

PICC Property and Casualty Company, Ltd.
Overseas Travel Accident Insurance Policy

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PICC Property and Casualty Company, Ltd.
Overseas Travel Accident Insurance Policy (2007 Version)

1. Insurance Policy

1.1 Composition of this Policy

This Policy consists of insurance terms and conditions, the application form, the insurance Policy, or other insurance certificates and endorsements. All stipulations involved in this insurance Policy must be formulated in writing.

1.2 The Insured Person

1.2.1 The Insured Person

Healthy natural persons with the ability to work or live normally, whose age is between 1 and 70 (Definition 8.1) in Full Years, are eligible to become the Insured Person under this insurance Policy.

1.2.2 Determination of Age and Handling of Errors

The enrollment age for an Insured Person shall be based on the age in Full Years calculated according to the date of birth registered on legal identification documents. When applying for insurance, the Policyholder shall fill in the age of the Insured Person in Full Years. If the reported age of the Insured Person is incorrect, and the Insured Person's true age does not comply with the age limitation stipulated in this Policy, this will invalidate the Insured Person's eligibility, the Insurer (Definition 8.2) shall refund the premium without interest after deducting Processing Fee (Definition 8.3).

1.3 The Policyholder

The Insured Person with complete civil capacity, or any other people with insurance interest in the Insured Person, is eligible to be the Policyholder under this Policy. If the Insured Person has no or limited civil capacity, the Policyholder shall be the guardian of the Insured Person.

1.4 The Beneficiary

1.4.1 The Beneficiary of Death Benefit

Upon signing of the Policy, the Insured Person or the Policyholder can designate one or multiple persons as the Beneficiary of the death benefit. If more than one person is designated as Beneficiary of the death benefit, the Policyholder should identify the sequence and percentage of the benefit payment. If percentage is not identified, each Beneficiary of the death benefit is entitled to receive equal share of the benefit payment. The Insured Person or the Policyholder may notify the Insurer in writing of changes to the beneficiaries of the death benefit, which will take effect upon endorsement by the Insurer on the insurance Policy. The Insurer bears no liability for legal disputes arising as the result of changes to the beneficiaries of the death benefit. The Policyholder may, subject to the written consent of the Insured Person, designate or change the beneficiaries of the death benefit. If the Insured Person has no or limited civil capacity, the Beneficiaries of the death benefit should be designated or changed by the guardian of the Insured Person.

1.4.2 The Beneficiary of Disablement Benefit

The Beneficiary of disablement benefit of this Policy is the Insured Person himself/herself.

2. Content of Benefits

2.1 Insurance Liability

During the insurance period, in the event of the death or disablement of the Insured Person as the result of Accidental Injury (Definition 8.5) during an Overseas (Definition 8.4) travel, the Insurer will pay benefits in accordance with the following provisions.

2.1.1 Death Benefit

During the insurance period, in case of an accident of the Insured Person during an Overseas travel which results in death within one hundred and eighty (180) days from the

date of the accident, the Insurer shall pay the accidental death benefit and the Insurer's liability to the Insured Person terminates.

If the Insured Person suffers an Accidental Injury incident and disappears beginning on the date of the accident occurrence, and is later declared dead by the People's Court, the Insurer will pay the death benefit as stipulated in the Insurance Contract. In the event the Insured Person is later found to be alive, the recipient of the death benefit is required to return the death benefit amount to the Insurer within thirty (30) days from knowing or should have known the aliveness of the Insured Person.

If the Insurer has paid disability benefits as stipulated in 2.1.2 to the Insured Person before his or her death, the death benefit payable shall be total sum insured minus any paid benefits.

2.1.2 Disablement Benefit

During the insurance period, if the Insured Person suffers an accident during an Overseas travel, and within one hundred and eighty (180) days beginning from the date of the accident, results in one of the degrees of disablement listed in the *Personal Insurance Degree of Disablement and Benefit Payment Ratio Table* (abbreviated as *Payment Table 1*) attached to this Policy, the Insurer will pay a disablement benefit in accordance with the payment ratio listed in said table multiplied by the coverage amount. If treatment is not finished on the one hundred and eightieth (180th) day, a disablement appraisal will be performed based on the physical condition on the day, and the appraisal will serve as the basis for payment of the disablement benefit.

- (1) If the same accident results in more than two disablements, the Insurer will pay the sum of the various disablement benefits within the limit of coverage amount. If the various disablement items occur to the same Limb (See 8.6 for Definition), only the disablement benefit with the highest ratio will be paid.
- (2) In the event the Insured Person suffers multiple accidents which result in more than two disablements to the same Limb, the Insurer will only pay the disablement benefit of the disablement with the highest ratio; that is if the latter disablement is of higher ratio, the disablement benefit paid for the previous disablement should be deducted; if the previous disablement is of higher ratio, the Insurer will not pay benefit for the latter disablement.
- (3) If the Insured Person has existing disablement prior to this accident and the disablement degrees can be combined, the Insurer will pay the disablement benefit by deducting the disablement benefit for the original disablement from the combined disablement degree. If the disablements cannot be combined, the Insurer will pay disablement benefit to the one by multiplying the disablement ratio listed in *Payment Table 1* to the insurance amount.

