BAOVIET Insurance
BẢO HIỂM BẢO VIỆT

VIETJET TRAVEL SAFE

TRAVEL INSURANCE

POLICY WORDINGS AND INSURANCE PROGRAM

PART A.

POLICY WORDINGS

(Issued together with Decision No. 6058/QĐ-BHBV/QĐ-BHBV dated 27/06/2025 by the General Director of Baoviet Insurance Corporation)

These Insurance Policy wordings, the Schedule of Benefits, the Certificate of Insurance, and any amendments or endorsements (if any) form an integral part of the Insurance Contract.

Accordingly,

The Insured Person or the Policyholder (on behalf of the Insured Person) provides complete and accurate information for the purpose of purchasing insurance coverage, thereby requesting Bao Viet Insurance to provide insurance services. **Baoviet Insurance** (hereinafter referred to as the "Insurer") agrees to provide such insurance services.

The Insurer agrees to provide insurance coverage based on the terms and conditions stipulated in these Policy Wordings and upon receipt of the premium paid by the Policyholder for such insurance services.

Geographical Coverage

Zone 1	Vietnam
Zone 2	ASEAN: Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, the Philippines, Singapore, and Thailand
Zone 3	Asia-Pacific: includes all countries in Zone 2 and the following: Australia, China, Guam, Hong Kong, Japan, South Korea, Macau, New Zealand, Taiwan, and India
Zone 4	Worldwide (excluding any excluded countries/territories)

Notes:

- If a trip covers more than one zone, the highest applicable zone will be used to determine the insurance premium;
- Excluded countries/territories include: Afghanistan, Cuba, Congo, Iran, Iraq, Syria, Belarus, Nicaragua, North Korea, Lebanon, Liberia, Libya, Somalia, Sudan, South Sudan, Venezuela, Crimea, Ukraine, and Zimbabwe.The list of excluded countries/territories is subject to change and will be updated in the Certificate of Insurance and/or the Insurance Policy.

PART 1. DEFINITIONS

1. **A physician** refers to a person who is legally licensed to practice medicine, recognized under the laws of the country in which they operate, and who practices within the scope of their medical qualifications. A medical consultant shall also be considered a physician.

   The term "physician" does not include:

   - The Policyholder or the Insured Person;
   - Any relatives of the Policyholder or the Insured Person.

2. **The Policyholder** refers to an organization legally established and operating in Vietnam, or an individual residing in Vietnam who is at least 18 years old and has full legal capacity at the time of entering into an insurance contract with Bao Viet Insurance. The Policyholder must meet the eligibility criteria for purchasing insurance in accordance with the rules, terms, and conditions of the insurance policy, and is responsible for paying the insurance premium to Bao Viet Insurance. The Policyholder must also have an insurable interest as prescribed by law.

   The Policyholder is deemed to have an insurable interest in the following individuals:

   - The Policyholder themself;
   - The Policyholder's parents;
   - The Policyholder's spouse and children;
   - Individuals who have a lawful adoptive or dependent relationship with the Policyholder;

- Organizations or enterprises purchasing insurance on behalf of relevant individuals;
- Other individuals, provided that such individuals have given consent for the Policyholder to purchase insurance on their behalf.

3. **A pre-existing condition or pre-existing disability** refers to any illness or injury of the Insured Person that existed prior to the effective date of the insurance coverage under the insurance contract, and which meets one or more of the following criteria:

   a. The condition or disability was diagnosed or treated by a physician before the insurance coverage took effect; and/or

   b. Signs or symptoms of the condition or disability appeared within 36 months prior to the effective date of the insurance coverage, of which the Insured Person was aware or should have been aware, regardless of whether the Insured Person actually sought medical examination or treatment.

   The determination of a pre-existing condition shall be based on medical records kept by hospitals or legally established medical facilities, medical documents issued by the Ministry of Health and other competent authorities, or information declared by the Policyholder or Insured Person in the insurance application form or any supplementary claim history forms submitted to the insurance company.

4. **Special Diseases**: These include the following:

   a. Nervous System Diseases: Inflammatory diseases of the central nervous system (brain), systemic atrophies affecting the central nervous system (Huntington's disease, hereditary ataxia, spinal muscular atrophy and related syndromes), extrapyramidal movement disorders (Parkinson's disease, dystonia, other movement and extrapyramidal disorders), Alzheimer's disease, apallic syndrome, dementia syndromes, epilepsy, coma, cerebral palsy, and other paralysis syndromes.

   b. Respiratory System Diseases: Respiratory failure, pneumothorax, chronic obstructive pulmonary disease (COPD).

   c. Circulatory System Diseases: Heart diseases, hypertension, idiopathic pulmonary hypertension, cerebrovascular diseases, stroke, and consequences/sequelae of these conditions.

   d. Digestive System Diseases: Hepatitis A, Hepatitis B, Hepatitis C, cirrhosis, liver failure, gallstones.

   e. Urinary System Diseases: Glomerular diseases, tubular diseases, kidney stones, ureteral stones, lower urinary tract stones, renal failure, nephrotic syndrome.

   f. Endocrine System Diseases: Thyroid disorders, diabetes mellitus, pancreatic endocrine disorders, adrenal gland diseases, disorders of other endocrine glands.

   g. Neoplastic Diseases: Cancer, all types of tumors.

   h. Blood Diseases: Coagulation disorders, neutrophil dysfunctions, diseases related to lymphoreticular tissue and reticuloendothelial system, bone marrow transplantation.

   i. Skin and Connective Tissue Diseases: Systemic lupus erythematosus, systemic sclerosis, localized sclerosis, progressive epidermal sclerosis/lateral sclerosis, muscular dystrophy and complications thereof, pemphigus, psoriasis, chronic allergic urticaria (treated with foreign antigens).

5. **An occupational disease** refers to a disease that arises as a result of harmful working conditions related to the nature of the occupation affecting the worker. The list of occupational diseases is issued by the Ministry of Health and the Ministry of Labor, Invalids and Social Affairs of Vietnam, or by the equivalent competent authority of the host country.

6. **A hospital** refers to a legally licensed medical facility authorized to operate under the laws of the host country and that:

   - Has the capability and facilities to diagnose illnesses, provide treatment, and perform surgeries;
   - Is equipped to provide inpatient care and has a system for daily health monitoring of inpatients;
   - Is not a place for convalescence, massage, sauna, or a facility solely dedicated to elderly care, substance abuse rehabilitation (including alcohol, opium, narcotics), or psychiatric treatment.

7. **Actual medical expenses** refers to necessary, reasonable medical costs incurred and directly related to the medical examination and treatment of the Insured Person as prescribed by a physician in cases of illness or injury covered by the insurance.

8. **A medical facility** refers to a legally recognized healthcare establishment authorized by the laws of the host country, holding a license to provide inpatient and/or outpatient treatment. It is not a place for rest or convalescence, nor a facility exclusively dedicated to elderly care or substance abuse rehabilitation (including alcohol, narcotics, or stimulants).
9. **A connecting flight** refers to a flight departing from one or more stopover/transfer points, where such stopover/transfer points are specified on the airline ticket and are neither the Point of Origin nor the Final Destination.
10. **A trip** refers to the journey or travel occurring within the insurance period, from the start date to the end date specified on the Certificate of Insurance (including any extensions approved by the insurance company).
11. **A one-way trip** refers to a journey that includes only the outbound leg and does not include a return trip to the original point of departure.
12. **The insurance program** refers to the coverage limits specified in the Certificate of Insurance/Insurance Policy for which the Insured Person has paid the insurance premium.
13. **The Insurance Company** refers to Bao Viet Insurance Corporation (Bao Viet Insurance) or its affiliated member companies established and operating under the laws of Vietnam.
14. **The Assistance Company** refers to an international assistance organization authorized by the Insurance Company to provide medical assistance and repatriation services.
15. **An epidemic** refers to a sudden outbreak of an infectious disease that spreads rapidly and affects a large number of people within a community or geographic area over a short period of time.
16. **A pandemic** refers to an outbreak of an infectious disease meeting the following criteria, as declared by competent authorities or the World Health Organization (WHO), with the potential to spread among populations over a large geographic area or worldwide:
    - The alarming emergence of a new disease in the community.
    - A virus that infects humans and causes serious illness.
    - The virus spreads easily and sustainably from person to person.
17. **Boarding registration** refers to the Insured Person's check-in at the departure gate of the airport or by any method accepted by the airlines to obtain a boarding pass (including electronic boarding passes).
18. **The Point of Departure** refers to the scheduled starting point as specified on the Insured Person's airline ticket. In the case of a multi-leg flight, the Point of Departure is the starting point of the first flight segment.
19. **The Destination** refers to the scheduled destination as specified on the Insured Person's airline ticket or as confirmed by the Airline in case the destination changes from the scheduled itinerary due to a force majeure event. In the case of a multi-leg flight, the Destination is the landing point of the final flight segment.
20. **The Original Point of Departure** refers to the first location where the Insured Person begins their Trip.
21. **The Certificate of Insurance** refers to the agreement issued by the Insurance Company to the Insured Person, forming part of the insurance contract and serving as evidence of the insurance agreement.
22. **Travel documents** refer to passports, visas, identity cards, citizen identification cards, or driver's licenses carried throughout the Trip.
23. **Luggage** refers to both carry-on and checked baggage that is owned by the Insured Person or carried or purchased by the Insured Person during the Trip.
24. **An Airline** refers to an organization established and licensed to operate commercial passenger transport services on scheduled fixed routes between licensed commercial airports, in accordance with applicable laws and regulations.
25. **A Missing Person** refers to an Insured Person who is presumed dead if they have not been found for a continuous period of 24 months and there is sufficient evidence to conclude that the disappearance was caused by an accident. However, if at any time after the Insurance Company has paid the death benefit the Insured Person is found to be alive, the beneficiary must repay the amount to the Insurance Company.

