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Ping An Property & Casualty Insurance Company of China, Ltd.

Ping An Individual Overseas Travel Accident Insurance Clause

General Provisions

Article 1 The insurance contract incorporates insurance clauses, insurance applications, insurance policies and endorsements. Any agreement related to the insurance contract shall be in written form.

Article 2 Any natural person who is under 80 (including) years old and resides within the territory of the People's Republic of China, and intends to temporarily go to overseas for individual travel, and is eligible for insurance conditions and in healthy condition can become the Insured under this insurance.

Article 3 The Applicant of this contract shall be the Insured himself/herself with full capacity for civil conduct or any other person who has an insurable interest to the Insured (excluding partnerships by private individuals, lease holding farm households and individual businesses). **In case the Insured is a juvenile, his/her parents or guardian shall become the guarantee.**

Article 4 The beneficiary of this contract shall include:

1. Beneficiary of death benefit

The Insured or Applicant may designate one or more persons as the beneficiaries of the death benefit when entering into the contract. If there is more than one beneficiary, the Insured or Applicant shall determine their sequence and proportion of the benefits; in the absence of such determination, all the beneficiaries should share the benefits on an equal basis. The Applicant shall ask for the Insured's consent when determining the beneficiary.

In the case of one of the following conditions after the Insured's death, the benefits shall be handled as the Insured's legacy and the Insurer shall fulfill the obligation of payment according to the Law of Succession of the People's Republic of China.

- (1). There is no designated beneficiary or the designation of the beneficiary is not clear enough to determine;
- (2). The beneficiary died before the Insured and there is no other beneficiary;
- (3). The beneficiary forfeits the right of succession according to laws or waives such right and there is no other beneficiary

If the beneficiary and the Insured dies in the same accident and it is impossible to determine the sequence of the deaths, it is assumed that the beneficiary dies first.

The Insured or the Applicant may change the beneficiary of the death benefit by giving a written notice to the Insurer, and the Insurer shall endorse on this contract. **The Insurer shall not be liable for any legal dispute arising out of the change of the beneficiary of the death benefit.**

The designation or change of the beneficiary of death benefit by the Applicant shall be subject to the written consent of the Insured. If the Insured is a person without capacity for civil conduct or a person with limited capacity for civil conduct, the beneficiary of death benefit shall be designated or changed by the guardian of the Insured.

2. Beneficiary of disability benefit

Unless otherwise agreed, the beneficiary of the disability benefit under this insurance contract shall be the Insured himself/herself.

Scope of Cover

Article 5 During the period of insurance, if the Insured suffers death, injury or disability due to an accident occurring during traveling, the Insurer shall pay the benefits according to the following agreements, **provided the amount of benefits under all items not exceeding the insured amount.**

1. Liability for death benefit

During the period of insurance, if the Insured suffers an accident during overseas travel and dies within 180 days due to the occurrence of such accident, the Insurer shall pay the death benefit according to the Accident Sum Insured specified in the policy and **the Insurer's liability for the Insured shall be terminated.**

If the Insured suffers an accident and disappears since the accident date and is then declared dead by the People's Court, the Insurer shall pay the death benefit according to the Accident Sum Insured specified in the policy. **However, in case that the Insured is confirmed alive after the declaration of death, the payee of the benefits shall refund the death benefits to the Insurer within 30 days after he/she knows or should know the fact that the Insured is alive.**

In case the Insurer has paid for the injury or disability benefit described in paragraph (2) before the Insured's death, such amount already paid shall be deducted from death benefit.

2. Liability for disability benefit

During the period of insurance, if the Insured is injured in an accident and suffers disability of any grade in the attached "Assessment Standards of Injury and Disability for Personal Insurance (standard code JR/T0083-2013, hereinafter referred to as "Assessment Standards of Injury and Disability") within 180 days due to the occurrence of such accident, **the Insurer shall pay injury and disability benefit by multiplying the Accident Sum Insured specified in the policy by the corresponding percentage in Assessment Standards of Injury and Disability.** If the treatment still continues after 180 days, the Insurer will pay the injury and disability benefit according to the Insured's physical condition examination on the 180th day.

(1) In case that two or more parts of the Insured in are injured or disabled due to the same insured event, the grades of injury and disability for each part shall be assessed separately first, if the grades of injury and disability is different, the most severe grade of injury and disability shall be the final assessment; if the grades of injury and disability for such parts are the same, one grade will be increased on the basis of the original assessment grade at the most, the first grade is the top grade that can be increased to. In case of injury and disability on the same part and with the same nature, no more than two articles of the Assessment Standards of Injury and Disability shall be applied or the same article of which shall not be applied for more than two times.

(2) In case that the Insured is injured and disabled before this accident, the Insurer shall pay the disability benefit according to the corresponding indemnity percentage of the combined injury and disability in Assessment Standards of Injury and Disability, but the indemnity for the original disability according to the Assessment Standards of Injury and Disability shall be deducted.

During the period of insurance, the aggregate amount of insurance benefits under paragraph (1) and (2) above shall not exceed the limit of indemnity for accident specified in the policy.