2.2 Exclusions

2.2.1 Cause Exclusions

The Insurer will bear no benefit liability in the event that death or disablement is caused to the Insured Person as the result of the following reasons:

- (1) Intentional acts by the Policyholder, the Insured Person or the Beneficiary; self-inflicted injuries, self-destruction by the Insured Person while sane or insane.
- (2) Fighting, being attacked or being murdered resulting from the provocative or intentional actions of the Insured Person.
- (3) The Insured Person resists arrest.
- (4) Sickness, pregnancy, miscarriage & abortion, childbirth, drug allergy, food poisoning, altitude sickness or heat stroke of the Insured Person.
- (5) Cosmetic or plastic surgery or other medical procedures to the Insured Person.
- (6) Ingestion, application, or injection of medicine by the Insured Person without compliance with the prescription of the Physician.
- (7) Mental or nervous disorder of the Insured Person, including but not limited to insanity.
- (8) Explosion, burning or radiation caused by biological, chemical, atomic energy weapons, or atomic or nuclear equipment.
- (9) Bacterial or virus infection (except for infections caused by an Accident).
- (10) Pre-existing Conditions (Definition 8.7) and its complications.

2.2.2 Period Exclusions

The Insurer will bear no benefit liability in the event that the Insured Person suffers injury that results in death or disablement during the following time periods:

- (1) Period in which the Insured Person engages in labor activities or traveling for medical purposes.
- (2) Wars (Definition 8.8), military actions, riots, strikes, terrorist attacks or other similar armed insurrections.
- (3) Committing illegal, criminal activities; and during the period of detention, imprisonment or escape from the prison.
- (4) The Insured Person drinks excessively or is under the influence of alcohol, drugs and controlled substances.

- (5) The Insured Person drives under the influence of alcohol, drives without a Valid Driving License (Definition 8.9), or drives an automotive vehicle with no proper registration.
- (6) Acquired Immunodeficiency Syndrome (AIDS) or with infection of the Human Immunodeficiency Virus (HIV) (Definition 8.10) (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).
- (7) On board of any airplanes or air transportation vehicles or conveyances (except as a passenger in any civil and/or commercial aircrafts).
- (8) The Insured Person engages in high-risk activities, including Diving (Definition 8.11), parachuting, Rock Climbing (Definition 8.12), Adventure Activities (Definition 8.13), Martial Arts Competitions (Definition 8.14), wrestling competitions, Stunt performances (See 8.15 for Definition), horse racing, vehicle racing and vehicle performance.
- (9) The Insured Person participates in any professional sporting activity or any kind of sporting activity with rewards.
- (10) The Insured Person is hired for merchant vessel to engage in sea or air service, or any professional activities include operating or testing any kind of conveyances.
- (11) The Insured Person engages in the professional activities such as oil rigging, mining, air photography, handling explosive materials, lumbering, civil construction, works on water or at high altitude, etc.
- (12) The Insured Person engages in military/police services or goes on a mission as a law enforcement officer.

2.3 Coverage Amount

The coverage amount is the maximum limit of insurance liability assumed by the Insurer. The coverage amount is agreed by the Policyholder and the Insurer, and is stated in the Policy. Should the Policyholder request a change to the coverage amount, he/she should give written notice to the Insurer. The change shall take effect after the Insurer has added the endorsement to the Policy. The modified coverage amount will be effective through the remaining insurance period.

2.4 Insurance Period

The insurance period is subject to the period stipulated in the insurance Policy, but should not exceed 182 days.

2.5 Commence and Termination of Insurance Liability

The insurance liability commences at any of the following occasions, whichever is the latest:

- (1) Commence date of the insurance period as stated in the insurance Policy
- (2) The Insured Person leaves his/her Domestic (Definition 8.16) regular place of residence and goes directly to overseas travel destination.

The insurance Policy terminates at any of the following occasions, whichever the earliest:

- (1) On the expiry date of the Policy;
- (2) After the completion of the Overseas travel, the Insured Person goes back directly to his/her Domestic regular place of residence.

3. Obligation of the Policyholder and the Insured Person

3.1 Fit for Travel and Other Condition

When the Insured Person is on an Overseas travel, he/she must be fit to carry out Overseas travel, or not be aware of any circumstances which could lead to cancellation or disruption of the Insured Person's journey; otherwise any claim could be jeopardized.

3.2 Obligation of Premium Payment

The Policyholder shall pay the premium in full upon establishment of this Policy except stipulated in other provisions. The Insurer will bear no insurance liability for incidents incurred before the full payment of insurance premium.

3.3 Notification Obligation

The Policyholder should fill in the application form and provide truthful information with respect to the Insurer's written requests for information to fulfill the duty of disclosure. Should the Policyholder intentionally conceal facts or fail to fulfill the truthful notification obligation, or fail to fulfill the truthful notification obligation as the result of negligence, such that it affects the Insurer's decision whether to agree to underwrite the insurance or to raise the insurance premium, the Insurer is entitled to cancel the insurance Policy. The validity of this Policy will terminate beginning at the time that the Policyholder or the Insured Person receives the Notice of Cancellation of Insurance.