26. **The Insured Person** refers to individuals who are accepted and entitled to insurance benefits, named in the Certificate of Insurance or Insurance Contract, and who have fulfilled their premium payment obligations under the insurance contract/certificate.
27. **Relatives** refer to family members as well as paternal and maternal grandparents, siblings, grandchildren, and siblings-in-law of the Insured Person.
28. **The Beneficiary** refers to the person entitled to receive insurance benefits under the Insurance Contract. The Beneficiary may be the Insured Person or a person designated by the Insured Person to receive the insurance payment (unless otherwise specified in the contract). In the event of the Insured Person's death, if no person is designated to receive the payment in the Insurance Contract, the Beneficiary shall be the legal heir(s) of the Insured Person.
29. **Place of Residence** refers to the location where the Insured Person regularly lives and/or studies/works at the time of participating in the insurance.
30. **Illness** refers to a bodily condition showing signs of a disease different from normal health, manifested by symptoms or syndromes diagnosed by a physician.
31. **Public transportation** refers to:
    a. Any type of bus, coach, taxi, hotel shuttle, ferry, hovercraft, hydrofoil, ship, train, tram, subway, or other legally licensed public vehicles regularly transporting passengers holding valid tickets.
    b. Any fixed-wing aircraft or helicopter operated and provided by an airline or a charter flight company licensed to transport passengers holding valid tickets, operating exclusively between licensed commercial airports or licensed commercial helicopter ports.
32. **Homeland** refers to the place where the Insured Person was born and/or holds citizenship.
33. **Destination Country** refers to the country where the scheduled destination on the Insured Person's airline ticket is located, or the destination confirmed by the Airline in case of any changes to the scheduled itinerary due to a force majeure event.
34. **Trip Curtailment** refers to that the Insured Person is unable to complete the Trip within the planned duration and must return to their place of residence or original point of departure after arriving at the destination during the Trip.
35. **A Force Majeure Event** refers to occurrences that are completely unforeseeable and objectively unavoidable, despite all necessary measures being taken within the conditions and capabilities available. Force majeure events typically include but are not limited to natural disasters, war, terrorism, epidemics or pandemics declared by competent authorities, and embargoes.
36. **An Accident** refers to any unexpected, unforeseen event caused by a visible external force or agent acting on the body of the Insured Person during the insurance period, which directly results in bodily injury or death of the Insured Person, and occurs beyond the control or intention of the Insured Person.

    Under these rules, Bao Viet Insurance agrees that accidents include incidents of food or drink poisoning, or inhalation of toxic fumes, poisonous substances, or gases.
37. **Family Member** refers to the legally married spouse, legitimate children (including biological children, stepchildren of the Insured Person's spouse, or legally adopted children), biological parents, and parents-in-law of the Insured Person.
38. **The Insurance Period** refers to the duration starting from the time the Insurance Company begins coverage until the end of the insurance, as stated in the Benefits Schedule and/or the Insurance Certificate. Under this insurance rule, the maximum insurance period is 365 days.

    Unless otherwise specified in the Insurance Contract or Insurance Certificate, coverage shall commence three (03) hours prior to the scheduled departure time. In the event that the Insured Person returns to the original point of departure before the end date specified in the Certificate of Insurance, the insurance coverage shall terminate at the time the Insured Person completes immigration procedures upon returning to the original point of departure.
39. **Scheduled Departure Time** refers to the departure time of the flight as stated on the airline ticket at the time of purchase, or the new scheduled departure time (whichever is later). The new scheduled departure time is the departure time as notified by the airline's latest change, provided it is at least 24 hours before the original scheduled departure time stated on the ticket (unless otherwise specified in the contract).

40. **Actual Departure Time** refers to the real departure time of the flight provided by the Airline or the actual departure time according to data from a third party used to assist the Insurance Company in processing claims.

41. **A Visa** refers to an entry document issued by the competent authority of a country granting permission for a foreign citizen to enter the country or region where the Insured Person is applying for the visa. The competent visa-issuing authority may be the Embassy, Consulate, or other similar authorized agencies, depending on the regulations of each country.

42. **Total Permanent Disability** refers to bodily injuries causing the Insured Person to be completely unable to perform their job or to lose the full capacity to work in any type of employment, lasting continuously for 180 days from the date of completion of treatment, with no expectation of recovery or improvement.

    a. The total permanent disability benefit will be considered for payment in any of the following cases:

        i. The Insured Person completely loses, becomes totally paralyzed, and irrecoverable in function of: both hands; or both feet; or one hand and one foot; or both eyes; or one hand and one eye; or one foot and one eye.

        In this case, complete loss, total paralysis, and irrecoverable function of the hand is counted from the wrist upwards (from wrist to shoulder); for the foot, it is counted from the ankle upwards (from ankle to thigh); complete and irrecoverable loss of an eye refers to total loss of vision or total blindness.

        ii. The Insured Person suffers bodily injury of 81% or more resulting in complete inability to perform their job or total loss of work capacity in any type of labor as certified by a medical authority or the Medical Assessment Council at the provincial, municipal level, or a legitimate medical assessment organization approved by the foreign insurance company.

        iii. Other cases of total permanent disability listed in the attached table of death/permanent disability benefit ratios in the insurance rules.

    b. Certification of the Insured Person's complete loss of a body part (hand, foot, or eye) can be performed immediately after the insurance event occurs or after treatment is completed.

    Certification of total paralysis and irrecoverable function of body parts, total blindness, or bodily injury of 81% or more must be made no earlier than 180 days from the date of the insurance event or the date of diagnosis of the pathology.

43. **Personal Money** refers to cash, checks, traveler's checks, and payment orders belonging to the Insured Person, excluding credit cards and stored-value cards.

44. **Critical Condition** refers to a health status or bodily injury that, in the opinion of a physician, requires emergency treatment to prevent a life-threatening situation.

45. **Public Health Emergency of International Concern** refers to an extraordinary event as determined by the World Health Organization (WHO) that constitutes a public health risk to other countries through the international spread of disease and may require a coordinated international response.

46. **Bodily Injury** refers to biological harm to the human body caused by an accident occurring within the insurance period.

47. **Child** refers to an individual aged from 0 to 16 years old at the effective date of the insurance contract, who is the legitimate biological child, legally adopted child, or ward of the Insured Person, and accompanies the Insured Person on the trip.

48. **Age** refers to the age of the Insured Person calculated based on their most recent birthday prior to the effective date of the insurance contract.

49. **Airline Ticket** refers to the confirmation of itinerary issued by the Airline or its authorized representative to the customer after full and successful payment. The airline ticket includes the full name of the customer, booking code, flight information, and other related details (if any).

PART 2. INSURANCE BENEFITS

A. PERSONAL ACCIDENT INSURANCE BENEFITS /MEDICAL EXPENSES AND EMERGENCY TRANSPORTATION

Section 1. Personal Accident

When this insurance benefit is part of the contract, in the event that the Insured suffers bodily injury during the trip resulting in death or permanent total disability, the Insurance Company shall pay benefits according to the coverage limit of the selected plan and the Benefit Payment Schedule as follows:

I	**Death**	100%
II	**Permanent Total Disability**	
1	Total loss of chewing and speech functions	100%
2	Complete loss, total paralysis, and irreversible loss of function of: both hands, or both feet, or one arm and one foot, or one arm and one lower leg, or one hand and one lower leg, or one hand and one foot.	100%
3	Complete removal of one lung and partial removal of the other lung.	100%
4	Bodily injury of 81% or more resulting in complete impairment in performing the insured person's occupation or total loss of ability to work in any kind of labor, as defined under Total Permanent Disability.	100%

Conditions

1. Personal accident insurance benefits are payable only if the insured event occurs after the actual departure time of the insured's transportation refers to to start the Trip. For Death due to accident benefits, the insurer will only pay if the time of death falls within the insurance period.
2. For insured persons aged from 2 to 75 years, the maximum payout is 100% of the benefit amount as detailed in the Insurance Benefit Table.
3. For insured persons aged from 76 to 85 years and children aged from 0 to 2 years, the insurance payout ranges from 20% to 50% of the insured amount, depending on the provisions of the Insurance Contract and/or Certificate of Insurance.
4. If at the time of the accident, the insured has already lost or amputated a hand, an arm, a foot, a lower leg, or lost sight in one or both eyes, such pre-existing disability will not be counted toward the Total Permanent Disability benefits under this insurance policy.

Section 2. Medical Expenses Due To Accident And Illness

Section 2.1 Medical expenses incurred due to accident or illness during travel

When this insurance benefit is part of the contract, the Insurance Company will pay all actual Medical Expenses incurred up to the maximum insured amount specified in the Benefit Schedule if the Insured suffers Bodily Injury due to accident or illness during the Trip requiring medical treatment.

Conditions

1. The medical expense benefit due to accident or illness will only be paid if the accident/illness risk occurs after the actual departure time of the Insured's transportation vehicle to begin the Trip. For medical expenses incurred abroad, outside the place of residence or homeland, the Insurance Company will only pay expenses incurred within the insurance period.
2. If the Insured suffers illness or accident requiring hospitalization, and the total estimated treatment cost exceeds USD 2,500 per person per incident, after approval and authorization from the Insurance Company, the Assistance Company will arrange hospital guarantee on behalf of the Insured.
3. The Insurance Company will pay necessary medical expenses incurred at the place of residence or homeland within 30 days after the Insured returns from the Trip, provided that such expenses arise from consequences of accident or illness that occurred abroad during the insurance period. Medical expenses

incurred at the place of residence or homeland are limited to a maximum of 10% of the insured amount for the medical expense benefit. In all cases, the total payment limit shall not exceed the Medical Expense limit specified in the Insurance Program.

