Nurse** referred in the Rider means any nursing professional, who has obtained professional certificates through formal nursing training and renders medical services in the Hospital of the geographical area of his/her practice.
2. **Within the Territory** referred in the Rider shall mean Mainland China excluding Hong Kong and Macau Special Administrative Regions, and Taiwan province.
3. **Outside the Territory** referred in the Rider shall mean countries and regions rather than the mainland China, including Taiwan province, Hong Kong and Macao Special Administrative Regions.
4. **Pre-existing Sickness or Injury shall mean the existence of symptoms that cause an ordinarily prudent person to seek diagnosis, care, or treatment within a five (5) year period preceding the effective date of the Rider, or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a five (5) year period preceding the effective date of the Rider.**
5. **Accident** referred in the Rider shall mean any unexpected, unintentional, non-sickness related, unforeseen events caused by external and sudden incident which results in solely, directly and independently of any other causes the bodily injury of any Insured Person.

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CHARTIS INSURANCE COMPANY CHINA LIMITED

(Hereinafter called “the Company”)

Group Repatriation of Remains Rider **(2009 1st Version)**

(The Rider is valid only if it is insured)

ARTICLE 1 THE CONSTITUTION OF THE RIDER

The “Group Repatriation of Remains Rider” (hereinafter called the “Rider”) is made in consideration of your application of “Group Personal Accident Insurance” (hereinafter called the “Basic Policy”) and with our consent. The Rider is attached to the Basic Policy and the provisions of the Basic Policy are also applicable to the Rider. In the event of any discrepancy between the provisions of the Rider and those of the Basic Policy, the provisions of the Rider shall prevail.

The Rider will only be in effect when its benefits are set forth in the Schedule or endorsements.

ARTICLE 2 EFFECTIVE DATE

The Rider and the Basic Policy shall come in force at the same time, or at the time stated in the endorsement of the Rider.

ARTICLE 3 BENEFITS

Total amount payable for the repatriation of remains and funeral expenses under the Rider shall not exceed the limit applicable to the Insured Person under the Rider as stated in the Schedule:

- (1) Repatriation of remains: Whilst the Rider is in force, in case of death of an Insured Person within thirty (30) days as a result of a sickness or Accident solely, directly and independently of any other causes, TRAVEL GUARD provider or its authorized representative shall arrange embalming or cremation according to the local circumstances, and the repatriation of the remains or ash of the Insured Person to the domicile of the Insured Person as stated in his/her legal credentials.

Expenses incurred for the repatriation of remains include those expenses charged for embalming, preservation, cremation, transportation, cinerary casket and other materials or services, and the Company shall pay directly to the TRAVEL GUARD provider after verification, up to the limit applicable to the Insured Person under the Rider as stated in the Schedule. If the actual expenses exceed the stated limit, the difference shall be at the expense of death beneficiary or the heir(s) of the Insured Person.

- (2) Funeral Expenses: Whilst the Rider is in force, in case of death of an Insured person within thirty (30) days as a result of a sickness or Accident solely, directly and independently of any other causes, the Company shall reimburse the heir(s) of the Insured Person or the death beneficiary for the funeral expenses actually incurred, up to the limit applicable to the Insured Person in respect of benefits for Funeral Expenses under the Rider as stated in the Schedule.

若英文译本与中文有异, 以中文版本为准。Should there be any inconsistencies between Chinese and English versions, the Chinese version shall prevail.

ARTICLE 4 EXCLUSIONS

The Exclusions in the Basic Policy (if applicable) are applicable to the Rider. In the event of any contradiction between the exclusions under this Article and those under the Basic Policy, this Article shall prevail.

The Company shall not be liable for expenses arising as a result of:

- (1) any expenses not charged for the services provided by a third party or expenses which have been included in the travelling expenses.**
- (2) expenses incurred for the repatriation of remains not approved or arranged by the TRAVEL GUARD provider or its authorized representative.**
- (3) dental treatment or surgery unless necessitated by an Accident and denture fault or dental restoration due to any cause;**
- (4) correction of defect of vision or optometry test for the preparation of correction of defect of vision which is not necessitated by an Accident; refraction error;**
- (5) cosmetic or plastic surgery or any elective surgery;**
- (6) lumbosacral disc disease or disorder;**
- (7) congenital disease;**
- (8) any Pre-existing Sickness or Injury or complications thereof or any illness or symptoms occurring in ninety (90) days after the Insured Person acquires qualification under this Rider.**
- (9) mental sickness, disorder, insane; under the influence of alcohol, drug, controlled drug, or abuse or misuse of medicine;**
- (10) pregnancy, miscarriage, childbirth, infertility, contraceptive or sterilization-related operations, venereal diseases;**
- (11) general health check-ups, convalescence, custodial, rest care, rehabilitation;**
- (12) injury caused by drug allergy or other treatment;**
- (13) treatment or surgery for tonsils, adenoids, hernia or a disease peculiar to the female generative organs, unless these medical treatment or surgery are received one hundred and twenty (120) days after the Insured Person acquires qualification under the Rider;**
- (14) the treatment or surgery conducted Outside the Territory as insisted by the Insured Person but in the opinion of a Qualified Medical Practitioner, such treatment or surgery can be reasonably delayed until the Insured Person returns;**
- (15) without proof from Hospital or Qualified Medical Practitioner.**

ARTICLE 5 TERMINATION

The Rider shall be automatically terminated when:

1. the Basic Policy is terminated; or
2. the Rider expires and the Policyholder do not renew or the Company declines the renewal of the Rider;
3. the Policyholder surrender within the effective period of the Rider;
4. the Rider is terminated as a result of any other provision.