Exclusions

Article 6 The Insurer will not pay benefit if any of the following cause results in the Insured's death or disability:

- 1. Intentional act of the Applicant;**
- 2. The Insured's committing self-hurt or suicide, except that the Insured is a person without capacity for civil conduct when committing suicide;**
- 3. Fighting, being attacked or murdered caused by the Insured's provocation or intentional act;**
- 4. The Insured's pregnancy, miscarriage, childbirth, disease, drug allergies, heat stroke, sudden death;**
- 5. The Insured's receipt of cosmetic surgery and other medical operation or surgery;**
- 6. The Insured's taking, using, injecting drug without doctor's advice;**
- 7. Nuclear radiation, nuclear explosion or nuclear pollution;**
- 8. The Insured commits crime or resists arrests;**
- 10. The Insured participates in any professional or remunerative sports;**
- 10. The Insured engages in horse racing, various car performances, car racing, stunt performance;**
- 11. The Insured engages in hang gliding or paraglider, parachute jumping.**

Article 7 If the Insured suffers death or disability during the following period or under the following circumstances, the Insurer shall not be liable to pay benefits:

- 1. War, military actions, riots or armed rebellion;**
- 2. When the Insured is drunken or under the influence of drugs or controlled substance;**
- 3. When the insured is drunken and driving, driving without a valid driver's license or driving motor vehicle without a valid vehicle's license;**
- 4. The Insured is on duty in the army, navy and air force or takes in the army, navy and air force action;**
- 5. The Insured is imprisoned by the judicial authorities or is sentenced to prison;**
- 6. The Insured engages in or participates in terrorism activities, illegal cult activities;**
- 7. The Insured stays in airplane or air vehicles (except for taking a civil or a commercially operated airplane as a passenger);**
- 8. The Insured stays in a country or an area uncovered by this policy;**
- 9. The Insured has been outside of the territory of the People's Republic of China when applying for this insurance.**

Sum Insured and Premium

Article 8 The sum insured is the maximum amount that shall be paid by the Insurer.

The insured amount under this insurance contract is “insured amount for accident”, which shall be determined by the Applicant and the Insurer, and specified in the policy.

The Applicant shall pay the premium to the Insurer according to the contract.

Period of Insurance

Article 9 The period of insurance of this insurance contract shall be determined by the Insurer and the Insurance Applicant, the time of commencement and termination being subject to the stipulation in the policy.

If the policy is an annual policy, which means that the insurance period is one year, the Insured can commence several trips during the insurance period. For each travel, the period for the Insurer to undertake the insurance liabilities starts from the time when the Insured steps out cross the border of P. R. China and ends at the time when the Insured steps in cross the border of P. R. China. Unless otherwise agreed and specified, **the maximum days for the Insurer to undertake insurance liability for each trip shall not exceed the specified days starting from the time when the Insured steps out cross the border of P. R. China.**

If the policy is a single travel policy, which means that the insurance period is less than one year, the insurance period must cover the Insured’s whole travel period. During the insurance period, the period for the Insurer to undertake the insurance liabilities starts from the time when the Insured steps out cross the border of P. R. China and ends at the time when the Insured steps in cross the border of P. R. China.

The insurance period can be extended with an agreed time as negotiated by the Insurance Applicant and the Insurer, provided that the scheduled end date of the oversea travel, which is covered by the policy, is delayed due to force majeure.

Obligations of the Insurer

Article 10 The Insurer shall issue the policy or other insurance certificates in a timely manner after the establishment of the insurance contract.

Article 11 According to Article 19, if the Insurer deems the evidence or materials provided by the Insured incomplete, the Insurer shall timely request the Applicant and/or Insured to supplement all additional documents once for all.

Article 12 The Insurer shall, in a timely manner after the receipt of a claim for payment of the insurance benefits from the Insured, ascertain and determine whether the claim is within the liability of the Insurer; for a complicated case, the Insurer shall make decision as quickly as possible after the complete information of the claim is collected.

The Insurer shall notify the Insured of the decision and fulfill the obligation of payment within ten (10) days after reaching the agreement with the Insured if the event falls within the cover of the policy. If the time limit for indemnity is specifically stipulated in the insurance contract, the Insurer shall make payment within such time limit. If the event is not covered in this policy, the Insurer shall issue the Insured a rejection letter and explain reasons within three (3) days from date of making decision according to the preceding paragraph.

Article 13 The Insurer shall pay in advance the amount determined by the proof or documents on hand if the payment amount cannot be finally determined within sixty (60) days from such reception of the Insurer. The Insurer shall pay the remaining amount to the Insured after the final amount is adjusted.

Article 14 The Insurer shall refund net unearned premium to the Applicant in accordance with the relevant regulations of Insurance Law if the Applicant makes a legal request.

Obligations of the Insurance Applicant and the Insured

Article 15 Unless otherwise specified, the Applicant shall pay premium upon entering into the insurance contract.

Article 16 When entering an insurance contract, the Applicant shall make true representations if the Insurer makes inquiries on the subject-matter insured or the Insured.