Should the Policyholder intentionally fail to fulfill the truthful notification obligation, the Insurer will bear no benefit liability with respect to insured incidents that occur before the Policy is cancelled, and the premium will not be returned.

Should the Policyholder fail to fulfill the truthful notification obligation due to negligence, and such failure severely affects the occurrence of insured incidents, the Insurer will bear no benefit liability with respect to insured incidents that occur before the Policy is cancelled, and will only refund the Unused Portion of Premium (Definition 8.17) without interest according to the provisions hereof.

3.4 Notification Obligation on Changing of Residential Address or Corresponding Address

The Policyholder shall notify the Insurer promptly in writing in the event of a change of residential or corresponding address. Should the Policyholder fail to make the aforesaid notice, all notices delivered by the Insurer to the last residential address or corresponding address of the Policyholder stated on the insurance Policy shall be deemed to have been delivered to the Policyholder.

3.5 Notification Obligation on Changing of Other Content

During the valid term of this Policy, the Policyholder may apply in writing to change other content of this Policy. Such changes will become valid upon the Insurer's consent and endorsement to the Policy.

In the event of the death of the Insured Person, the Insurer will not accept any change of the Policy content concerned with the Insured Person.

3.6 Notification Obligation of the Insured Accident

After the insured accident that is within the scope of insurance liability under this Policy occurs, the Policyholder, the Insured Person or the Beneficiary should notify the Insurer within ten (10) days after knowing the occurrence of the insured accident, and give written explanation of the causation, process and loss information of the incident; if it is impossible to get the evidence or to recognize the causation of the incident due to delayed notification, the Insurer will bear no benefit payment liability; if the Insurer is unable to verify the loss information due to delayed notification, the Insurer will bear no benefit payment liability with respect to unverifiable portion(s).

The stipulations mentioned above do not include failure or delay of notification due to Force Majeure (Definition 8.18).

4. Claims Application and Payment

4.1 Claims Application

When applying for claims, the Claim Applicant (Definition 8.19) shall submit the following evidence and materials. In the event that the Claim Applicant fails to provide the relevant evidence in a timely manner, such that the Insurer is unable to verify the authenticity of the evidence, the Insurer will bear no benefit payment liability with respect to unverifiable portion(s). If the Claim Applicant is unable to provide the aforesaid evidence due to special reasons, the Claim Applicant shall provide other relevant evidence and materials recognized by law. If the Claim Applicant consigns another party to apply for claims, he/she shall also provide power of attorney, proof of identification of the consigner and consignee and other relevant documentations.

4.1.1 Applying for Death Benefit

- (1) Insurance Benefit Payment Application Form;
- (2) Insurance Policy (original copy);
- (3) Proof of identification of the Beneficiary, if any;
- (4) Death certificate or autopsy report for the Insured Person that is issued by public security authorities or a Hospital that is acceptable to the Insurer; If the Insured Person is declared dead, documents issued by the People's Court certifying the declaration of death must be provided;
- (5) Certificate of cancellation of the Insured Person's household registration;
- (6) The passport, visa, air ticket, or bus and ship fare ticket of the Insured Person during Overseas travel
- (7) Other evidence and materials relevant to the claim as required by the Insurer.

4.1.2 Applying for Disablement Benefit

- (1) Insurance Benefit Payment Application Form;
- (2) Insurance Policy (original copy);
- (3) Proof of identification of the Insured Person;
- (4) Disablement appraisal diagnosis report issued by a medical institution or judicial authority acceptable to the Insurer;
- (5) The passport, visa, air ticket, or bus and ship fare ticket of the Insured Person during Overseas travel
- (6) Other evidence and materials relevant to the claim as required by the Insurer.

4.2 Expiration of Claim Right

The right of claim to benefits under this Policy will expire if not exercised within two years beginning from the date on which the Claim Applicant knows of the occurrence of the insured accident.

4.3 Health check up and Judicial Appraisal

The Insurer is entitled to require the Insured Person to undergo physical examinations or provide the relevant examination reports. In the event of death of the Insured Person, the Insurer is entitled to require judicial appraisal authorities to carry out an appraisal of the insured accident.

4.4 Benefit Payment

After receiving the relevant evidences and materials listed in Article 4.1.1 and 4.1.2 from the Claim Applicant, the Insurer should make investigation and appraisal timely, and inform the result to the Claim Applicant.

For the insurance liability that should be borne by the Insurer, the Insurer should fulfill the obligation of benefit payment within ten (10) days after the Claim Applicant and the Insurer reached the agreement about the payment amount. For the liability that should not be borne by the Insurer, the Insurer should issue the Decline Notice to the Claim Applicant. For the insurance liability that should be borne by the Insurer but the amount cannot be ascertained, the Insurer should pay the minimum amount of the benefits based on the evidence and materials available within sixty (60) days after receiving relevant evidence and materials listed in Article 4.1.1 and 4.1.2 from the Claim Applicant. After ascertaining the final amount, the Insurer will adjust the payment accordingly.