4. Exclusions of insurance liability: The Insurance Company will NOT pay for:

   a. Medical expenses for treatment which, in the doctor's opinion, could be postponed until after the Trip ends.

   b. Additional expenses when the Insured is treated in a room other than the hospital's lowest-cost standard room (such as private room, suite) or costs for special care services or private nurses.

   c. The following medical devices and equipment:

      - Devices supporting motor or other body functions such as crutches, splints, wheelchairs, hearing aids, eyeglasses, pacemakers;
      - Orthopedic devices for cosmetic purposes;
      - Prosthetic parts, including artificial parts or materials replacing body parts.

   d. Eyeglasses and hearing aids, and prescribed medication for these cases.

   e. Cosmetic treatments, plastic surgery, reconstructive surgery, complications arising from cosmetic/plastic/reconstructive surgery; orthopedics (except reconstructive surgery aimed at restoring function of injured organs/body parts occurring during the insurance period).

   f. Congenital disabilities.

   g. Mental and behavioral disorders, neurological diseases (except acute cases).

   h. Dental care, except emergency dental treatment due to accident covered by the insurance.

   i. Leprosy, sexually transmitted diseases such as chancroid, gonorrhea, syphilis, genital herpes, genital warts (HPV), pubic lice, chlamydia, trichomoniasis, lymphogranuloma venereum, cytomegalovirus infection, molluscum contagiosum in persons over ten (10) years old, illnesses related to immunodeficiency syndromes (HIV), AIDS-related syndromes and any complications or conditions related to AIDS or other AIDS-related diseases.

   j. Risks and consequences or complications arising outside the insurance period.

   k. Undertaking the Trip despite medical advice on prior medical records recommending against travel due to health status, or traveling for the purpose of medical treatment or use of medical services, or non-compliance with recommendations/guidelines of competent authorities.

   l. Treatment or medical expenses incurred without doctor's orders; general health check-ups or periodic health screenings regardless of diagnosis; expenses not related to treatment or diagnosis of bodily injury due to insured accident/illness; expenses incurred outside the insurance period, except as stated in condition 3 of this Section.

   m. Non-compliance with travel restrictions or regulations issued in writing by competent authorities before and during the Trip.

Section 2.2 Hospitalization Allowance Benefit Due to Accident/Illness

When this benefit is part of the insurance contract, in the event that the Insured is hospitalized for inpatient treatment due to an accident or illness covered under Section 2.1 during the trip, the Insurance Company will pay the allowance amount specified in the Benefit Schedule for each day the Insured is required to stay overnight in the hospital, up to a maximum of 20 nights during the insurance period.

Section 3. Emergency Medical Transportation

Section 3.1 Emergency Medical Transportation Expenses

When this benefit is included in the contract, in the event that the Insured Person suffers illness or bodily injury during the trip that is life-threatening and requires emergency transportation to another location for treatment or return to the place of residence/homeland, the Assistance Company appointed by the Insurance Company

will arrange to transport the Insured Person by any refers to deemed most appropriate based on the Insured Person's condition.

The transport refers to arranged by the Emergency Assistance Company may include ambulance aircraft, ambulance vehicles, regular commercial flights, trains, or any other suitable refers to. All decisions regarding the type of transport and destination will be made by the Assistance Company based on the Insured Person's medical condition and approved by the Insurance Company.

Covered expenses include actual costs incurred for emergency medical transportation services provided and/or arranged by the Assistance Company, including transportation fees, medical service costs, necessary equipment, and reasonable emergency communication expenses (landline, mobile phone, and fax). The maximum reimbursement limit is up to the insured amount specified in the Benefit Schedule.

Exclusions

The Insurance Company will not pay for:

a. Any costs for third-party services that the Insured Person is not responsible for paying or that are included in the trip package cost.

b. Any costs for services not approved and arranged by the Assistance Company. In cases where the Insured Person or their representative notifies the Insurance Company or the Assistance Company but sufficient documentation or grounds to arrange emergency medical transportation are lacking, the Insured Person may arrange the transportation themselves and submit a claim for reimbursement, which the Insurance Company will evaluate and settle afterward.

Section 3.2 Repatriation of Mortal Remains

When this benefit is part of the contract, in the event that the Insured Person dies due to accident or illness risks covered under the policy during the trip, the Insurance Company will pay for the costs of transporting the Insured Person's body or ashes back to their place of residence or their homeland.

Exclusions

The Insurance Company will not cover for any costs related to religious or ceremonial rites.

Section 3.3 Funeral Expenses

When this benefit is included in the contract, in the event the Insured Person dies due to accident or illness risks covered under the policy during the trip, the Insurance Company will reimburse the actual funeral expenses incurred (excluding burial or cremation costs) up to the maximum sum insured stated in the Benefit Schedule. These expenses include funeral service fees, coffin costs, transportation of the body from the place of death to the funeral venue and cemetery, and other funeral-related service costs.

The Insurance Company may pay the actual funeral expenses directly to the funeral service provider (or similar establishment) or reimburse the Beneficiary upon submission of valid and necessary documents, including the service contract or agreement, invoices/ receipts, proof of payment, and other relevant documents (if any).

General payment conditions applicable to Section 3 – Emergency Medical Transportation:

The insurance benefit will only be paid if the accident/illness occurs after the actual departure time of the Insured Person's refers to of transportation for the trip and within the insurance period.

The Insurance Company will reimburse expenses incurred within 30 days from the date of the insured event.

Additional Benefits Supplementing Emergency Medical Transportation

Section 3.4 Overseas Hospital Visit

When this benefit is included as part of the insurance contract, the insurance company will reimburse the actual travel and accommodation expenses incurred for one (01) relative, including round-trip economy class airfare and hotel costs, up to the maximum amount specified in the Insurance Benefits Schedule. These expenses will be paid to the relative to perform the following tasks:

a. To accompany the Insured Person who is hospitalized due to a life-threatening illness or bodily injury; and/or

b. To assist with the repatriation of the Insured Person's remains in the event of the Insured Person's death due to an Accident covered under the policy.

Section 3.5 Child Repatriation Expenses

When this benefit is part of the insurance contract, in the event that the Insured suffers bodily injury or sickness covered under the policy requiring inpatient treatment, and the Child is traveling without any other accompanying adult, the Insurance Company will cover the actual accommodation and transportation expenses incurred, including hotel accommodation, economy class airfare and/or train tickets and/or bus tickets to return the Child to their Place of Residence or Hometown.

If the Child requires an escort, the Insurance Company will also cover the expenses for both the Child and one accompanying relative to return to the Place of Residence or Hometown.

Payment Limit: The Insurance Company will reimburse economy round-trip airfare and hotel costs up to the maximum amount specified in the Benefits Table and/or the Insurance Certificate.

This benefit is payable only with the prior approval of the Insurance Company, and the total reimbursed amount shall not exceed the maximum insured sum as stated in the Benefits Table.

B. INSURANCE FOR INCIDENTS DURING THE TRIP

Section 1. Flight Delay Insurance Benefit

When this benefit is part of the policy, if the Insured Person's flight is delayed for the number of hours specified in the Benefit Schedule, the Insurance Company will compensate the Insured Person according to the amount stated in the Benefit Schedule. This benefit is payable only once during the entire trip.

Calculation of delay time:

Delay time (hours) = Actual departure time – Scheduled departure time.

In the event the airline arranges for the Insured Person to fly on a different flight number than the original flight but with the same booking reference, this benefit will still apply provided that the change of flight number is notified to the customer by the airline in writing (including but not limited to SMS, email, or other appropriate refers to) at least twenty-four (24) hours prior to the scheduled departure time.

Exclusions

The Insurance Company will not pay for delays caused by:

a. The Insured Person's late arrival for check-in as per the scheduled flight time.

b. The Insured Person being denied boarding.

c. Strikes or labor disputes causing the delay.

d. Schedule changes not arranged by the airline.

Section 2. Missed Connecting Flight Benefit

When this benefit is part of the policy, the Insurance Company will pay up to the maximum amount stated in the Benefit Schedule if the Insured Person misses a connecting flight and no alternative flight is available within six (6) hours from the scheduled departure time of the missed connecting flight.

Exclusions

The Insurance Company will not pay benefits in case of missed connection due directly or indirectly to:

a. Any illegal act committed by the Insured Person.

b. Any act violating government regulations.

c. The Insured Person knowingly taking the flight despite public warnings about strikes, riots, or civil disturbances through mass media.

d. The Insured Person failing to check in according to the scheduled time.

e. The Insured Person failing to board the alternative flight arranged by the airline.

f. Strikes, air traffic flow management restrictions, or labor disputes on the scheduled flight date.

g. Prohibitions or regulations issued by any government authority.

h. The Insured Person being medically certified as unfit to travel.

i. The Insured Person voluntarily canceling the flight.

j. The Insured Person's layover time being less than four (4) hours from the time the incoming flight lands.

k. The departure airport of the connecting flight is not the same as the arrival airport of the incoming flight.

Section 3. Trip Cancellation Benefit Due to Visa Denial

When this benefit is part of the insurance contract, in the event the Insured Person must cancel the trip due to visa refusal by the competent visa-issuing authority of the country the Insured Person intends to enter, the Insurer will reimburse the actual costs paid by the Insured Person for the visa application fees and non-refundable airline ticket costs, provided these costs are not refundable by any other party. The Insurer will pay the actual costs up to the maximum amount specified in the Benefits Schedule.

Regarding visa application fees: The Insurer will only cover visa application fees, including visa charges and other mandatory fees such as administrative fees and service fees, provided these are required by the competent authority and paid together with the visa application fee. The Insurer will reimburse visa fees upon presentation of official receipts or payment confirmations issued by the competent authority or an organization authorized by the competent authority to receive visa applications. The Insurer will not cover costs such as translation fees, document handling fees, or other similar expenses voluntarily paid by the Insured Person to complete the visa application.

Regarding airline ticket costs: The Insurer will only cover non-refundable airline ticket costs that cannot be reimbursed by any other party.

This insurance benefit is effective from the date the Insurance Certificate/Policy is issued to the Insured Person.