If the Applicant fails to comply with the obligations of making honest representation aforementioned due to willful act and/or gross negligence, which may affect the Insurer's decision as to whether he accepts the risk or raises the premium rate, the Insurer has the right to cancel the insurance contract.

The Insurer's right to terminate an insurance contract aforementioned is void if not exercised by the Insurer within thirty days after acknowledgement of any events triggering termination of this policy. This right is also void after two years of the establishment of an insurance contract and the Insurer shall be liable for indemnity in respect of an insured event.

If the Applicant willfully fails to comply with the obligations of making honest representations, the Insurer shall not be liable for any loss of or damage to the Item Insured prior to the cancellation of the policy, and premium shall not be refunded.

If the Applicant fails to comply with the obligations of making true statement due to gross negligence, the Insurer shall not be liable for any loss of or damage to the Item Insured prior to the cancellation of the policy, but the premium shall be refunded.

The Insurer shall not terminate the insurance contract where he has already known when contracting that the Insured fails to give representations in truth. The Insurer shall still be liable for indemnity in respect of an insured event.

Article 17 The Applicant shall give the Insurer timely notice of any change of his/her residence or mail address. If the Applicant fails to notify the Insurer, any related notification sent by the Insurer as per the final residence or mail address specified in the Policy shall be deemed as having been delivered to the Applicant.

Article 18 The Applicant and/or the Insured shall notify the Insurer immediately upon acknowledgement of any occurrence of the insured event. **If the Applicant and/or the Insured fail to notify the Insurer in time due to his/her willful act or gross negligence, which makes the Insurer cannot make sure the nature, cause and extent of the loss, the Insurer shall not indemnify the Insured in respect of the uncertain part, except that the Insurer has known the occurrence timely by other means or should have known the occurrence timely.**

The above agreement does not include the delay caused by force majeure.

Claim and Payment of Insurance Benefit

Article 19 The benefits applicant shall submit the following certificates and documentary materials when making claims under the policy. If the benefits applicant fails to provide the following materials for special reasons, he/she shall provide other legal and valid materials. **In the event that the Insurer is unable to verify the authenticity of the claim due to the benefits applicant's failure to provide related materials, the Insurer**

shall not be liable to pay for the uncertain part.

1. Claim for death benefit

- (1) Benefit application form;
- (2) Original policy;
- (3) The identification certificate of the benefits applicant;
- (4) The death certificate of the Insured issued by the public security department or medical institution. If the Insured is declared dead, the benefits applicant shall present the certificate of declaration of death issued by the people's court; if traveling overseas, written certificate including the cause of death issued by local embassy where the accident occurred.
- (5) Certificate of deregistration of the Insured's registered permanent residence;
- (6) Any other evidences and materials provided by you and the Insured to identify the nature and cause of the insured accident and the extent of loss;
- (7) If the benefits applicant entrusts other person to claim, he/she shall provide the original authorization letter, identification certificate of the trustor and the trustee, as well as other related certificates.

2. Claim for injury and disability benefit

- (1) Benefit application form;
- (2) Original policy;
- (3) Identity document of the Insured;
- (4) Medical certificate for injury and disability identification issued by medical institute of second-level or above or recognized by the Insurer or the judicial identification institute;
- (5) Any other evidences and materials provided by you and the Insured to identify the nature and cause of the insured accident and the extent of loss;
- (6) If the benefits applicant entrusts other person to claim, he/she shall provide the original authorization letter, identification certificate of the trustor and the trustee, as well as other related certificates.

Article 20 The right of the Insured to claim for indemnity shall lapse if the Insured fails to exercise such right within two years from the date the Insured is or should be aware of the occurrence of the insured event.

Dispute Settlement and Law Application

Article 21 Disputes arising from the execution and performance of the policy shall be settled through negotiation between the parties hereto. Should no settlement be reached, the case in dispute shall be submitted to the arbitration institution specified in the policy; where no arbitration institution is specified in the policy and no arbitration agreement is reached after disputes, either party hereinto may bring litigation to the people's court of P. R. China.

Article 22 Any dispute with regard to the policy should apply the laws of P. R. China (excluding the laws of Hong Kong, Macao and Taiwan area).

Other Provisions

Article 23 The Applicant and the Insurer may amend the contents of the insurance contract subject to mutual agreement.

Should there be any amendments to the insurance contract, the Insurer shall endorse the original policy or any other insurance certificates, or issue an endorsement slip attached to the insurance contract or insurance certificates, or conclude a written agreement of amendment with the Insurance Applicant.

Article 24 The Applicant's request for cancellation of the contract must be subject to the following provisions:

1. Prior to commencement of insurance, the Applicant may request cancellation of the Policy at any time and the paid premium shall be refunded to the Applicant after approval of the Insurer.

2. After commencement of insurance:

(1) If the Policy is an Annual Policy and during the period of insurance no claim occurs, the Applicant may notify the Insurer to cancel the Policy in written form. When the Applicant requests cancellation of the policy, he/she shall submit the following documents and materials:

1) Policy or other valid insurance certificates;

2) Cancellation application.

