

Allianz Property Insurance (China) Ltd.
Supplementary Travel Medical Expense Insurance Clauses

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Property Insurance (China) Company.

Article 2 Insurance Liability

I. During the Insured period, if the Insured person sustains accidental injury or acute disease (see definition 1) when traveling with effective documents domestically or overseas, and goes to hospitals (see definition 2) or medical institutions approved by the Company for treatment within 5 days after the occurrence of the accident or the onset of the acute disease, the Company shall be liable for the following expenses as stipulated by the supplementary clauses:

If the accidental injury or acute disease occurs overseas, the expenses incurred within 90 days after the injury or disease occurs for the treatment of the said injury or disease in the overseas hospital shall be covered by the Company, provided the expenses are consistent with the supplementary clauses, reasonable, conventional and necessary, including diagnosis cost, operational cost, hospitalization cost, medical cost (the prescript medicine only), X ray examination cost, medical appliances cost, ambulance cost, etc..

If the accidental injury or acute disease occurs domestically, the expenses incurred within 90 days after the injury or disease occurs for the treatment of the said injury or disease in the domestic hospital shall be covered by the Company, provided the expenses are consistent with the supplementary clauses and the medical insurance regulation of the local authorities, reasonable, conventional and necessary. **However, the Company shall not be liable for the expense incurred for medicine, examination, treatment or materials other than the local medical insurance coverage.** The maximum medical benefits payable for the acute diseases occurred during domestic travel shall not exceed the insured amount stipulated in the Insurance Policy or certificate.

If the Insured person sustains accidental injury or acute disease when traveling overseas, receives diagnosis and treatment by qualified overseas doctor, and the injury or disease covered by the Contract directly leads to further treatment after the Insured person returns to China, then the expenses incurred within 30 days (**but no more than 90 days since the date of sustaining accidental injury or acute disease**) after the Insured person returns to China for the treatment of the said injury or disease in the domestic hospital shall be covered by the Company, provided the expenses are consistent with the supplementary clauses and the medical insurance regulation of the local authorities, reasonable, conventional and necessary.

The medical expense incurred during the further domestic treatment and covered by the Company shall not exceed 10% of the total insured amount stipulated in the Insurance Policy or certificate.

The dental treatment cost covered by the supplementary clauses shall only limit to treatment of dental injury caused by the accident. After the diagnosis by doctors in hospital or medical institutions approved by the Company, the cost of necessary emergency dental treatment to relieve severe pain, including diagnosis cost, operation cost and medicine cost (only limit to the prescript

medicine for pain alleviation), shall be covered by the Company.

Article 3 Disclaimer of Liabilities

The company shall not be liable for the following expenses incurred by the Insured person:

- 1. Any compensation the Insured person already received from the state-covered medical service, basic social medical insurance, supplementary commercial medical insurance, and compensation from other government agencies or social welfare institutions.**
- 2. The expense incurred by the Insured person for rehabilitation treatment, physiotherapy, vaccination, miscarriage prevention and child-delivery (including caesarean birth, miscarriage or induced labor).**
- 3. The treatment or operation expense for prolapse or dislocation of lumbar intervertebral disc, contraception or sterilization, tonsil, adenoid, hernia, female genital disease, and drug allergy. However, if emergency treatment or operation is performed to avoid life risk or permanent physical damage of the Insured person, the expenses shall not be disclaimed by the Company.**
- 4. The expense for nursing, heating, boarding, charge of loss of work time, hiring private nurse, or the insured person installs artificial eyes, false teeth, artificial limbs or buys instrumentalities for the disabled;**
- 5. The expenses of psychological counseling, plastic surgery, orthopedic surgery or other operations that are NOT urgently required.**
- 6. Expenses of general physical check, health check, rehabilitation or recovery treatment, or organ donation related medical expenses.**
- 7. Teeth cleaning, Teeth whitening, orthodontics, porcelain veneer, dental implanting or dental crown fitting done by the insured but not caused by the accidental injuries.**
- 8. The treatment and rehabilitation costs for congenital malformations, hereditary diseases, deformations or chromosomal abnormalities of the Insured.**
- 9. The treatment and rehabilitation costs for pre-existing conditions or symptoms of the Insured, including mental diseases, schizophrenia, congenital disease, sexually transmitted diseases, etc.**
- 10. The expense resulted from treatment or operation that the attending doctor or medical institution suggests may be reasonably postponed to the return of the Insured to his/her original place (see definition 4), but insisted by the Insured person to be performed in the overseas local hospital.**
- 11. Expenses that covered by local assistance agency or the third party service provider that are not required of the Insured person, or the expenses that already covered in travel fees.**
- 12. The expense incurred due to performing or choosing unauthorized assistance by the Insured person before arriving at the hospital.**
- 13. Expenses that without original invoice, receipt or treatment certificate issued by the local hospital.**
- 14. If the Insured sustains accidental injury or acute disease when traveling oversea but does not get diagnosis from local doctors, any expense resulted from emergency clinic or hospitalized treatment for the Insured person when he/she return to the original place shall not be covered by the Company.**

15. If the Insured sustains accidental injury or acute disease when traveling oversea and get diagnosis from local doctors, any expense resulted from emergency clinic or hospitalized treatment for any irrelevant injury or disease for the Insured person when he/she returns to the original place shall not be covered by the Company.