5. Cancellation of Insurance

5.1 Time and Condition of Cancellation

After establishment of this insurance Policy, the Policyholder may apply to cancel the Policy before the effective date of this insurance. The Insurer will refund the premium without interest after deducting the Processing Fee. After the effective date of the policy or the Insurer has paid any benefit according to the Policy, the Insurer will not accept the Applicant's application to cancel the Policy.

The Policyholder should notify the Insurer in writing to cancel the Policy and provide the following certifying documents and information:

- (1) Notice of Cancellation of Insurance;
- (2) Insurance Policy;
- (3) Receipt for payment of insurance premium.

Should the Policyholder request cancellation of this Policy, the validity of this Policy will terminate automatically beginning at the time that the Insurer receives the Notice of Cancellation of Insurance. Should the Insurer and the Policyholder has other provision, this Policy will terminate at that defined date.

6. Handling of Disputes

In the event of disputes arising from the execution of this Policy, the concerned parties shall resolve through consultations. If consultations are unsuccessful, the disputes will be submitted to the arbitration organization stated on the insurance Policy. If no arbitration organization is stated on the insurance Policy, or if the parties fail to reach an arbitration agreement after the disputes occur, litigation may be filed with the People's Court of the People's Republic of China.

7. Jurisdiction

The Policy and its Riders shall be interpreted in accordance with the law of jurisdiction in the People's Republic of China.

8. Definitions

Definitions for terms with special meaning contained in the Policy are:

8.1 In Full years: Refers to the full age calculated based on the date of birth recorded in the legal identification documents.

8.2 The Insurer: Refers to the branches of PICC Property and Casualty Company Limited, which establish this Policy with the Insured Person.

8.3 Processing Fee: 25% of the Used Portion of Premium, but cannot exceed the Unused Portion of Premium.

8.4 Overseas: Refers to nations and regions outside People's Republic of China, the regions including Taiwan, Hong Kong and Macau.

8.5 Accidental Injuries: Refers to physical injuries that are directly and solely caused by Incident(s) that are external, eruptive, unintentional, and not the result of disease, and which are Accidental in nature.

8.6 Limb: Refers to the four limbs, i.e. upper left limb, upper right limb, lower left limb, and lower right limb.

8.7 Pre-existing Conditions: Refers to the existence of symptoms that cause or have already made an ordinarily prudent person to seek diagnosis, care, or treatment within 3 years period preceding the effective date of the insurance policy.

8.8 Wars: Refers to any wars or military activities, whether declared or not, including the use of military force by any sovereign nations to achieve economic, geographic, nationalistic, racial, religious or other ends.

8.9 Without a Valid Driving License: Refers to one of the following situations:

- (1) The Insured Person has no driver's license or the driver's license has expired;
- (2) The vehicle type registered by the license does not match the vehicle driven;
- (3) During the probation period drives public bus, commercial passenger vehicle or vehicle that carries the explosive articles, flammable explosive chemistry goods, poisonous, radioactive or other dangerous substance, drives tow trailer during the probation period;
- (4) Drives with un-inspected driving license, drives during the period that the driving license has been temporarily detained, detained, revoked or deregistered;
- (5) Uses special-purpose mechanical vehicle or special vehicle without an effective operation certificate issued by the relevant state department, drives commercial passenger vehicle without an effective certificate issued by relevant state department;
- (6) Drives against stipulations of law or stipulations issued by the Traffic Management Department of the Public Security Bureau.

8.10 AIDS or AIDS virus (HIV): Refers to the definition by the World Health Organization, if the aforesaid anti-body is found in the Insured Person's blood sample, the Insured Person will be confirmed to have contracted the AIDS virus.

8.11 Diving: Refers to underwater activities undertaken with an assisted breathing apparatus in bodies of water including large and small rivers, lakes, oceans, reservoirs, and canals.

8.12 Rock Climbing: Refers to sports including the climbing of rock cliffs, external walls of buildings, manmade rock cliffs, glacial cliffs, and icebergs.

8.13 Adventure Activities: Refers to 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.

8.14 Martial Arts Competitions: Refers to the competitive jujitsu, karate, kickboxing, sanda, boxing and other competitive matches using mechanic instruments and involving two or more persons.

8.15 Stunt: Refers to engagement in special skills including horsemanship, acrobatics, and animal training etc.

8.16 Domestic: Inside the border of People's Republic of China, but does not include Taiwan, Hong Kong and Macau

8.17 Unused Portion of Premium: Used Portion of Premium * (1-(Number of days from Policy start date through current date /Number of days in the insurance period)) Less than one day will be calculated as one day.

8.18 Force Majeure: Refers to objective circumstances that are unforeseeable, unavoidable and insurmountable.

8.19 Claim Applicant: For accidental death benefit, refers to the Beneficiary, the inheritor of the Insured Person or other natural persons who have the right of claim as required by law. For disablement benefit stated in this Policy, it refers to the Insured Person.

Note: Should there be any inconsistency between the English and the Chinese versions, the Chinese version shall prevail.