Conditions

The Insurer will pay benefits under the following conditions:

a. The Insured Person meets all visa application requirements as stipulated by the competent authority;

b. The Insured Person is entitled to claim this benefit only once during the insurance period;

c. The Insured Person must provide:

- A visa refusal letter from the competent authority; and
- Official receipt(s) or payment confirmation(s) for the visa fees issued by the competent authority or the authorized visa application service provider;
- Confirmation from the airline or ticket agent of the non-refundable airline ticket;

d. The visa refusal must occur within ninety (90) days prior to the departure date stated on the Insured Person's airline ticket.

Exclusions

The Insurer will not pay this benefit if:

a. The visa was refused due to the Insured Person's failure to submit any required documents or to meet any requirements of the competent authority;

b. The Insured Person supplemented or completed the visa application documents as requested by the competent authority within five (05) working days before the departure date on the airline ticket;

c. The visa was refused due to an invalid passport, including but not limited to having less than six (06) months validity remaining, fake passport, damaged or illegible passport, or insufficient blank pages;

d. The visa was refused due to failure to comply fully with the requirements of the competent authority when submitting the visa application;

e. The visa was refused for financial reasons;

f. The visa was refused due to an unsuitable detailed itinerary;

g. The visa was refused because the applicant could not provide a residence address in the destination country or visa issuing area;

h. The visa was refused due to failure to meet age or health requirements as requested by the competent authority;

i. The visa was refused due to failure to provide travel insurance meeting the requirements of the competent authority;

j. The visa was refused due to illegal immigration or failure to comply with the visa issuing country's regulations in a previous trip.

Section 4. Trip Cancellation Benefit

When this benefit is part of the insurance contract, in the event the Insured Person cancels the scheduled trip, the Insurer will reimburse up to the insured amount specified in the Benefits Schedule for each Insured Person for non-recoverable payments or deposits made for airline tickets or accommodation for the Insured Person's trip that cannot be refunded by the tour operator, airline, or accommodation provider.

This insurance benefit takes effect one (01) day after the date the Certificate of Insurance / Insurance Contract is issued to the Insured Person and ends on the Scheduled Departure Date.

Conditions

The insurance benefit under this section will be paid for losses due to trip cancellation arising from:

a. Death of the Insured Person;

b. Serious illness or serious bodily injury of the Insured Person, including:

- The Insured Person is hospitalized on the scheduled departure date;
- The Insured Person must undergo treatment and is unable to undertake the trip on the scheduled departure date;

c. Insured Person's family member:

- Death; or
- Serious illness or serious bodily injury due to accident requiring hospitalization within 10 days before the scheduled departure date with hospitalization lasting 5 days or more;

d. The Insured Person is summoned to court for legal proceedings or is quarantined under mandatory isolation;

e. Riot, civil commotion (excluding General Exclusion 1(a)), or strike occurring at the destination;

f. Severe damage at the Insured Person's residence caused by a natural disaster within one week before the trip departure date that requires the Insured Person's presence at home on the departure date.

Exclusions

The Insurer will not pay for risks directly or indirectly caused by:

a. Government regulations or decrees;

b. Delay or change in the Insured Person's pre-booked itinerary;

c. Partial non-provision of services booked in the trip by an agent or travel company;

d. Cancellation due to the Insured Person's subjective intent or financial condition;

e. Illegal acts or criminal offenses by the Insured Person or others related to the trip;

f. Failure to notify the travel agent, travel company, or service provider promptly when cancellation is necessary.

The Insurer will also not pay benefits in cases of:

a. Losses already covered by other valid insurance policies or government support programs;

b. Losses reimbursed or refunded by hotels, carriers, travel agents, or any other service providers;

c. Events known or publicly announced through mass media at the time the Insured Person purchased the insurance;

d. Any risks occurring if the insurance contract is purchased less than 3 days before the scheduled departure date.

Section 5. Trip Curtailment Benefit

When this benefit is part of the insurance contract, the Insurer will pay up to the sum insured specified in the Benefit Schedule for each Insured Person for non-refundable prepaid travel or accommodation expenses unused due to trip curtailment, as well as additional reasonable travel and accommodation expenses incurred as a result of shortening the trip.

Conditions

The trip curtailment benefit will be paid in the following cases:

a. The Insured Person suffers illness or bodily injury caused by an accident, with a medical certificate confirming that the Insured Person is medically unfit to continue the trip; or

b. A direct family member of the Insured Person dies or is in a critical condition; or

c. Riots or civil commotion occur at the location where the Insured Person is staying during the trip (not applicable under Exclusion 1a of Part 3 – Terms And Conditions Excluding Insurance Liability);

d. Natural disasters occur at the location where the Insured Person is staying during the trip;

e. An outbreak of a pandemic or a public health emergency occurs at the location where the Insured Person is staying during the trip.

Exclusions

The Insurer will not pay for losses arising from the following causes:

a. The Insured Person knew or ought to have known of any situation that could lead to trip curtailment prior to the start of the trip;

b. The direct family member for whom the Insured Person is claiming has been hospitalized or was medically diagnosed as terminally ill at the time the insurance was purchased.

Section 6. Delayed Baggage Benefit

When this benefit is part of the insurance contract, the Insurer will pay up to the maximum amount specified in the Benefit Schedule for each Insured Person in the event that their baggage is temporarily delayed or misrouted due to the fault of the airline or the carrier from the time they arrive at the destination.

The delay time of baggage receipt is calculated from the actual landing time of the flight until the airline or carrier notifies the Insured Person of the baggage recovery.

Conditions

a. The Delayed Baggage Benefit is only payable if the risk occurs after the actual departure time of the Insured Person's flight.

b. This benefit is only payable once during the entire trip.

Exclusions

The Insurer will not pay compensation in the following cases:

a. Delay resulting from seizure or confiscation by customs or other government authorities.

b. Baggage delay not confirmed by the airline.

Section 7. Loss or Damage of Baggage Benefit

When this benefit is part of the contract, the Insurance Company will compensate each Insured Person up to the insured amount specified in the Benefit Schedule for risks of loss or damage to the Insured Person's luggage occurring during the trip.

Conditions

The Insurance Company will pay this benefit under the following conditions:

a. The luggage must be under the custody of the Insured Person or a third party designated by the Insured Person.

b. Upon discovering any loss or damage, the Insured Person must immediately notify within 24 (twenty-four) hours:

- The police or competent authorities in case the loss or damage is caused by a third party or occurs outside the airline's transportation process; or
- The airline in case the luggage is lost or damaged during transportation by the airline.

c. The Insured Person must provide receipts or invoices for the lost or damaged items (unless otherwise stated in the insurance contract).

d. The Insurance Company will pay the insured amount specified in the Benefit Schedule for each lost or damaged item to the Insured Person. If the lost or damaged item is part of a set or pair, the Insurance Company will only cover the replacement cost for the lost or damaged item itself (if it cannot be repaired), and not the replacement cost for the entire set or pair.

e. At its discretion, the Insurance Company may choose to replace or repair any item instead of paying cash for the repair or replacement cost for each Insured Person. In case the damaged item cannot be repaired or the repair cost is too high, the claim will be settled as a loss under this provision.

Exclusions

The Insurance Company will not be liable to compensate for the following cases:

a. Damage due to natural wear and tear, aging, mechanical or electronic failure of the item;

b. Loss or damage arising from confiscation, seizure, requisition, or destruction by customs or other competent authorities;

c. Loss or damage to cash, cards (including credit cards, etc.), certificates of bond ownership, discount cards, reward stamps, negotiable documents, intellectual property certificates, manuscripts, stock ownership certificates, travel documents, or other documents;

d. Loss or damage to fragile items (including but not limited to glassware, ceramics, musical instruments, etc.);

e. Damage to electronic devices such as Wi-Fi/4G devices, video cameras, cameras, audio recorders, TVs, computers, phones, tablets, and accessories of these devices;

f. Jewelry or watches that are not kept in carry-on luggage or are not under the supervision of the Insured Person;

g. Paintings, antiques, valuable objects, artworks (including but not limited to sculptures/carvings, architectural works, photographs, etc.);

h. Diving or skiing equipment;

i. Motor vehicles, bicycles, boats, and all related parts;

j. Loss or damage to goods or business samples;

k. Animals, organisms, plants, food (including all kinds of food and beverages);

l. Loss or replacement of electronic data or software;

m. Cases where the item is lost for unknown reasons;

n. Loss or damage occurring while in the custody of the airline that is not reported in an irregularity report by the airline within 24 (twenty-four) hours of discovery;

o. Loss or damage caused by a third party or outside the transportation process provided by the airline that is not reported in a police or competent authority report within 24 (twenty-four) hours of discovery.

Section 8. Loss of Travel Documents Benefit

When this benefit is part of the contract, the Insurance Company will compensate reasonable expenses up to the insured amount specified in the Benefit Schedule to replace travel documents lost during the trip due to theft, robbery, or natural disasters. Reasonable expenses include hotel accommodation costs and additional travel expenses incurred to reissue the travel documents.

Conditions

The Insurance Company will only pay this benefit under the following conditions:

a. The travel documents must be under the custody of the Insured Person; and

b. The loss of travel documents must be reported to the competent police authorities at the location of the incident within twenty-four (24) hours from the time of loss or discovery of the loss. All claims must be accompanied by an official police report confirming the loss of the documents.

Section 9. Loss of Personal Money Benefit

When this benefit is part of the contract, the Insurance Company will pay up to the maximum amount stated in the Benefit Schedule for the actual loss of personal money during the trip.

Conditions

a. The personal money must be under the custody or control of the Insured Person;

b. The Insured Person must not keep the money in checked baggage with the airline or transportation carrier;

c. The loss of personal money must be reported immediately to the competent police authorities at the location of the incident within twenty-four (24) hours from the time of loss or discovery. All claims must be accompanied by an official police report confirming the loss;

d. This benefit does not apply to Insured Persons who are children.

Section 10. Rental Vehicle Insurance

When this benefit is part of the contract, the Insurance Company will pay the amount specified in the Benefit Table in the event that the Insured Person is liable to pay for the liability exceeding the insurance coverage of the rented vehicle or the deductible amount for losses due to physical damage of the rented vehicle in case of accident or theft/robbery during the rental period and within the insurance coverage period.