Where the Applicant requests cancellation of the insurance contract, the effectiveness of insurance contract shall be canceled upon the Insurer's reception of the cancellation application. The Insurer shall refund the unearned net premium under the policy within 30 days after receipt of the above evidences and materials.

(2) If the Policy is a Single Trip Policy, the Policy can not be cancelled.

3. The Applicant can not solely request cancellation of the riders. In case of the termination of this Policy, the rider will terminate automatically.

Definitions

Article 25

【Year of age】 refers to chronological age calculated on basis of date of birth recorded in legal identification documents.

【Insurer】 refers to Ping An Property & Casualty Insurance Company of China who signs the insurance contract with the Applicant.

【Accidental injury】 refers to any bodily injury directly and solely caused by any extraneous, sudden, unintentional and non-disease objective event.

【Disability Assessment Standard and Code for Life Insurance】 Disability Assessment Standard and Code for Life Insurance (JR/T 0083 - 2013) is a financial industry standard issued by the China Insurance Regulatory Commission (CIRC [2014] No. 6) and filed to the National Standardization Committee of the People's Republic of China.

【Drunken】 means that the alcohol content occupies 80 mg / 100 mL or more in blood.

【Without Valid Driver's License】 : refers to one of the following circumstances of the insured:

(1) The driver or operator is driving a motor vehicle without valid driving license, or the driving license is legally detained or temporarily detained, revoked or under the period of cancellation;

(2) The vehicle driven by the insured does not match the model indicated in the driver's license;

(3) The driver is driving a public bus, coach, on-duty police car, or a vehicle carrying dangerous materials, or a vehicle towing a trailer during the period of internship;

(4) The Insured is taking or using special mechanical vehicle and special vehicle, and the vehicle driver has no valid operating permit issued by the relevant departments of the state, or riding, driving a leased vehicle or operating motor vehicle without license certificate issued by the department of transportation management and other necessary certificates;

【Without valid vehicle license】 : refers to one of the following circumstances:

(1) Motor vehicle road worthiness certificate and plate are canceled;

(2) No inspection is conducted or inspection is failed according to regulation.

【Unearned net premium】 Unearned Net premium= premium * (1-passed days/total policy period days) * (1-35%). One day applies if the passing period is less than 24 hours.

【Force majeure】 refers to the objective situation that cannot be foreseen, avoided or overcome.

【Benefits applicant】 refers to the beneficiary or the legal heirs of the insured, or other natural person who is entitled to claim for insurance benefit.

【Place of Usual Residence】 refers to the place where the Insured usually resides, subject to the statement in the Application Form declared by the Insurance Applicant.

【Within the territory】 refers to within the territory of P. R. China, excluding Hong Kong, Macao and Taiwan.

【Overseas(s)】 refers to countries or districts outside P. R. China, including Hong Kong, Macao and Taiwan.

【Overseas business travel】 refers to the activity to leave the Place of Usual Residence of the Insured for the purpose of business affair, government affair, business visit and etc. assigned by the employer, excluding the Insured goes to and back his/her Place of Usual Residence and daily work place and the Insured's personal trip.

【Each trip】 refers to the period between the time the Insured leaves and returns the Place of Usual Residence for the purpose of travel.

【Trip period】 refers to the period between the time the Insured leaves ("departure trip) and returns (return trip) the place of usual residence for the purpose of travel.

【Terrorism】 refers to any action by individual or organization in force, violence, threat or in other ways that means to affect government or public or make them panic, or any action of control, prevent or suppress that means to cause damage or injury, in the name of politics, religion, ideology or similar.

2.

Ping An Property & Casualty Insurance Company of China, Ltd.

Ping An Traffic Vehicle Accidental Death Insurance

Registration No.: C00001732322018050912452

General Provisions

Article 1 This rider shall be added to varieties of accident insurance contracts (hereinafter referred to as “main insurance contract”). Insurance clauses, insurance applications, insurance policies, insurance certificates and endorsements affixed to the main insurance contract incorporates, which are related to this rider, shall be constituent of this rider. Any agreement related to this rider shall be in written form.

In case of any conflict between the provisions of the main insurance contract and this rider, the provisions of this rider shall prevail. Any matter not addressed in the rider shall be subject to the provisions of the main insurance.

Scope of Cover

Article 2 During the period of insurance, if a traffic accident occurs while the Insured is taking public transport as a passenger and dies of the accident within 180 days from the date of the accident, the Insurer shall, in accordance with the sum insured covered by this rider, pay to the beneficiary traffic accident death benefit.

Exclusions

Article 3 The exclusions under the main insurance contract shall still be applicable to this rider.

Article 4 The Insurer shall not be liable for the death of the Insured under the following circumstances:

1. The Insured is taking the public transport as a driver, a service staff rather than as a passenger.

2. The Insured acts against relevant regulations on safety stipulated by the carrier.

Sum Insured

Article 5 The sum insured under this rider shall be determined by the Applicant and the Insurer, and specified in the policy.