Note: In respect of (2), the Rider shall be automatically terminated at 24:00 of the expiry date of the Policy.

若英文译本与中文有异, 以中文版本为准。Should there be any inconsistencies between Chinese and English versions, the Chinese version shall prevail.

ARTICLE 6 DEFINITIONS

1. **Within the Territory** referred in the Rider shall mean Mainland China excluding Hong Kong and Macau Special Administrative Regions, and Taiwan province.
2. **Outside the Territory** referred in the Rider shall mean countries and regions rather than the mainland China, including Taiwan province, Hong Kong and Macao Special Administrative Regions.
3. **Pre-existing Sickness or Injury shall mean the existence of symptoms that cause an ordinarily prudent person to seek diagnosis, care, or treatment within a five (5) year period preceding the effective date of the Rider, or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a five (5) year period preceding the effective date of the Rider.**
4. **Accident** referred in the Rider shall mean any unexpected, unintentional, non-sickness related, unforeseen events caused by external and sudden incident which results in solely, directly and independently of any other causes the bodily injury of any Insured Person.

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CHARTIS INSURANCE COMPANY CHINA LIMITED

(Hereinafter called “the Company”)

Group Medical Reimbursement Outside the Territory Rider **(2009 1st Version)**

(The Rider is valid only if it is insured)

ARTICLE 1 THE CONSTITUTION OF THE RIDER

The “Group Medical Reimbursement Outside the Territory Rider” (hereinafter called the “Rider”) is made in consideration of your application of “Group Personal Accident Insurance” (hereinafter called the “Basic Policy”) and with our consent. The Rider is attached to the Basic Policy and the provisions of the Basic Policy are also applicable to the Rider. In the event of any discrepancy between the provisions of the Rider and those of the Basic Policy, the provisions of the Rider shall prevail.

The Rider will only be in effect when its benefits are set forth in the Schedule or endorsements.

ARTICLE 2 EFFECTIVE DATE

The Rider shall become effective at the same time as the Basic Policy, or at the time stated in the endorsement hereto.

ARTICLE 3 BENEFITS

While the Rider is in force, if any Insured Person sustains an Accident or sickness covered in the Basic Policy Outside the Territory and receives necessary treatment within ninety (90) days from the date of the Accident or sickness, the Company shall reimburse the Insured Person for the Necessary and Reasonable Medical Expenses actually incurred by the Insured Person.

If the Insured Person sustains Accident or sickness covered in the Basic Policy Outside the Territory and needs medical treatment after he or she returns

The Company shall reimburse the Insured Person as follows:

- I. If the Insured Person has no social medical insurance or other expenses reimbursement medical insurance or has not got reimbursement from the above mentioned insurance, the Company shall reimburse the Insured Person for the Necessary and Reasonable Medical Expenses actually incurred by the Insured Person, up to ten (10) percent of the limit applicable to such Insured Person as stated in the Rider under the Schedule in case of circumstance under Clause (1) above , and up to limit under “Medical Reimbursement for Domestic Travel” applicable to such Insured Person as stated in the Rider under the Schedule in case of circumstance under Clause (2) above.

若英文译本与中文有异, 以中文版本为准。Should there be any inconsistencies between Chinese and English versions, the Chinese version shall prevail.

- II. If the Insured Person has social medical insurance or other expenses reimbursement medical insurance and has got reimbursement from the above mentioned insurance, the Company shall reimburse the Insured Person for the Necessary and Reasonable Medical Expenses actually incurred by the Insured Person, up to fifteen (15) percent of the limit applicable to such Insured Person as stated in the Rider under the Schedule in case of circumstance under Clause (1) above , and up to limit under “Medical Reimbursement for Domestic Travel” applicable to such Insured Person as stated in the Rider under the Schedule in case of circumstance under Clause (2) above.

Where, medical reimbursement = paid, Necessary and Reasonable Medical Expenses – any obtained medical reimbursement.

The “any obtained medical reimbursement” referred in above includes medical expenses reimbursement obtained from social medical insurance, other expenses reimbursement medical insurance, other government organs or social welfare organizations.

The actual medical expenses shall not exceed the usual level of charges as approved by the government of the locality where the expenses are incurred. Items covered include charges for medical consultation, prescription, operation, ambulance service, confinement room and board, medicine, x-ray examination, nursing and medical supplies.

The above mentioned Medical Reimbursement within the Territory which is paid by the Company to the Insured Person according to above provisions shall be only a part of the limit applicable to such Insured Person as stated in the Rider under the Schedule, but not an increment of the limit.