PICC Property and Casualty Company, Ltd.
Overseas Travel Medical Reimbursement Insurance Rider

1. Insurance Policy

1.1 Establishment and Composition of Insurance Policy

All stipulations involved in this insurance Rider must be formulated in writing. In the event that the primary Policy and this Rider are in contradiction with each other, this Rider shall prevail. Items that are not stipulated in this Rider shall be governed by the primary insurance Policy. Date by which the primary Policy terminates, this Rider shall also terminate simultaneously. If the primary Policy is null and void, this Rider shall also be null and void.

In the event that items covered by this Rider were not specified clearly on the insurance Policy or in the endorsement, this insurance Rider shall not take effect.

1.2 The Beneficiary

The Beneficiary of this Rider is the Insured Person himself/herself.

2. Content of Benefits

2.1 Insurance Liability

While this Rider is in force, if the Insured Person sustains an Accidental Injury or a Sickness (excluding Pre-Existing Conditions and its complications), and he/she receives necessary treatment within 90 days from the date of the Accident or Sickness, the Insurer will pay the Usual, Reasonable & Customary Medical Expenses (Definition 4.1) incurred after deducting the deductible amount. In the event the Insured Person sustains an Accidental Injury or Sickness and receives medical treatment abroad, and is required to continue hospital treatment within thirty (30) days upon returning to his/her Domestic place of residence, the Insurer's liability for Overseas and Domestic following-up medical treatment reimbursement limits to the insurance amount under this Rider. The liability for Domestic following-up medical expenses limits to the insurance amount of following-up treatment as stated in the Insurance Policy.

The insurance amount, follow-up treatment expenses, and deductible amount under this Rider should be stipulated in the Insurance Policy.

The medical expenses include: diagnosis and treatment, nursing, hospitalization, treatment, surgery, materials, examination (routine examination, laboratory fees, ultrasonic examination, radioactive examination, CT scanning, MRI), oxygen, blood transfusion, medicine. The payment of benefit shall not exceed the standard approved by the government of the locality where the expenses are incurred. For Domestic medical expenses, the Insurer will only reimburse the medical expenses charged by the Hospital (Definition 4.2).

If the Insured has already received medical compensation from Social Welfare Medical Insurance, any third party or any commercial medical insurance, the Insurer will only be liable to the balance of payable amount.

2.1 Exclusions

2.2.1 Cause Exclusions

The Insurer will bear no benefit liability in the event that the medical expenses are caused by the following reasons:

- (1) Causes exclusions as stated in the Overseas Travel Accident Insurance Policy (2007) Version 2.2.1, Items (1), (2), (3), (6), (7), (8), (10).
- (2) Pregnancy, miscarriage & abortion, childbirth, drug allergy, food poisoning, altitude sickness or heat stroke of the Insured Person.
- (3) Cosmetic or plastic surgery of the Insured Person.
- (4) Congenital diseases or congenital anomalies.
- (5) General dental treatment or surgery unless necessitated by an accident and teeth repair or plastic surgery caused by any reason.
- (6) Vision correction, or optometry test for the preparation of vision correction unless necessitated by an accident
- (7) General health check-ups, convalescence, custodial, rest care, rehabilitation, physiotherapy or psychological treatment.
- (8) Treatment or surgical procedure that the Insured Person insists to have Overseas, however, which can be reasonably postponed until the Insured Person returns to his/her original departure place according to the attending Physician.

Period Exclusions

The Insurer will bear no benefit liability in the event that the medical expenses are incurred during the following period:

- (1) The period exclusions stated in the PICC P&C Overseas Travel Accident Insurance Policy 2.2.1 in items (1) to (12).
- (2) The Insured Person travels for medical treatment purposes or in violation of the Physician's advice.

3. Claims Application and Payment

3.1 Claims Application

When the Insured Person incurs medical expenses, he/she shall submit the Insurance Benefit Payment Application Form along with the original copies of the following relevant evidence and materials within thirty (30) days upon returning to the Insured Person's place of departure:

- (1) Insurance Policy;
- (2) Proof of identification of the Insured Person;
- (3) If the Insured Person consigns another party to apply for the benefit, he/she shall provide power of attorney, proof of identification of the consignee;
- (4) Complete clinical and emergency room medical records;

- (5) Hospital discharge summary;
- (6) Official receipt for hospital treatment and itemized bill;
- (7) Passport, visa, bus or ship tickets of the Insured Person in Overseas travel.
- (8) Other evidence and materials relevant to the claim as required by the Insurer.

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

4. Definitions

4.1 Usual, Reasonable & Customary Medical Expenses shall mean:

- (1) The necessary expenses for medical treatment and medicine charged by the Physician or Hospital basing on the Insured Person's injury;
- (2) Expenses that not exceeding the usual level or charges in the locality where the expenses are incurred;
- (3) The same medical expenses that would have been incurred even without this insurance.

4.2 Hospital: Refers to institutions comply with all the following requirements:

- (1) Have legal operating certificate;
- (2) The main purpose of the establishment of the institution is to provide hospitalization or treatment services to the Injured and sick people;
- (3) Qualified doctors and nurses to provide 24-hour medical and nursing services;
- (4) Medical institutions not designed to serve as rehabilitation center, clinic, nursing, convalescence, alcoholic and drug addict temperance centre or alike medical institutions.