Conditions

The Insurance Company will only pay this benefit under the following circumstances:

a. The rented vehicle is leased by the Insured Person from a licensed rental company that has purchased insurance covering the risks of accident or theft of the rented vehicle; and

b. The Insured Person has complied with the rental company's requirements according to the rental agreement in using the rented vehicle; and

c. The rented vehicle must be used/driven by the Insured Person, who holds a valid driving license in accordance with the laws of the country where the vehicle is used/driven; and

d. The Insured Person must provide proof demonstrating the liability exceeding the insurance coverage or deductible amount that the Insured Person has to bear and pay due to such accident or loss. In all cases, the Insurance Company will not cover risks of accidents or losses excluded under the rental company's insurance policy terms.

Section 11. Home Contents Insurance

When this benefit is part of the insurance contract, the Insurance Company will pay the actual loss amount incurred, up to the maximum amount specified in the Benefits Schedule, in case the home contents of the Insured are stolen or damaged by fire or explosion during the Insured's Trip.

Home contents refer to the items, equipment, and furniture inside the Insured's home, including but not limited to personal belongings, clothing, household appliances such as televisions, refrigerators, air conditioners, etc., excluding valuables such as cash, checks, other cash equivalents, laptops, phones, antiques, precious items, and valuable assets.

The insurance coverage period starts from the moment the Insured leaves their home to undertake the Trip and ends when the Insured returns home or after thirty (30) days from the start of coverage, whichever comes first.

Conditions

The Insurance Company will only pay benefits under the following conditions:

a. The home is owned or legally used by the Insured and is the Insured's residence at the time of purchasing insurance;

b. The home is unoccupied because the Insured and all household members residing there are on the Trip together;

c. The Insured has taken reasonable measures to secure the home and its contents while away on the Trip;

d. The Insured provides a police report regarding the theft and a list of stolen items;

e. The Insurance Company, at its sole discretion, may choose to replace or repair any item instead of paying cash for it. In case an item is irreparable or repair costs exceed its value, the claim will be settled as a total loss for that item.

Exclusions

The Insurance Company will not pay claims arising from:

a. Damage due to natural wear and tear, aging, mechanical or electronic failure;

b. Losses occurring when the home is unoccupied for no more than two (2) days;

c. Losses not caused by theft or fire/explosion;

d. Losses proven to have existed before the Insured's Trip;

e. Losses involving money, gold, precious stones, bank cards, checks, vouchers, and other cash equivalents;

f. Intellectual property certificates, manuscripts, certificates of stock ownership, land use rights certificates, ownership documents, passports, or other documents;

g. Animals, living organisms, plants, food and beverages of any kind;

h. Losses caused by the fault of the Insured's immediate family members.

Section 12. Hijacking Insurance Benefit

When this benefit is part of the policy, the Insurance Company will pay the amount specified in the Benefit Schedule in the event that the Insured's flight is hijacked and the Insured is held captive for every continuous 6 (six) hours.

The Insured must provide the Insurance Company with a police report or an airline report confirming that the Insured was a victim of the hijacking and that the hijacking occurred within the insurance period.

C. OTHER INSURANCE BENEFITS

Section 1. Personal Liability

When this benefit is part of the contract, the Insurance Company will pay up to the insured amount specified in the Benefits Table for the legal liabilities of the Insured towards Third Parties arising from events during the Trip in the case that the Insured:

a. Causes bodily injury to a third party;

b. Causes property damage to a third party due to an accident.

Exclusions

The Insurance Company will not pay for liabilities arising from the following cases:

a. Damage caused by natural wear and tear;

b. Damage or harm to Third Parties intentionally caused by the Insured;

c. Intentional acts, harm, or illegal conduct of the Insured;

d. Losses that are not financially quantifiable and losses of a mental nature;

e. Loss or damage to property owned by, entrusted to, or controlled by the Insured or the Insured's employees or relatives;

f. Loss or damage arising from the Insured's business or professional activities;

g. Third parties who are employees (including interns), service contractors, or apprentices of the Insured, and their injuries caused by the Insured during the course of their employment, service contract, or apprenticeship;

h. Arising from the use or ownership of weapons, aircraft, ships, seaplanes, elevators, or animals of any kind;

i. Damage to buildings or parts of buildings owned, leased, or occupied by the Insured;

j. Damage caused by the Insured's mental disorder or behavior influenced by drugs (not prescribed by a licensed doctor), alcohol, or intoxicating solvents;

k. The Insured's involvement in civil or foreign war, sabotage, riots, public demonstrations, strikes, or lockouts.

Section 2. Automatic Renewal

When this benefit is part of the policy, the Insurance Company agrees to automatically extend the coverage period for up to seven (07) additional days (unless otherwise specified in the Insurance Contract) without extra charge in cases where the Insured is delayed and unable to return to the original departure location due to the following reasons:

a. The Insured has a medical certificate confirming the inability to travel due to health reasons; or

b. The transportation refers to that the Insured booked to return to their residence or workplace has been rescheduled by the carrier.

The total insured days shall not exceed the maximum number of days allowed for the Trip as specified in these Policy Wordings. If the number of days exceeds the maximum allowed under this insurance policy, the Insurance Company shall not be liable for claims occurring after that period.

PART 3 – TERMS AND CONDITIONS EXCLUDING INSURANCE LIABILITY

In addition to the exclusions of insurance liability specified for each benefit in Part 2 – Insurance Benefits, the Insurer shall not be liable for indemnity relating to the following risks, items, conditions, acts, causes, illnesses, treatments, and any related costs or consequences:

1. Losses arising directly or indirectly from:

    a. Riots, civil commotions, war, invasion, acts of foreign enemies, hostilities (whether war is declared or not), civil war, rebellion, revolution, insurrection, military or usurpation actions, confiscation, nationalization, decrees or orders by any government or local authority.

b. Hijacking, kidnapping or extortion;

c. Ionizing radiation or contamination from nuclear fuel or nuclear waste from any nuclear fission process or from any nuclear weapon materials.

d. The Insured's suicide or attempted suicide, intentional self-injury, mental disorder and behavioral disorders, alcoholism or drug addiction (except for prescribed narcotics used for treatment and under medical supervision but not for drug addiction treatment), use of alcohol, stimulants or medicines not prescribed by a doctor, voluntarily exposing oneself to unnecessary danger (except for attempts to save others), sexually transmitted diseases, AIDS or AIDS-related syndromes, traveling for the purpose of medical treatment;

e. Natural disasters including: storms, floods, earthquakes, tsunamis, volcanic eruptions, wildfires, landslides, avalanches, tornadoes (unless otherwise specified in the contract);

f. Special diseases, pre-existing conditions and pregnancy;

g. Occupational diseases; work-related accidents;

h. The Insured's participation in:

   i. Any racing activities;

   ii. Deep-sea diving (below 40 meters depth);

   iii. Participating in sports or competitions involving professional expertise where the Insured may win or receive prize money, sponsorship or any awards;

   iv. Aviation activities except as a fare-paying passenger on a licensed commercial airline;

   v. Dangerous activities including but not limited to: all forms of martial arts competitions (boxing, wrestling, karate, taekwondo, and other martial arts), skydiving, aerobatics, bungee jumping, surfing, cliff jumping, cliff diving and/or coastal exploration by climbing, swimming; expeditions to remote or unexplored areas; all forms of rugby; helicopter-assisted extreme skiing; rock climbing, ice climbing, snow climbing, or high-altitude solo climbing; free solo climbing or climbing without ropes and all forms of solo climbing;

   For fixed-route climbing officially designated for organized climbing, the Insurer does not cover climbs of difficulty level VI or above (according to UIAA system) and level 5c or above (according to French FFME system) or level 4 or above (on a 5-level scale) or equivalent rating systems. For other climbs without rating systems or organizer guidelines, the Insured must notify and obtain the Insurer's approval.

   vi. Aviation activities except as a ticketed passenger on licensed airlines or chartered flight companies authorized for regular passenger transport;

i. Any loss directly or indirectly (wholly or partly) caused by:

   i. Pandemic

   ii. Medical emergencies

   According to official announcements by the World Health Organization (WHO) or local authorities at the scheduled destination.

2. The Insured's death caused intentionally by the Policyholder or Beneficiary; or permanent disability caused intentionally by the Insured, Policyholder or Beneficiary;

3. The Insured's serious violation of local laws, regulations, or social organization rules where such violation directly causes or contributes to the loss;

4. The Insured's trip involves traveling to, through, or transiting countries or territories listed in the Excluded Countries section of Territorial Scope, or on sanction lists of the United Nations, United States, United Kingdom or European Union;

5. Claims relating to any uninsured property;

6. Any nuclear, chemical, or biological terrorism acts ("NCB terrorism") regardless of cause or contributing events.

   Under this clause:

An “NCB terrorism” act refers to any act involving the use or threat of any nuclear device or weapon, or the release, discharge or dispersal of any biological and/or chemical agents in solid, liquid, or gaseous form during the insurance period by any person or group acting alone, on behalf of, or in connection with any organization or government for political, religious, ideological or similar purposes including intentions to influence government and/or to intimidate the public or a section thereof.

Chemical agents mean any compound which when disseminated in the proper manner causes damage or fatal consequences to humans, animals, plants or physical property.

Biological agents mean any pathogenic microorganisms and/or biologically produced toxins (including genetically modified organisms or synthetic chemical toxins) causing disease and/or death in humans, animals or plants.

This clause also excludes any loss, damage, cost or expense directly or indirectly caused by, arising from, or related to any action to control, prevent, suppress, or in any way connected with any NCB terrorism act.

If the Insurer considers any loss, damage, cost or expense excluded under this clause, the burden of proving otherwise lies with the Insured.

If any part of these Rules is invalid or unenforceable, the remainder shall remain fully effective and enforceable.