Claim and Payment of Insurance Benefit

Article 6 In addition to the relevant materials set forth in the main insurance, the benefit applicant shall also provide the following documents and materials at the time of lodging a claim with the Insurer. **In the event that the Insurer is unable to verify the authenticity of the claim due to the benefits applicant's failure to provide related materials, the Insurer shall not be liable to pay for the uncertain part.**

1. If the Insured suffers from accident within the territory of China, he/she shall provide the certificate of accident issued by the carrier or the public security department.

2. Traffic accident certificate issued by the relevant local authority where the accident takes place.

Other Provisions

Article 7 In case one of the following circumstances occurs, this Rider shall be terminated:

- 1. The main insurance contract is terminated;**
- 2. The Insurance Applicant terminates this rider.**

Definitions

【Public Traffic Vehicle】 refers to public bus, coach, tax (only four-wheeled vehicles), ferry boat, hovercraft, hydrofoil, ship, train, tram, railway train (including subway, light rail and maglev train), fixed-wing operated by airline company or chartered company, helicopter operated by airways and flying between two fixed commercial airports or between commercial helicopter stations with license, which is legally registered and licensed with relevant governmental authority, airport shuttle bus operated as scheduled route and timetable. The public vehicle above listed being used for non public vehicle purpose shall be excluded from the definition of public vehicle under this rider.

3.

**Ping An Property & Casualty Insurance Company of China,
Ltd.**

Ping An Aviation Personal Accident Injury Insurance Clauses

Registered No.: C00001732312018040904311

General

Article 1 The insurance contract incorporates insurance clauses, application forms, policies, insurance certificates and endorsements. Any agreement related to the insurance contract shall be in written form.

Article 2 The Insured of this insurance contract shall be a natural person who is in healthy condition and is capable of normal life may become the Insured under this insurance contract.

Article 3 The Applicant of this contract shall be the Insured himself/herself with full capacity for civil conduct or any other natural person who has an interest insured to the Insured (excluding partnerships by private individuals, lease holding farm households and individual businesses).

Article 4 The beneficiary of this contract shall include:

(I) Beneficiary of death benefit

The Insured or the Applicant may designate one or more persons as the beneficiaries of the death benefit when entering into the contract. If there are more than one beneficiary of the death benefit, the Insured or the Applicant shall determine their sequence and proportion of the benefit; in the absence of such determination, all the beneficiaries should share the death benefit on an equal basis. The Applicant shall ask for the Insured's consent when determining the beneficiary.

In the case of one of the following conditions after the Insured's death, the insurance benefits shall be handled as the Insured's legacy and the Insurer shall fulfill the obligation of payment according to the Law of Succession of the People's Republic of China:

1. There is no designated beneficiary or the designation of the beneficiary is not clear enough to determine;

2. The beneficiary died before the Insured and there is no other beneficiary;

3. The beneficiary forfeits the right of succession according to laws or waives such right and there is no other beneficiary.

If the beneficiary and the Insured die in the same accident and it is impossible to determine the sequence of the death, it is assumed that the beneficiary dies first.

The Insured or the Applicant may change the beneficiary of the death benefit by giving a written notice to the Insurer, and the Insurer shall endorse on this contract. **The Insurer shall not be liable for any legal dispute arising out of the change of the beneficiary of the death benefit.**

The designation or change of the beneficiary of death benefit by the Applicant shall be subject to the written consent of the Insured. If the Insured is a person without capacity for civil conduct or a person with limited capacity for civil conduct, the beneficiary of death benefit shall be designated or changed by the guardian of the Insured.

(II) Beneficiary of disability benefit or medical expense benefit

Unless otherwise agreed, the beneficiary of the disability benefit or medical expense benefit under this insurance contract shall be the Insured himself/herself.

Coverage

Article 5 During the policy period, if the Insured suffers death, disability, or payment of medical expenses during the course of taking a civil aircraft, the Insurer shall pay the benefits according to the following agreements.

(I) Death insurance liability

During the policy period, if the Insured suffers an accident during taking a passenger aircraft and dies within 180 days due to the occurrence of such accident, the Insurer shall pay the death benefit according to the sum insured specified in the policy and **the Insurer's liability for the Insured shall be terminated.**

If the Insured suffers an accidental injury and disappears since the accident date and is then declared dead by the People's Court, the Insurer shall pay the death benefit according to the Accident Injury Sum Insured. **However, in case that the Insured is confirmed alive after the declaration of death, the payee of the benefits shall refund the death benefit to the Insurer within 30 days after he/she knows or should know the fact that the Insured is alive.**

In case the Insurer has paid for the disability benefit described in Item (II) before the Insured's death, such amount already paid shall be deducted from death benefit.

(II) Coverage for disability benefit

During the policy period, if the Insured suffers from an accidental injury during the course of taking a civil aircraft, which causes one of the disabilities listed in the China Insurance Disability Standard and Code (JR/T 0083-2013, hereinafter referred to as Disability Standard) within 180 days from the date of occurrence of the accident, **the Insurer shall pay injury and disability benefit by multiplying the sum insured specified in the policy by the corresponding percentage as per the schedule of Disability Standard.** If the treatment still continues after 180 days, the Insurer will pay the injury and disability benefit according to the Insured's physical condition examination on the 180th day.