16. Expenses resulted from medicine, examination, treatment or materials other than those covered in the domestic basic medical insurance.

17. Other matters of disclaimed liabilities as set forth in the Principal Contract.

Article 4 Assistance of medical guarantee deposit

When the Insured sustains accidental injury or acute disease when traveling oversea, the Insured person or his/her travel companion shall inform the assistance agency designated by the Company or its representative (hereafter as “assistance agency”) to seek medical consultancy service or arrange hospitalization procedure. As for the medical guarantee deposit for the hospitalized period, under the authorization of the Company, the assistance agency shall provide medical guarantee deposit for the Insured person during the hospitalization period within the total insured amount. If the assistance agency fails to provide medical guarantee deposit for the hospitalization expenses, the Company shall pay the compensation to the Insured person after verifying and recognizing the expenses.

Article 5 Insured Amount and Premium

The Insured Amount is the maximum amount covered by the Company to the Insured person for each travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the supplementary clauses. The Insured person and the Company may agree on restrictive terms such as deductibles in the supplementary clauses.

Article 6 Insured Period

Unless otherwise stipulated, the insured period of the supplementary clauses is the same as that of the Principal Contract.

Article 7 Claim of Insurance Benefits

I. If the Insured person files Claimant Paper for Insurance Benefits as the Claimant, the following document and information shall be provided to the Company:

- 1、 Original copy of the Insurance Policy or Certificate;
- 2、 Legal identification or household registration of the Insured;
- 3、 The medical diagnosis (including pathological examination, analysis certificate and other examination reports), medical records, original medical expense receipts, original hospital discharge papers and relevant other documents presented by the hospital.
- 4、 Proof document of the accident recognized by the Company.
- 5、 If the journey is a business trip, the certificate of business travel with official seal presented by the Insured person’s employer shall be provided.
- 6、 Other evidence or documents which are relevant in determining the nature, cause or losses of the accident.

II. The above stated evidence and documents are important basis for claiming Insurance Benefits. **If the failure to provide relevant documents by the Claimant causes the Company cannot determine the authenticity of the Application, the Company shall not shoulder the liability to pay for the loss or expenses that cannot be verified.**

III. When the calculation and payment of the Insurance benefits of the supplementary clauses involves foreign currency, the amount shall be converted to RMB, and any compensation shall be made in RMB. The conversion shall be based on the mid-day price pronounced by the People's Bank of China on the occurrence date of the insured accident.

IV. If the Insured has already been compensated by other insurance companies or from other channels, the Company shall, based on the evidence or payment certificates presented by other insurance companies or channel, deduct the already paid amount by other insurance companies or other channels from stipulated compensation amount in the supplementary clauses when making compensation to the Insured person.

V. If the compensated amount is less than the actual paid hospitalization expenses, the Claimant may send a written request to the Company for the return of original documents. The Company shall return the original documents after stamping seals and notes that the compensation has been paid.

Article 8 Termination of Supplementary Clauses

When the Principal Clauses terminates, the supplementary clauses shall also terminate. If the Principal Clauses are invalid, the supplementary clauses are also invalid.

Article 9 Definitions

1、 Acute disease shall mean the sudden onset of certain disease or symptom by the Insured person during the insured period of the supplementary clauses, not including any disease or symptom sustained before the inclusion of this Contract or any chronic diseases of the Insured person.

2、 Hospital shall mean public hospitals with level II or above qualifications as determined by the health authorities of PRC in China (not including Hong Kong, Macao, and Tai Wan), or hospitals or institutions jointly designated by the Company and the Insured person.

Hospital outside China (including Hong Kong, Macao, and Tai Wan) shall mean medical institutions that are recognized by the Company, established and operated according to local laws and meet the following requirements:

1) The main operation purpose is to provide medical care and treatment to hospitalized patients.

2) The patient is treated by one or several doctors, and at least one of the doctors is a qualified resident doctor.

3) The hospital has sufficient and appropriate equipment for the diagnosis and treatment of the patient, and relevant medical equipment and devices for various operations.

4) There are qualified nurses providing 24-hour care service and guidance.

The hospital in the supplementary clauses shall not include the following or similar medical institutions:

(1) mental hospital;

(2) nursing house for the senior, rehabilitation institutions, detoxification center, or alcoholic centre;

(3) health center, natural resort, or recreation and recover center.

3、 Congenital Disease shall mean the disease or symptom the Insured person displaces since his/her birth. Such disease is caused by congenital malformations, deformations or chromosomal abnormalities, which may be resulted from harmful physical, chemical or biological factors to the fetus.

4、 Original Place: If the travel destination of the Insured person is within China (not including Hong Kong, Macao, and Tai Wan), then the original place shall mean the regular residence of the Insured person in China; if the travel destination of the Insured person is outside China (including Hong Kong, Macao, and Tai Wan), then the original place shall mean the territory of China.

If certain definition is not provided in the supplementary clauses, please refer to the definitions of the Principal Clauses.

Article 10 Application of other Clauses

If the supplementary clauses shall be inconsistent with the Principal Clauses, the supplementary clauses shall prevail. In case certain issues cannot be settled by the supplementary clauses, the Principal Clauses shall be applied.