If the hospital is in Mainland China, the hospital must be level 2 or level 3 or designated by the Insurer.

4.3 Physician: Refers to physicians practicing medicine in a hospital and authorized to prescribe medical treatment; also refers to physicians legally registered and qualified to practice medicine within the region where the Insured Person undergoes diagnosis, medical treatment, prescription or surgery. However, it does not include the Insured Person him-/herself, or the Insured Person's agents, partners, employees or employer, or members of the Insured Person's family, such as spouse, sibling, parents, and children.

Note: Should there be any inconsistencies between the English and the Chinese versions, the Chinese version shall prevail.

PICC Property and Casualty Company, Ltd.

Overseas Travel Emergency Medical Evacuation and Repatriation Insurance Rider

1. Insurance Policy

1.1 Establishment and Composition of Insurance Policy

All stipulations involved in this insurance Rider must be formulated in writing. In the event that the primary Policy and this Rider are in contradiction with each other, this Rider shall prevail. Items that are not stipulated in this Rider shall be governed by the primary insurance Policy. Date by which the primary Policy terminates, this Rider shall also terminate simultaneously. If the primary Policy is null and void, this Rider shall also be null and void.

In the event that items covered by this Rider were not specified clearly on the insurance Policy or in the endorsement, this insurance Rider shall not take effect.

1.2 Beneficiary

The Beneficiary of this Rider is the Insured Person himself/herself.

2. Content of Benefits

2.1 Insurance Liability

Whilst the Rider is in force, if the Insured Person sustains Accidental Injury or sickness during an Overseas travel and requires medical evacuation on the recommendation of the Assistance Services Provider authorized by the Insurer (hereafter abbreviated as Assistance Service Provider) after medical consideration, the Insured Person shall be evacuated to a local Hospital or other nearby Hospital with standard medical treatment. In the event the Assistance Services Provider considers it as medically appropriate to repatriate the Insured Person, the Insured Person shall be repatriated to China or his/her state of nationality.

The Insurer shall bear the payment of medical evacuation and repatriation costs within the limit of insurance amount under this Rider. In the event the evacuation and repatriation costs exceed the insurance amount stipulated in the Rider, the Insured Person shall pay the excess amount by him/herself. The evacuation and repatriation costs include transportation and medical treatment cost during the transportation, as well as cost of medical equipment and supplies.

The Assistance Service Provider is entitled to decide the means and final destination of evacuation and repatriation according to the health condition of or treatment needed by the Insured Person and to the advice of a Physician. Means of evacuation and repatriation include assignment of professional Physician (Definition 3.1), Nurses (Definition 3.2) and necessary transportation vehicles. Vehicles may include airborne ambulance, ambulance, commercial flights, railway or other appropriate means of transportation.

The Insurer shall not be liable for any expense that has not been approved and arranged by the Assistance Service Provider. In case of a medical emergency, if the Insured Person cannot notify the Assistance Service Provider due to certain reasons, the Insurer has the right to reimburse according to the insurance plan chosen by the Policyholder and up to the amount incurred for service that the Assistance Service Provider would have otherwise provided under the same circumstances.

2.2 Exclusions

2.2.1 Cause Exclusions

The Insurer will bear no benefit liability in the event that the evacuation or repatriation expenses are caused by the following reasons:

- (1) Cause exclusions as stipulated in PICC P&C Company Ltd. Overseas Travel Accident Insurance Policy 2.2.1 items (1), (2), (3), (6), (7), (8), and (10).
- (2) Pregnancy, miscarriage & abortion, childbirth, drug allergy, food poisoning, altitude sickness and heat stroke of the Insured Person.
- (3) Cosmetic or plastic surgery of the Insured Person.
- (4) Congenital diseases or congenital deformities.
- (5) General dental treatment or surgery unless necessitated by an accident and teeth repair or plastic surgery caused by any reason.
- (6) Vision correction or optometry test for the preparation of vision correction unless necessitated by an accident.
- (7) General health check-ups, convalescence, custodial, rest care, rehabilitation, physiotherapy or psychological treatment.
- (8) Treatment or surgical procedure that the Insured Person insists to have Overseas, however, which can be reasonably postponed until the Insured Person returns to his/her original departure place according to the attending Physician.
- (9) Any expenses that the Insured Person has no liability to for services provided by third party, or any expenses included in travel charges.

2.2.2 Period Exclusions

The Insurer will bear no benefit liability in the event that the medical expenses are incurred during the following period:

- (1) Period exclusions as stipulated in PICC P&C Company Ltd. Overseas Travel Accident Insurance Policy (2007 Version) 2.2.2 items (1) to (12).
- (2) The insured trip is for medical treatment purposes or in violation of the Physician's advice.

3. Definitions

3.1 Physician: Refers to physicians practicing medicine in a Hospital and authorized to prescribe medical treatment; also refers to Physicians legally registered and qualified to practice medicine within the region where the Insured Person undergoes diagnosis, medical treatment, prescription or surgery. However, it does not include the Insured Person him/herself, or the Insured Person's agents, partners, employees or employer, or members of the Insured Person's family, such as spouse, siblings, parents, and children.