1. In case that two or more parts injured or disabled due to the same insured event, the disability severity for each part shall be assessed separately first; if the disability grades are different, the most severe disability grade shall be the final assessment; if the disability grades for such parts are the same, one grade will be increased on the basis of the original assessment grade at the most, and the first grade is the top grade that can be increased to. In case of injury and disability on the same part and with the same nature, no more than two articles of the Disability Standard shall be applied or the same article of which shall not be applied for more than twice.

2. In case that the Insured is injured and disabled before this accident, the Insurer shall pay the disability benefit according to the corresponding indemnification percentage for the grade of the combined injury and disability in Disability Standard, but the disability benefit for the original disability according to the Disability Standard shall be deducted.

During the policy period, the aggregate amount of insurance benefits under paragraph (I) and (II) above shall not exceed the limit of indemnification for accident specified in the policy.

(III) Medical Insurance liability

During the policy period, if the Insured suffers from an accidental injury during the period of taking a civil aircraft and accepts medical treatment in hospital that is eligible for the definition of hospital in Article 28 under the insurance contract (hereinafter referred to as "defined hospital"), **the Insurer shall pay 80% of the reimbursable, necessary and reasonable medical expenses for the part exceeding RMB 100 to the Insured within 180 days from the date of the accident in accordance with the regulations of the local social medical insurance administrative departments as "accidental medical insurance benefit"**.

No matter the Insured suffers one accident or more accidents, the Insurer shall pay the medical expense benefit separately as per the aforesaid provisions, **but the aggregate payment is subject to the Accident Injury Medical Sum Insured of that Insured. When the amount payable reaches such limit, the Insurer's liability for such Insured shall be terminated.**

If the Insured's medical expense has been reimbursed by other means, the Insurer is only liable for the remainder of the reasonable medical expenses.

Exclusions

Article 6 The Insurer will not pay benefit if any of the following cause results in the Insured's death, injury and disability or payment of medical expenses:

(I) Intentional act of the Applicant;

(II) The Insured's committing self-hurt or suicide, except that the Insured is a person without capacity for civil conduct when committing suicide;

(III) Fighting, being attacked or murdered caused by the Insured's provocation or intentional act;

(IV) The Insured's pregnancy, miscarriage, childbirth, disease, drug allergies, heat stroke, sudden death;

(V) The Insured's receipt of cosmetic surgery and other medical operation or surgery;

(VI) The Insured taking, using, injecting drug without doctor's advice;

(VII) Nuclear radiation, nuclear explosion or nuclear pollution;

(VIII) Terrorist attack;

(IX) The Insured commits crime or resists arrests;

(X) The Insured suffers accidental injury after passing through security check and then leaving the airport;

Article 7 If the Insured suffers death, injury and disability or occurs medical expenses during the following period, the Insurer shall not be liable to pay benefits:

(I) War, military actions, riots or armed rebellion;

(II) When the Insured is drunken or under the influence of drugs or controlled substance

Article 8 The Insurer shall not pay benefit for the following expenses:

(I) The items and medicines at the Insured's own expense as stipulated by social medical insurance or other public medical management authority where the policy is issued;

(II) Medical expense caused by the Insured's disc bulging or disc protrusion;

(III) Nutrition fees, rehabilitation fees, auxiliary devices expense, face-lifting fees, cosmetic fees, repairing fees, tooth cosmetic fees, tooth repairing fees, prosthodontics fees, nursing expenses, traffic expenses, meals fee, labor delay fee, funeral expenses.

Sum Insured and Premium

Article 9 The sum insured is the maximum amount that shall be paid by the Insurer.

The sum insured of this insurance contract, including accident sum insured and accidental medical expense sum insured, shall be agreed by the Applicant and the Insurer and specified in the policy.

The premiums under this insurance contract shall be charged based on the period of insurance, see Rate Schedule. The Applicant shall pay the premium to the Insurer according to the contract.

Policy period

Article 10 The policy period shall be determined by the Applicant and the Insurer and stipulated in the policy.

If the Applicant chooses annual insurance contract, the policy period shall be one year, commencing from 24:00 of the next date when the Insurer has collected the premium and issued the policy.

If the Applicant chooses single insurance contract, the policy period shall be the period that the Insured is taking the aircraft as per the contract. If the Insured changes to take an equivalent flight, this insurance contract shall continue, and the period of insurance shall be the period that the Insured is taking such equivalent flight.

Obligations of the Insurer

Article 11 The Insurer shall issue the policy or other insurance certificates to the Applicant in a timely manner after the establishment of the insurance contract.

Article 12 According to Article 21, if the Insurer deems that the evidence or materials provided by the Insured for claim is incomplete, the Insurer shall timely request the Applicant and/or Insured to supplement all additional documents once for all.

Article 13 The Insurer shall, in a timely manner after the receipt of a claim for payment of the insurance benefits from the Insured, ascertain and determine whether the claim is within the coverage; for a complicated case, the Insurer shall make decision as quickly as possible after the complete information of the claim is collected.