PART 4 – CLAIM DOCUMENTATION REQUIREMENTS

1. Claimant

The claimant is the Insured Person or an authorized person or the legal representative of the Insured Person.

In the case where the Insured Person is under 18 years old, the claimant shall be the parent(s), legal guardian, or a person legally authorized by the parent(s) or legal guardian.

2. General Regulations on Claims

The insured party must submit the documents required for compensation to the insurance company within 60 days from the end date of the relevant trip. Failure to provide the required documents within the stipulated time will not invalidate the compensation claim if the claimant provides reasonable evidence of force majeure or other objective obstacles. In any case, the required documents must be submitted to the insurance company within 180 (one hundred and eighty) days from the end of the trip.

3. Documents for compensation claim

All documents required for compensation as specified in Section 4 of this part will be collected by the claimant at their own expense (including translation fees) and provided to the insurance company. The compensation claim documents may be in Vietnamese or English.

All compensation claim documents must be submitted completely and truthfully according to the following requirements, including:

3.1. Compensation Claim Form

The claim form (in the insurance company's template) must be filled out and signed by the insured or the claimant, or electronically authenticated. The insurance company accepts this document in image or soft copy format, but reserves the right to request the original or certified copy to verify if necessary.

3.2. Birth Certificate/Power of Attorney

According to Vietnamese law at the time of the compensation claim, in cases where the beneficiary is not the insured person (depending on the case).

3.3. Documents for Each Benefit

a. For Medical Expenses Coverage:

- Original medical documents: Documents related to treatment including but not limited to prescriptions, medical reports, treatment receipts, doctor's orders for tests/X-rays, discharge papers (if hospitalization is required), and other medical documents as requested by the insurance company.

  For treatment abroad, medical documents must comply with the regulations of the country where treatment was provided.

- Payment documents:
  - Documents related to payment of medical expenses incurred in Vietnam: Original invoices as required by the Ministry of Finance and owned by the insurance company after the claim is settled.
  - Documents related to payment of medical expenses incurred abroad: Original invoices/receipts which become the property of the insurance company after the claim is settled.

b. For Personal Accident Insurance:

i. In case of total permanent disability:

- A doctor's diagnosis detailing the type, degree, and duration of the disability;
- Injury certificate or injury confirmation report or disability assessment from the competent authorities;
- Accident report/statement confirmed by the policyholder/travel agency/local authorities or police where the accident occurred.

ii. In case of death:

- Accident report/statement confirmed by the policyholder/travel agency/local authorities or police where the accident occurred.
- Notarized copy of the death certificate/extract from the death registration;
- Autopsy report (if applicable);
- Will/confirmation of legal inheritance rights in case the insured has not designated a beneficiary, or if the beneficiary has died/missing.

c. For Flight Delay/ Missed Connecting Flight Benefit:

- Ticket/Boarding Pass: The Boarding Pass must clearly show the flight number, seat number, date, time (day, month, year, hour, minute);
- Confirmation of itinerary change from the airline via message, email, or another written form (excluding voice-recorded confirmation of itinerary change by the airline). The confirmation should include information on the changed departure time and/or flight number in case of flight re-scheduling.

d. For Trip Cancellation Due to Visa Denial Benefit:

- Airline ticket;
- Passport;
- Visa denial confirmation letter (in any form including but not limited to: paper, electronic, or email, depending on the regulations of the competent authority);
- Receipt or proof of payment for visa application fees issued by the competent authority or an organization providing visa application services designated by the competent authority;
- Confirmation of non-refundable airline ticket from the airline or ticket agent.

e. For Trip Cancellation/Shortened Trip Benefit:

- Confirmation of non-refundable airfare from the airline or ticket agent and receipt of the ticket purchase cost;
- Confirmation of non-refundable accommodation booking fee and receipt for the cost;
- Death certificate/death extract of the insured or insured family member (in case of death);
- Medical documents, discharge papers/hospital report of the insured or insured family member; If the illness or injury treatment of the insured ends before the scheduled departure time, the insurance company will pay the benefit if a doctor confirms that the insured cannot undertake the trip or other proof shows the insured is still in treatment.
- Accident report (in case of accident). Depending on the specific case (work accident/traffic accident), the insurance company may request confirmation from the relevant authority and/or a valid driving license if the insured was driving.
- Proof of the relationship between the insured and the insured family member (in case the family member is deceased or hospitalized).

f. For Delayed Luggage Benefit:

- Abnormality report for luggage or goods made within 24 hours of the incident;
- Luggage receipt confirmation or confirmation of delayed luggage from the airline, showing the time of arrival after the actual landing time.

g. For Lost or Damaged Luggage Benefit:

If luggage is lost or damaged during transportation or at the airport:

- Invoice/receipt for lost or damaged items;
- Loss or damage report from the airline/airport or the transport company within 24 hours of the incident.

If luggage is lost or damaged outside the airport:

- Invoice/receipt for lost or damaged items (if applicable);
- Copy of the police or relevant authority's report, certified within 24 hours of the incident.

h. For Lost Travel Documents/Personal Money Benefit:

- Receipt or invoice for replacing lost travel documents (for lost travel documents);
- Transport company's loss report or police or relevant authority's report, certified within 24 hours of the incident.

i. For Rental Vehicle Insurance Benefit:

- Rental contract;
- Receipt or invoice for costs payable outside the insurance coverage or deductible amount of the insured;
- Accident report (in case of accident);
- Police or competent authority's report on the loss, which must be filed within 24 hours of the incident.

j. For Theft of Household Items Insurance Benefit:

- Police or competent authority's report certified within 24 hours of discovering the theft;
- Invoice/receipt for the stolen or lost items.

k. For Hijacking Insurance Benefit:

- Written confirmation from the airline detailing the hijacking time and that the insured was a victim of the hijacking incident; or
- Other evidence of hijacking.

l. For Personal Liability Insurance Benefit:

- Detailed information about the incident and the resulting damages;
- All related documents, including but not limited to: a copy of the court summons, legal correspondence, and communication with third parties;
- Documents proving the expenses that the insured must pay to fulfill their legal obligations to the third party.

General Notes on Payment Documents:

- For domestic payment documents in Vietnam: The insurance company only accepts payment documents that are valid invoices as per the Ministry of Finance regulations.
- For foreign payment documents: The insurance company accepts original invoices/receipts/fee slips.

In addition to the required documents listed above, depending on the specific case and the requirements of the claim, the insurance company may provide further instructions or request additional documents.

4. Insurance Benefit Payment Regulations

a. Insurance benefits under this contract will be paid to the insured/authorized representative of the insured, unless the insured submits a written request for a different method, which is approved by the insurance company.

b. In case the insured is under 18 years old, the benefits under this policy will be paid to the insured's parent/legal guardian.

c. In the absence of a written request, any unpaid benefits at the time of death of the insured, as stated in (a) and (b), will be paid to the legal heirs of the insured.

PART 5 – GENERAL TERMS AND CONDITIONS

1. Insured Person

The insured parties are Vietnamese nationals or foreigners aged from 15 (fifteen) days to 85 (eighty-five) years old as of the effective date of the insurance contract/insurance certificate.

2. Basis for Issuing the Insurance Contract

This insurance contract is issued based on the review of the information provided by the insured/policyholder and the Insurance Benefits Table (or related documents), as well as the timely payment of the insurance premium.

3. Similar Insurance Contracts/Types

The insurance contract issued under these terms is the primary priority. If, at the time of the insurance claim, the insured is covered by another valid insurance contract that compensates for the same costs and losses being claimed, the insured has the right to claim compensation under any valid insurance contract. In the event that compensation has already been paid by another contract, the insurance contract issued under these terms will only compensate the insured for the covered items that have not been paid under the other insurance contract. However, this provision does not apply to death benefits and total permanent disability benefits due to an accident.

4. Participating in more than one travel insurance policy with the insurance company

The insured person is only covered under one travel insurance policy with the insurance company for the same trip. In any case, if the insurance company discovers that the insured person is covered by more than one travel insurance policy for the same trip issued by the insurance company, the benefits will be based on the policy with the highest possible coverage, unless otherwise specified in the insurance contract.

5. Insurance contract

The complete insurance contract between the two parties includes this Insurance Policy, the Insurance Benefits Table, the Insurance Certificate, and any amendments, addenda, or appendices (if any). Changes to this Insurance Policy will only be effective when approved by the Insurance Company and

issued as amendments and/or confirmed through the contract/appendix attached to the insurance contract.

6. False declaration or fraud

If the claimant makes a false declaration related to any claim, the insurance company reserves the right to deny liability under this Insurance Policy.

7. Age fraud

In the event that the insured person's age is falsely declared, and if, based on the correct age of the insured, the coverage under this Insurance Policy would not be valid or would have expired prior to the acceptance of the insurance, the insurance company's liability throughout the insurance period for the insured will no longer be effective.

8. Verification

The insurance company has the right to appoint medical experts and/or loss adjusters to conduct health checks on the insured person and to verify information related to the claim at any time. Additionally, the insurance company has the right to request an autopsy in the event of death, provided this does not violate applicable laws or affect religious beliefs and customs.

In cases requiring verification, the maximum verification period for the claim file is 90 days from the date the insurance company receives the complete claim documentation. In exceptional cases where more time is required for verification, the insurance company will notify the insured person or the claimant.

The insurance company has the right to terminate the insurance contract at any time without paying any claims or refunding premiums if the insured person or their representative engages in fraudulent acts, provides false information, or attempts to exploit the insurance contract. Furthermore, if insurance benefits have been paid due to such fraudulent actions, the insured person or their representative is obligated to repay the insurance company.

9. Subrogation

The insurance company has the right, on behalf of the insured person and at the insurance company's expense, to recover from a third party who is responsible for causing the incident that led to the claim under this Insurance Policy.

10. Jurisdiction and Governing Law

This Insurance Policy shall be subject to the jurisdiction of Vietnam and governed by the laws of Vietnam.