3.2 Nurse: Refers to professional nursing staff who have gone through formal professional nursing course, acquired professional qualification certification, and work at local Hospitals.

Note: Should there be any inconsistencies between the English and the Chinese versions, the Chinese version shall prevail.

PICC Property and Casualty Company, Ltd. Overseas Travel Repatriation of Remains Insurance Rider

1. Insurance Policy

1.1 Establishment and Composition of Insurance Policy

All stipulations involved in this insurance Rider must be formulated in writing. In the event that the primary Policy and this Rider are in contradiction with each other, this Rider shall prevail. Items that are not stipulated in this Rider shall be governed by the primary insurance Policy. Date by which the primary Policy terminates, this Rider shall also terminate simultaneously. If the primary Policy is null and void, this Rider shall also be null and void.

In the event that items covered by this Rider were not specified clearly on the insurance Policy or in the endorsement, this insurance Rider shall not take effect.

2. Content of Benefits

2.1 Insurance Liability

Whilst the Rider is in force, if the Insured Person sustains an Accidental Injury or sickness during the Overseas travel and result in death within thirty (30) days from the date of the accident or sickness. The Insurer will pay the benefit as stated in the Insurance Policy. The accident or sickness shall be the direct and sole cause of death.

2.1.1 Repatriation of Remains Benefit: The Assistance Service Provider as authorized by the Insurer shall repatriate the remains or ash of the Insured Person back to China or the state of nationality of the Insured, complying with local laws and regulations and according to the actual local circumstances.

Expenses incurred in the repatriation of remains include material and service fee for embalming, preservation, cremation, delivery, transportation and cinerary casket, and the Insurer shall pay directly to the Assistance Service Provider after verification.

2.1.2 Funeral Expenses: The Insurer shall pay the funeral benefit as per the actual incurred funeral expenses of the Insured Person to the Beneficiary of death benefit.

2.1.3 The total amount of above the two benefits is up to the corresponding coverage amount of this Rider stated in the insurance Policy.

2.2 Exclusions

2.2.1 Cause Exclusions

The Insurer will bear no benefit liability in the event that the death of the Insured Person is caused by the following reasons:

- (1) Cause exclusions as stipulated in PICC Property and Casualty Company Ltd. Overseas Travel Accident Insurance Policy (2007 Version) 2.2.1 items (1), (2), (3), (6), (7), (8), (10).
- (2) Pregnancy, miscarriage & abortion, childbirth, drug allergy, food poisoning, altitude sickness and heat stroke of the Insured Person;
- (3) Cosmetic or plastic surgery of the Insured Person;
- (4) Congenital diseases or congenital deformities;
- (5) Any expenses that the Insured Person or Claim Applicant have no liability to pay for services provided by a third party, or any expenses included in travel charges;
- (6) Any expenses that has not been approved and arranged by the Assistance Service Provider Company authorized by the Insurer.

2.2.2 Period Exclusions

The Insurer will bear no benefit liability in the event that the expenses are incurred during the following periods:

- (1) Period exclusions as stipulated in PICC Property & Casualty Company Ltd. Overseas Travel Accident Insurance Policy 2.2.2 items (1) to (12);
- (2) The insured trip is for the medication treatment purposes or in violation of the Physician's advice.

3. Claims Application and Payment

3.1 Claims Application

The Claim Applicant shall submit the Insurance Benefit Payment Application Form and the original copies of following evidence and materials within 30 days after the remains or ashes of the Insured Person have been repatriated to China or the Insured Person's state of nationality.

- (1) Insurance Policy;
- (2) Proof of identification of the Death Benefit Claimant;
- (3) Death certificate or autopsy report for the Insured Person that is issued by public security authorities or a Hospital that is acceptable to the Insurer; If the Insured Person is declared dead, documents issued by the People's Court certifying the declaration of death must be provided;
- (4) Certificate of cancellation of the Insured Person's household registration;
- (5) If the Claim Applicant consigns another party to apply for the benefit, he/she shall also provide power of attorney, proof of identification of the consigner and consignee and other relevant documentations;
- (6) Formal invoice or receipt of funeral expenses of the Insured Person;
- (7) The passport, visa, air tickets or bus and ship tickets of the Insured Person during Overseas Travel
- (8) Other evidence and materials relevant to the claim as required by the Insurer.

Note: Should there be any inconsistencies between the English and the Chinese versions, the Chinese version shall prevail.