The Insurer shall notify the Insured of the decision and fulfill the obligation of payment within ten (10) days after reaching the agreement with the Insured if the event falls within the coverage of the policy. If the time limit for indemnity is specifically stipulated in the insurance contract, the Insurer shall make payment of insurance benefit within such time limit. If the event is not covered in this policy, the Insurer shall issue the Insured a rejection letter and explain reasons within three (3) days from date of making decision according to the preceding paragraph.

Article 14 The Insurer shall pay in advance the amount determined by the proof or documents on hand if the payment amount cannot be finally determined within sixty days from such reception of the Insurer. The Insurer shall pay the remaining amount to the Insured after the final amount is adjusted.

Article 15 The Insurer shall refund unearned net premium to the Applicant in accordance with the relevant regulations of Insurance Law if the Applicant makes a legal request.

Obligations of the Applicant and the Insured

Article 16 Unless otherwise specified, the Applicant shall pay premium upon entering into the insurance contract.

Article 17 When entering an insurance contract, the Applicant shall make truthful representations if the Insurer makes inquiries on the related information of the Insured.

If the Applicant fails to comply with the obligations aforementioned due to willful act and/or gross negligence, which may affect the Insurer's decision on whether he accepts the risk or raises the premium rate, the Insurer shall have the right to cancel the insurance contract.

The Insurer's right to terminate an insurance contract aforementioned is void if not exercised by the Insurer within thirty days after acknowledgement of any events triggering termination of this policy. This right is also void after two years of the establishment of an insurance contract and the Insurer shall be liable for indemnity in respect of an insured event.

If the Applicant willfully fails to comply with the obligations of making honest representations, the Insurer shall not be liable for payment of insurance benefits for the insured event occurred prior to the cancellation of the contract, and premium shall not be refunded.

If the Applicant fails to comply with the obligations of making true statement due to gross negligence, thus causing a serious impact on the occurrence of the insured event, the Insurer shall not be liable for payment of insurance benefits for the insured event occurred prior to the cancellation of the policy, but the premium shall be refunded.

The Insurer shall not terminate the insurance contract where he has already known when contracting that the Applicant fails to give truthful representations. The Insurer shall still be liable for insurance benefit in respect of an insured event.

Article 18 The Applicant shall give the Insurer a timely notice of any change of his/her residence or mail address in writing. If the Applicant fails to notify the Insurer, any related notification sent by the Insurer as per the final residence or mail address specified in the insurance contract shall be deemed as having been delivered to the Applicant.

Article 19 The Applicant, the Insured or the beneficiary shall notify the Insurer immediately upon acknowledgement of any occurrence of the insured event. **If the Applicant and/or the Insured fails to notify the Insurer in time due to his/her willful act or gross negligence, which makes the Insurer cannot make sure the nature, cause and loss severity of the insured event, the Insurer shall not indemnify the Insured in respect of the uncertain part**, except that the Insurer has known the insured event timely by other means or should have known the insured event timely.

The above agreement does not include the delay caused by force majeure.

Article 20 Upon the occurrence of the insured event, the Insured shall be treated in the defined hospital if necessary; in case the Insured is not treated in the defined hospital due to emergency treatment, the Insured shall notify the Insurer within three days and be transferred to the defined hospital in time according to the conditions. In case the Insured shall be transferred to the undefined hospital, the Insured shall make a written request to the Insurer; the Insurer shall make its determination within three days after receipt of the request; the Insurer shall pay benefit for medical expenses occurred during treatment in

accordance with this additional coverage contract if the Insurer approves the Insured's request.

Application and payment of insurance benefit

Article 21 The benefits applicant shall submit the following certificates and documentary materials when making claims under the policy. If the insurance benefits applicant fails to provide the following materials for special reasons, he/she shall provide other legal and valid materials. **In the event that the Insurer is unable to verify the authenticity of the claim due to the insurance benefits applicant's failure to provide related materials, the Insurer shall not be liable to pay for the uncertain part.**

(I) Claim for death benefit

1. Insurance benefit payment application form;
2. Original policy;
3. The identification certificate of the benefits applicant;
4. The death certificate of the Insured issued by the public security department or medical institution. If the Insured is declared dead, the benefits applicant shall present the certificate of declaration of death issued by the people's court;
5. Certificate of deregistration of the Insured's registered permanent residence;
6. Accident certificate issued by the carrier;
7. Any other evidences and materials provided by the benefits applicant to identify the nature and cause of the insured event and the loss severity;
8. If the benefits applicant entrusts other person to claim, he/she shall provide the original authorization letter, identification certificate of the trustor and the trustee, as well as other related certificates.

(II) Claim for disability benefit

1. Insurance benefit payment application form;
2. Original policy;
3. Identity document of the Insured;
4. The disability appraisal certificate issued by a second-level (inclusive) or above medical institute or a medical institute recognized by the Insurer or a judicial identification institute;
5. Accident certificate issued by the carrier;
6. Any other evidences and materials provided by the benefits applicant to identify the nature, cause and loss severity of the insured event;
7. If the benefits applicant entrusts other person to claim, he/she shall provide the original authorization letter, identification certificate of the trustor and the trustee, as well as other related certificates.