11. Dispute resolution

Any dispute related to this Insurance Policy shall be prioritized for resolution through negotiation and mediation. In the event that the parties are unable to resolve the dispute through negotiation, the dispute shall be brought before a court in Vietnam for resolution. The statute of limitations for filing a lawsuit is three (3) years from the date the entitled person becomes aware, or should have become aware, of the infringement of their legal rights and interests.

12. Currency of payment and transfer fees

The insurance premium and benefits paid under the policy must be in Vietnamese Dong (VND) or other foreign currencies converted according to the exchange rate of Vietcombank at the time of payment. In the event that Vietcombank does not provide an exchange rate for the requested currency, the insurance company will use the exchange rate from another bank that offers the rate for that currency at the time of payment to determine the compensation. The payment of insurance premiums and benefits shall comply with the regulations of the Government of Vietnam regarding foreign exchange management.

In cases where the beneficiary does not provide a bank account in Vietnam, the insurance company will pay the compensation amount to the beneficiary's foreign bank account, and the transfer fees incurred by the foreign bank will be borne by the beneficiary, unless otherwise specified in the insurance contract.

13. Interest rate

Payments due under this Insurance Policy will not be subject to interest.

14. Prohibition of delegation and assignment

This Insurance Policy is non-transferable, and the insured person guarantees that this Policy shall not be the subject of delegation, mortgaging, or settlement, and it will remain the property of the insured person.

PART 6. AUTOMATIC ADJUSTMENT OF INSURANCE PERIOD

For round-trip flights, if the return flight date of the insured person is later than the originally scheduled flight date due to the airline's rescheduling caused by force majeure events, the insurance company will automatically extend the coverage by the number of days rescheduled by the airline, up to a maximum of three (3) days, without additional charges. The rescheduling must be confirmed in writing by the airline to the insured person.

PART 7. TERMINATION OF INSURANCE POLICY

Unless otherwise specified in the contract, the Policyholder/ Insured person agrees that the insurance company is not required to refund the insurance premium if the Policyholder/Insured person requests the termination of the insurance contract after the policy has been issued, except for the following two cases:

a. If the insured person's flight is canceled due to the airline's fault, the insurance company will refund 100% of the premium to the Policyholder.
b. If the insured person is denied a visa, the insurance company will refund 80% of the premium to the Policyholder.

For the two cases of insurance contract termination mentioned in a) and b), the insurance company will refund the premium to the Policyholder provided that the termination request is submitted to the insurance company before the scheduled departure time and the insurance company has not incurred any insurance claim liability under the policy.

PART B.

INSURANCE PROGRAM

TRAVEL SAFE INSURANCE PROGRAM

(The insurance program is provided by Baoviet Insurance Corporation on a co-insurance basis with HD Insurance Company Limited, in the ratio of 65%-35%)

The following terms and conditions are supplementary to Part A – Policy Wordings and form an integral part of the Insurance Policy. In the event of any inconsistency between the two parts, the provisions specified in Part B – Insurance Program shall prevail.

I – SCHEDULE OF BENEFITS AND OTHER TERMS

1. Schedule of Benefits

Unit: VND

No.	Benefits	International Plan		Domestic Plan	
		One way	*Return*	*One way*	*Return*
1	**Personal Accident**				
	Insured Person from 2 years to under 76 years old	2.000.000.000	2.000.000.000	1.000.000.000	1.000.000.000
	Insured Person from 76 years to 85 years old	1.000.000.000	1.000.000.000	500.000.000	500.000.000
	Insured Person from 15 days to under 2 years old	200.000.000	200.000.000	100.000.000	100.000.000
2	**Medical Expenses Due to Accident and Illness**				
2.1	**Medical expenses incurred due to accident or illness during travel**				
	Insured Person from 2 years to under 76 years old	N/A	Up to 1.000.000.000	N/A	Up to 350.000.000
	Insured Person from 76 years to 85 years old	N/A	Up to 500.000.000	N/A	Up to 200.000.000
	Insured Person from 15 days to under 2 years old	N/A	Up to 100.000.000	N/A	Up to 35.000.000
2.2	**Hospitalization Allowance Benefit Due to Accident/ Illness**	N/A	Up to 20.000.000 (1.000.000 per 24h)	N/A	Up to 10.000.000 (500.000 per 24h)
3	**Emergency Medical Transportation**				
3.1	**Emergency Medical Transportation Expenses**	N/A	Up to 1.000.000.000	N/A	Up to 300.000.000
3.2	**Repatriation of Mortal Remains**	N/A	Up to 1.000.000.000	N/A	Up to 300.000.000
3.3	**Overseas Hospital Visit**	N/A	Up to 100.000.000	N/A	N/A
3.4	**Child Repatriation Expenses**	N/A	Up to 100.000.000	N/A	N/A
4	**Insurance For Incidents During The Trip**				
4.1	**Flight Delay Insurance Benefit**	Up to 10.500.000 (2.100.000 per 4 hours delay	Up to 10.500.000 (2.100.000 per 4 hours delay	Up to 1.500.000 (500.000 per 2 hours delay)	Up to 1.500.000 (500.000 per 2 hours delay)

4.2	**Missed Connecting Flight Benefit**	Up to 10.000.000 (2.000.000 per 6 hours delay)	Up to 10.000.000 (2.000.000 per 6 hours delay)	N/A	N/A
4.3	**Trip Cancellation Benefit**	Up to 100.000.000	Up to 100.000.000	Up to original flight cost	Up to original flight cost
4.4	**Trip Curtailment Benefit**	N/A	Up to 100.000.000	N/A	N/A
4.5	**Delayed Baggage Benefit**	Up to 10.500.000 (2.100.000 per 4 hours delay	Up to 10.500.000 (2.100.000 per 4 hours delay	Up to 1.500.000 (500.000 per 4 hours delay)	Up to 1.500.000 (500.000 per 4 hours delay)
4.6	**Loss or Damage of Baggage Benefit**	Up to 20.000.000 (Limit for any one item: 3.000.000)	Up to 20.000.000 (Limit for any one item: 3.000.000)	Up to 20.000.000 (Limit for any one item: 3.000.000)	Up to 20.000.000 (Limit for any one item: 3.000.000)
4.7	**Loss of Travel Documents Benefit**	Up to 20.000.000	Up to 20.000.000	Up to 5.000.000	Up to 5.000.000
4.8	**Loss of Personal Money Benefit**	Up to 4.000.000	Up to 4.000.000	N/A	N/A
4.9	**Hijacking Insurance Benefit**	Up to 10.000.000 (2.000.000 per 6 hours)	Up to 10.000.000 (2.000.000 per 6 hours)	Up to 4.200.000 (2.100.000 per 8 hours)	Up to 4.200.000 (2.100.000 per 8 hours)
5	**Other Benefits**				
5.1	**Personal Liability**	Up to 4.000.000.000	Up to 4.000.000.000	N/A	N/A
5.2	**24-Hours Worldwide Medical and Travel Assistance Services** *Hotline: +84 (0) 28 3535 9515*	N/A	Appilcable	N/A	N/A
5.3	**Special Benefit:** Automatic Extension of the Period of insurance without charge for up to 10 days	N/A	Appilcable	N/A	Appilcable

a. **Coverage for accompanying Infant(s)** who is/are named in the Certificate of Insurance is afforded as follows:

- Coverage is afforded to one (1) accompanying named Infant if You have purchased the Vietjet Travel Safe herein provided.
- This coverage is limited as follows:
  i. Personal Accident benefit up to 10% of the stated Schedule of Benefits.
  ii. Medical Expenses up to 10% of the stated Schedule of Benefits.
  iii. Emergency Medical Evacuation & Mortal Remains Repatriation up to 10% of the stated Schedule of Benefits.
  iv. 24 hours Worldwide Medical and Travel Assistance Services.

b. **Specific Condition for Flight Delay Insurance Benefit**

This benefit will not be paid for any insurance policy purchased within three (3) hours from the first Scheduled Departure Time as stated in the Insured's ticket or travel itinerary.

c. **Specific Condition for Missed Connecting Flight Benefit**

No benefits will be paid for loss directly or indirectly arising if the departure time of the onward connecting flight is less than 4 hours apart from the actual arrival time of the incoming VietJet flight according to the data from FlightAware or FlightRadar24.

2. Geographical Areas

Domestic: within Vietnam Only.
International: All Overseas Countries except Excluded Countries as stated in Part A – Policy Wordings.

3. Age Limits

Insurance is subject to Insured Persons aged from 15 days and above (age is determined based on the birthday immediately preceding the commencement date of the insurance period):

Infant	: refers to a person aged from 15 days to under 2 years old on the commencement date of the insurance policy
Child	: refers to a person aged from 2 to under 16 years old on the commencement date of the insurance policy A Child aged 11 or below must be accompanied by and insured together with an adult insured person. A Child aged 12 to under 16 travelling alone will be covered by the Policy only if the standard adult premium is paid. For any such Child travelling alone, only the child benefits as defined, will be payable.
Adult	: refers to a person aged from 16 to under 76 years old on the commencement date of the insurance policy
Senior Citizen	: refers to a person aged from 76 and above on the commencement date of the insurance policy

4. Insurance Period: The maximum period of insurance coverage is 180 days.

4.1. Commencement of Cover

a. Domestic: The insurance coverage commences at 00:01 AM on the scheduled departure date.
b. International: The insurance coverage commences three (03) hours before the scheduled departure time.

4.2. Expiry of Cover

a. Domestic:
   - One Way Trip: Coverage ends twenty-four (24) hours after the actual departure time.
   - Return Trip: Coverage ends at 23:59 on the expiry date stated in the Insurance Certificate/ Insurance Policy.

b. International:
   - One Way Trip: the coverage ends upon checking out from point of immigration in country of arrival on the Insured Person's arrival date.
   - Return Trip:
     - When the Insured completes immigration procedures at the Vietnamese border checkpoint upon returning to their place of residence or original point of departure; OR
     - When the Insured completes immigration procedures to depart from the territory of the Destination Country without returning to their place of residence.