Payment Table 1 Personal Insurance Degree of Disablement and Benefit Payment Ratio Table

Grade	Item	Degree of Disablement	Maximum Payment Ratio
Grade 1	I	Permanent total blindness in both eyes (Note 1)	100%
	II	Severance of both upper extremities above the wrist joint or both lower extremities above the ankle joint	
	III	Severance of one upper extremity above the wrist joint and one lower extremity above the ankle joint	
	IV	Permanent total blindness in one eye and severance of one upper extremity above the wrist joint	
	V	Permanent total blindness in one eye and severance of one lower extremity above the ankle joint	
	VI	Permanent total loss of joint function in four extremities (Note 2)	
	VII	Permanent total loss of mastication, swallowing function (Note 3)	
Grade 2	IX	Central nervous system function or thoracic, abdominal organ function severely impaired; unable to engage in any work for life; completely reliant on assistance of others to maintain necessary activities for daily living (Note 4)	75%
	X	Permanent total loss of function of two or more of the three major joints in two upper extremities, or two lower extremities, or one upper and one lower extremity (Note 5) Severance of ten fingers (Note 6)	
Grade 3	XI	Permanent total loss of function of two or more of the three major joints in two upper extremities, or two lower extremities, or one upper and one lower extremity (Note 5)	50%
	XII	Severance of one upper extremity above the wrist joint or permanent total loss of all function of the three major joints of one upper extremity	
	XIII	Severance of one lower extremity above the ankle joint or permanent total loss of all function of the three major joints of one lower extremity	
	XIV	Permanent total loss of hearing function in both ears (Note 7)	
	XV	Permanent total loss of function in ten fingers (Note 8) Severance of ten toes (Note 9)	
Grade 4	XVI	Permanent total loss of hearing function in both ears (Note 7)	30%
	XVII	Permanent total loss of function in two of the three major joints of one upper extremity	
	XVIII	Permanent total loss of function in two of the three major joints of one lower extremity	
	XIX	Severance in four or more fingers of one hand, including thumb and index finger	
	XX	Shrinkage of 5 cm or more of one lower extremity	
	XXI	Permanent total loss of speech function (Note 10)	
	XXII	Permanent total loss of function in ten toes	
Grade 5	XXIII	Permanent total loss of function of one of the three major joints of one upper extremity	20%
	XXIV	Permanent total loss of function of one of the three major joints of one lower extremity	
	XXV	Severance of thumbs of two hands	
	XXVI	Severance of five toes of one foot	
	XXVII	Marked defects in eyelids of both eyes (Note 11)	
	XXVIII	Permanent total loss of hearing function in one ear	
	XXIX	Defect of nasal parts with marked residual impairment of olfactory function (Note 12)	
Grade 6	XXX	Severance of thumb and index finger of one hand, or severance of three or more fingers including thumb or index finger	15%
	XXXI	Permanent total loss of function of three or more fingers in one hand, including thumb or index finger	
	XXXII	Permanent total loss of function of five toes on one foot	
Grade 7	XXXIII	Severance of thumb or index finger of one hand, or severance of two or more fingers among the middle finger, the ring finger and the little finger	10%
	XXXIV	Permanent total loss of function of thumb and index finger of one hand	

Notes:

- (1) Blindness includes severance or extirpation of the eyeball, or inability to distinguish light and dark, or only having the ability to distinguish hand movements in front of the eyes. Best corrected vision is lower than 0.02 on the International standard vision chart, or the vision radius is less than 5 degree, and has qualified ophthalmologist designated by the insurance company issue a treatment and diagnosis certificate.
- (2) Loss of joint function refers to permanent total ankylosis or paralysis of the joint, or inability to control the joint movements.
- (3) Loss of mastication, swallowing function refers to organic impairment or functional impairment due to causes other than the teeth, causing inability to chew or swallow, and inability to ingest or swallow anything but liquid foods.
- (4) Completely reliant on assistance of others to maintain necessary activities for daily living refers to complete inability to independently ingest food, urinate and defecate, dress and undress, perform daily routine, walk, bathe, etc.; assistance of others is required.
- (5) The three major joints of the upper extremities refer to the shoulder joint, the elbow joint and the wrist joint; the three major joints of the lower extremities refer to the hip joint, the knee joint and the ankle joint.
- (6) Severance of the fingers refers to complete severing above the proximal interphalangeal joint (the thumb is the interphalangeal joint).
- (7) Loss of hearing function refers to average voice frequency hearing loss greater than 90 decibels; voice frequencies are 500, 1000 and 2000 hertz.
- (8) Loss of function in the fingers refers to severing from the distal interphalangeal joint, or ankylosis or inability to control movement from the proximal inter-phalangeal joint.
- (9) Severance of the toes refers complete severing above the phalangeal joint.
- (10) Loss of speech function refers to the inability to constitute sounds in three or more of the four speech functions that constitute speech (labial, dental, palatal and velar), or the vocal cords have been completely excised, or aphasia has developed as the result of injury to the brain's speech center, and requires a qualified eye, ear, nose and throat Physician (otorhinolaryngologist) to issue a treatment and diagnosis certificate; however, it does not include any aphasia caused by psychological disturbances.
- (11) Marked deficiency of the eyelids of both eyes refers to the inability of the eyelids to completely cover the corneas when the eyes are closed.
- (12) Defect of nasal parts with marked residual impairment of olfactory function refers to defects of all or one half of the nasal cartilage and blockage of both nostrils, uncorrectable difficulty breathing through the nose or loss of olfactory sense on both sides.

Permanent and total as referred to here means function remains totally lost after one hundred eighty days of treatment beginning from the date of the Accidental injury; however, extirpation of the eyeball and other such situations for which recovery is obviously impossible are not bound by this restriction.

Note: Should there be any inconsistency between the English and the Chinese versions, the Chinese version shall prevail.