ARTICLE 4 EXCLUSIONS

The Company shall not be liable for any medical expenses incurred in the following period or as a result of the following event:

- (1) **any explosions, burning or radiation caused by biological, chemical or atomic weapons, or atomic or nuclear equipment;**
- (2) **any intentional actions by the Policyholder; self-inflicted injuries or suicide by the Insured Person whether sane or insane;**
- (3) **fighting, being attacked or being murdered resulting from the intentional actions of the Insured Person (excluding helping others for a just cause);**
- (4) **violations or attempted violations of the law or resistance to arrest by the Insured Person or during the period of detention or imprisonment;**
- (5) **the Insured Person serving in any armed force or engaging in any missions as a Policeman;**
- (6) **driving under the influence of alcohol or without driving license or a valid vehicle license;**
- (7) **Acquired Immune Deficiency Syndrome (AIDS) or infection of the Human Immune Deficiency Virus (HIV) (as defined by the World Health Organization (WHO); the confirmation of infection by such virus requires the existence of the above mentioned disease or its antibodies found in the blood);**

- (8) **on board of any airplanes or air transportation vehicles or conveyances except as a passenger in any properly licensed private and/or commercial aircrafts;**
- (9) **participating in any professional or semi-professional sport activities;**
- (10) **participating in horse racing, vehicle performances, vehicle racing or practicing, or go-karting;**
- (11) **ingestion, application, or injection of medicine by the Insured Person without compliance with the prescription of Qualified Medical Practitioners;**
- (12) **correction of defect of vision, dental treatment or surgery unless necessitated by an Accident and denture fault or dental restoration due to any causes;**
- (13) **cosmetic or plastic surgery or any elective surgery;**
- (14) **lumbosacral disc disease or disorder;**
- (15) **congenital anomalies or congenital disease;**
- (16) **any Pre-existing Sickness or Injury or complications thereof or any illness or symptoms occurring in ninety (90) days after the Insured Person acquires qualification under this Rider**
- (17) **Mental diseases, disorder, insane, under the influence of alcohol, drug, controlled medicine, or abuse or misuse of medicine;**
- (18) **pregnancy, miscarriage, childbirth, infertility, contraceptive or sterilization-related operations, venereal diseases;**
- (19) **general health check-ups, convalescence, custodial, rest care, rehabilitation;**
- (20) **injury caused by drug allergy or other treatment;**
- (21) **naprapathy, massage or acupuncture due to any causes;**
- (22) **infectious disease;**
- (23) **without proof from Hospital or Qualified Medical Practitioner.**

ARTICLE 5 EVIDENTIAL DOCUMENTS/FILING OF CLAIMS

After settlement of the medical expenses, the Insured Person shall submit the following proofs and original documents together with the completed Claim Form as required by the Company to the Company within thirty (30) days as of the completion of treatment:

- (1) complete medical report issued by the in-patient or emergency unit or the discharge summary;
- (2) original medical expense receipt issued by the Hospital;
- (3) other proof and materials relevant to the claim as required by the Company.

In the event the benefit amount cannot cover the full actual medical expenses, the Claimant may request the return of the original receipt in writing. The Company shall return the original receipt with a Company seal and remark of the amount indemnified.

The right to claim under this Policy shall be extinguished if the relevant Claimant fails to exercise such right within two (2) years as he/she becomes aware of such covered Accident.

ARTICLE 6 TERMINATION

The Rider shall be automatically terminated when:

- (1) the Basic Policy is terminated; or
- (2) the Rider expires and the Policyholder does not renew or the Company declines the renewal of the Rider;
- (3) the Policyholder surrenders within the effective period of the Rider;

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- (4) the Rider is terminated as a result of any other provision.

Note: in respect of (2), the Rider shall be automatically terminated at 24:00 of the expiry date of the Policy.

ARTICLE 7 DEFINITIONS

1. **Necessary and Reasonable Medical Expenses** shall mean expenses which:
 - (1) are charged for any medically necessary treatments, medical supplies and medical services under the order of a Hospital or Qualified Medical Practitioner to the Insured Person based on the severity of the Insured Person's Injury
 - (2) would have been incurred if no insurance exists.
2. **Confined to the Hospital or Confinement** referred in the Rider means admission to a Hospital for a minimum period of twenty-four (24) hours upon the recommendation of a physician with an evidence by a daily room/room & board charged by the Hospital.
3. **Outside the Territory** shall mean countries and regions rather than the mainland China, including Taiwan province, Hong Kong and Macao Special Administrative Regions.
4. **Pre-existing Sickness** shall mean the existence of symptoms that cause an ordinarily prudent person to seek diagnosis, care, or treatment within a six (6) month period preceding the effective date of the Policy, or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a six (6) month period preceding the effective date of the Policy.
5. **Infectious Disease** shall mean the infectious disease listed in the Infectious Disease Protection Law of China as first or second species infectious disease and infectious disease not listed in the Law but decided and publicized by Sanitary Administration Department of State Department of China as first or second species infectious disease.

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