   Whichever occurs first.

II. SUPPLEMENTARY DEFINITIONS

1. **Flight check-in** refers to the act of the Insured Person arriving at the airport check-in counter to complete the necessary procedures for their flight as required by the airline; or the Insured Person completing the check-in process for the flight through any method accepted by the airline, in order to obtain a boarding pass (including an electronic boarding pass) and to check in baggage (if any).

2. **Inpatient treatment** refers to the Insured Person being hospitalized for the treatment of a covered risk, incurring bed and accommodation charges at the hospital for a minimum duration of 24 hours. Inpatient treatment is only recognized when it is provided at a hospital as defined, and not at a clinic or outpatient medical facility.

   In cases where an admission or discharge note is not issued by the hospital, relevant medical records or billing documents clearly indicating the duration of treatment may be accepted as substitute evidence. A hospital day shall be counted in 24-hour units and based on the bed occupancy period stated in the admission/discharge note or in detailed hospital billing documents.

   If the Insured Person is admitted solely for diagnostic purposes—such as laboratory tests, imaging diagnostics, endoscopy, or other diagnostic procedures—without undergoing inpatient treatment, such stay shall not be considered as inpatient treatment

3. **One-way Trip** refers to a travel itinerary that includes only the outbound trip without a return to the original point of departure. A one-way trip consists of a single flight segment in the PNR.
4. **Round-trip** refers to a travel itinerary that includes both an outbound and a return segment. In a round-trip journey, the Insured Person, after completing the outbound trip, returns to the original point of departure.
5. **An open-jaw Trip** refers to a trip in which the initial point of departure is also the final return destination, but the first arrival point is not the departure point of the return leg. All flights must be booked under the same booking reference.
6. **A multi-city Trip** refers to a trip that includes multiple stopovers between the departure point and the final destination, where each stopover serves as the departure point for the next leg. All flights between the initial departure point and the subsequent stopovers must be booked under the same booking reference.
7. **A connecting Trip** refers to a trip that includes at least one stopover/layover between the departure point and the destination. The flights are scheduled consecutively according to the airline's flight itinerary, and all flights must be booked under the same booking reference. Accordingly, a connecting flight is the flight that departs from the stopover/layover point between the departure and destination points within the connecting journey.
8. **Passenger Name Record (PNR)** refers to a unique confirmation code used to verify the booking status of a flight reservation. A successfully confirmed PNR will show a status of successful payment, while an unpaid reservation will show a pending status.

   Depending on the Trip, a PNR may include one or multiple flights. All flights under the same PNR are entitled to the corresponding benefits as specified in the Schedule of Benefits and the applicable terms and conditions.
9. **Private room occupancy** refers to the Insured Person exclusively occupying a hospital room with two or more beds during inpatient treatment.

III. SUPPLEMENTARY INSURANCE BENEFITS

1. **Personal Accident**

   This clause serves as a supplementary provision to the "Personal Accident" benefit under Part A – Policy Wordings, as follows:

   In the event that the Insured Person suffers bodily injury during the trip which results in death or total permanent disablement, the Insurance Company shall pay compensation in accordance with the benefit limit of the selected plan and the Benefit Payment Scale as specified below:

I	**Death**	100%
II	**Total permanent disablement**	
1	Total and permanent loss of the ability to chew and speak	100%

2	Total and permanent disability resulting in the complete and irrecoverable loss of function of: both hands; or both feet; or one arm and one foot; or one arm and one lower leg; or one hand and one lower leg; or one hand and one foot	100%
3	Total and irrecoverable loss of sight in one eye or both eyes; or Total and irrecoverable loss of sight in one eye combined with the loss of use of one limb.	100%
4	Total removal of one lung and partial removal of the other lung	100%
5	Bodily injury with a severity of 81% or more that results in a complete inability to engage in the Insured Person's occupation or causes a total and permanent loss of earning capacity in any type of gainful employment, as defined under Permanent Total Disablement.	100%

2. Medical Expenses Due To Accident Or Illness

Exclusion Clause 4h under the policy is defined as follows:

Leprosy and sexually transmitted diseases (STDs) such as chancroid, gonorrhea, syphilis, genital herpes, genital warts (condyloma acuminata), genital HPV, pubic lice (Phthirus pubis), chlamydia, trichomoniasis, lymphogranuloma venereum (LGV), cytomegalovirus infection, molluscum contagiosum in individuals over ten (10) years of age, and any illness related to immunodeficiency syndromes (HIV), including conditions associated with AIDS and any complications or manifestations arising from or related to AIDS or AIDS-related illnesses.

3. Trip Cancellation

This clause serves as a supplementary provision to the "Trip Cancellation" benefit under Part 1 – **Policy wordings**, as follows:

Conditions:

The insurance benefit under this Section shall be payable for losses arising from trip cancellation due to:

b. The Insured Person suffering from a serious illness or bodily injury, including but not limited to the following cases:

- The Insured Person is hospitalized on the scheduled departure date;
- The Insured Person is under medical treatment for illness and is unable to commence the trip on the scheduled departure date;
- The Insured Person suffers a bodily injury that prevents them from commencing the trip on the scheduled departure date.

4. Notification Procedure For The Automatic Extension Benefit

In the event that the Insured Person is unable to return to the original point of departure due to health reasons or rescheduling by the carrier, the Insured Person must notify the Insurance Company no later than one (01) day prior to the expiry date of the insurance period.

In cases where the Insured Person is hospitalized in a critical condition or under intensive care and is unable to notify the Insurance Company at the time of policy expiry, the Insured Person or their representative must notify the Insurance Company at the earliest possible time and as soon as reasonably practicable

IV. TERMS AND CONDITIONS EXCLUDING INSURANCE LIABILITY

This clause clarifies Exclusion 1b regarding hijacking, kidnapping, or extortion as follows:

Hijacking: This exclusion shall not apply to the Hijack Insurance Benefit as specified in the Schedule of Benefits.

V. CLAIM DOCUMENTS

4. Provision on Insurance Benefit Payment Regulations

This clause supplements the provision on benefit payment under Part 1 –Policy wordings as follows:

b. In the event that the Insured Person is under 18 years of age, the insurance benefit under this Policy shall be paid to the Insured Person's parent, legal guardian, or a person who has been legally authorized by the parent or legal guardian

VI. ENDORSEMENT/ TERMINATION/ CANCELLATION OF POLICY

1. Policy Endorsement

1.1. Information not subject to change

a. The insurance plan as originally selected by the Policyholder;

b. The Insured Person (any changes that would result in changing the identity of the Insured Person).

1.2. Information subject to change

a. *Information that does not change the Insured Person*

In case the Policyholder/ Insured Person requests to amend information such as full name (missing, extra, or incorrect characters) or date of birth due to errors made during the insurance purchase process, the request must be submitted before the scheduled departure date, together with supporting documents justifying the requested change.

b. Changes to Policy Insurance Period

- If the Insured Person changes the effective date due to voluntarily rescheduling their trip, they must notify the Insurer or Airline before the scheduled departure time.
  - In case the Policyholder/Insured shortens the policy period, the premium will be refunded in accordance with the airline's policy if the new trip has a lower premium than the original trip.
  - In case the Insured extends the policy period, the Insurer/ Airline will collect the additional premium if the new trip has a higher premium than the original trip.
- If the Insured Person returns to their place of residence or original departure point earlier than the policy expiry date, no refund will be given.
- Policy Extension: The Insurer agrees to extend the policy under the following conditions:
  - The Insured Person notifies the Insurer before the current expiry date.
  - The Insured Person pays any additional premium arising from the extension (if applicable).

  In case the Insured Person remains at the destination for medical treatment, The Insurer will assess and either approve or reject the coverage based on its risk assessment decision.
- If the Insured Person's flight is rescheduled, preventing them from traveling according to the original schedule and requiring a new flight arrangement, the Insured Person must immediately notify the Insurer or Airline of the change.

c. Changes to Flight Information

Flight Number: In the event the airline changes the flight number (due to cancellation, rescheduling, or other reasons), the Insurer will maintain coverage provided there is confirmation from the airline via SMS or email.

2. Policy Termination

a. Policy Termination by the Policyholder/ Insured Person

The Insurer agrees to terminate the policy at the request of the Policyholder/ Insured Person if the airline cancels the flight without providing an alternative flight or the insured person is denied a visa. In this case, the Policyholder/ Insured Person must notify the Insurer or the Airline of the termination before the scheduled departure time. A 100% refund of the premium will be granted in accordance with the Insurer's regulations.

b. Policy Termination by the Insurer

- The Insurer may unilaterally terminate the policy in the following cases:
  - Fraudulent claim submission by the Insured Person or their legal representative;
  - Other cases as stipulated by law.
- Premium Refund: The Insurer will not refund any premium for the remaining period (if any). If the insurance coverage has already ended, no refund will be issued.

3. Automatic adjustment of the insurance period in case of flight rescheduling by the Airline

- In case of trip shortening: The Airline shall adjust the insurance policy information in accordance with the new itinerary prior to the policy's effective date and refund the insurance premium to the Customer in accordance with the Airline's regulations.
- In case of trip extension: The Airline shall adjust the insurance policy information in accordance with the new itinerary prior to the policy's effective date and collect an additional premium in accordance with the Airline's regulations (if applicable).

1965

Baoviet Insurance was established and became the first insurance company in Vietnam, leading the non-life insurance market

1

Customers are our No. 1 Priority

79

Baoviet Insurance has the largest nationwide network of branches

300+

Baoviet Insurance has the largest network of insurance offices, being easily accessible for customers to find suitable insurance policies.

3500+

Is the number of highly qualified and professional staff

70000+

Insurance Agents are always professional, dedicated, and be ready

BAOVIET INSURANCE CORPORATION

• No. 7 Ly Thuong Kiet, Cua Nam ward, Hanoi city •