(III) Application for medical insurance benefits

1. Insurance benefit payment application form;
2. Original policy;
3. Identity document of the Insured;

4. The medical certificate and original medical bills issued by the defined hospital;
5. Accident certificate issued by the carrier;
6. Any other evidences and materials provided by the benefits applicant to identify the nature, cause and loss severity of the insured event;
7. If the benefits applicant entrusts other person to claim, he/she shall provide the original authorization letter, identification certificate of the trustor and the trustee, as well as other related certificates.

Article 22 The right of the Insured to claim for indemnification shall lapse if the Insured fails to exercise such right within two years from the date the Insured is or should be aware of the occurrence of the insured event.

Dispute settlement and applicable laws

Article 23 Disputes arising from the execution and performance of this insurance contract shall be settled through negotiation between the parties hereto. Should no settlement be reached, the case in dispute shall be submitted to the arbitration institution specified in the policy; where no arbitration institution is specified in the policy and no arbitration agreement is reached after disputes, either party hereto may bring litigation to the people's court of P. R. China.

Article 24 Any dispute with regard to the insurance contract should apply the laws of the People's Republic of China (excluding the laws of Hong Kong, Macao and Taiwan areas).

Miscellaneous

Article 25 The Applicant and the Insurer may amend the contents of the insurance contract subject to mutual agreement.

Should there be any amendments to the insurance contract, the Insurer shall endorse the policy or any other insurance certificates, or issue an endorsement slip attached to the policy or insurance certificates, or conclude a written agreement of amendment with the Applicant.

Article 26 The Applicant may notify the Insurer in writing to terminate the insurance contract after the establishment of the insurance contract, except that the Insurer has paid insurance benefit according to the insurance contract.

When the Applicant requests cancellation of the policy, he/she shall submit the following documents and materials:

- (I) Application for cancellation of insurance contract;
- (II) Original policy;
- (III) Payment receipt of premium;
- (IV) Identity document of the Applicant.

Where the Applicant requests cancellation of the insurance contract, the effectiveness of insurance contract shall be canceled upon the Insurer's reception of the cancellation application. The Insurer shall refund the unearned net premium under the policy within 30 days after receipt of the above evidences and materials.

Article 27 The exchange rate between the foreign currency and RMB involved in this insurance contract shall be subject to the exchange rate announced by the People's Bank

of China at the date of processing the payment of insurance benefits.

Definitions

Article 28

[Year of age] refers to chronological age calculated on basis of date of birth recorded in legal identification documents.

[The Insurer] refers to Ping An Property & Casualty Insurance Company of China who signs the insurance contract with the Applicant.

[Accidental injury] refers to any bodily injury directly and solely caused by any extraneous, sudden, unintentional and non-disease objective event.

[China Insurance Disability Standard and Code] China Insurance Disability Standard and Code (JR/T 0083 - 2013) is a financial industry standard issued by the China Insurance Regulatory Commission (CIRC [2014] No. 6) and filed with the National Standardization Committee of the People's Republic of China.

[Drunken] Means that the alcohol content occupies 80 mg / 100 mL or more in blood.

[Period of taking passenger aircraft] refers to the period from the time when the Insured arrives at the airport with a valid ticket and passes through security check to the time when the Insured steps out of the door of such aircraft after arrival at the destination.

[Equivalent flight] refers to the flight adjusted by the airliner for the passengers of the scheduled flight or the flight the Insured endorses the ticket of the scheduled flight with the consent of the airliner, the departure airport and destination airport of which is the same as the scheduled flight.

[Hospital] refers to the designated hospital by the Insurer and the Applicant. In case of no designated hospital, refers to the public hospital of second level or above evaluated by the Health Department of People's Republic of China, but excluding asylum and medical institute mainly for non-direct treatment, such as convalescence, rest cure, abstinence of drugs, abstinence, attendance, nursing and etc. Such hospital must have medical appliances in accordance with national standards in related hospital management regulations and qualified doctors and nurses providing medical and attending service 24h a day.

[Unearned net premium] Unearned Net premium= Premium * [(1-(passed days/total policy period days)) * (1-35%)]. One day applies if the passing period is less than 24 hours.

[Benefits applicant] refers to the Insured, the beneficiary or the legal heirs of the Insured, or other natural person who is entitled to apply for insurance benefit.

[Force majeure] refers to the objective situation that cannot be foreseen, avoided or overcome.

4.

Ping An Property & Casualty Insurance Company of China, Ltd.

Ping An Individual Hotel Accommodation Accident Insurance Clause

**Registration No. (Ping An Property & Casualty) (Registration - General Accident
Insurance) 【2018】 (Main Insurance) No. 041**

General Provisions

Article 1 The insurance contract incorporates insurance clauses, insurance applications, insurance policies and endorsements. Any agreement related to the insurance contract shall be in written form.

Article 2 The Insured of this insurance contract shall be a natural person who is under 80 years old and in healthy condition and is capable of regular work and life.

Article 3 The Applicant of this contract shall be the Insured himself/herself with full capacity for civil conduct or any other person who has an insurable interest to the Insured.

Article 4 The beneficiary of this contract shall include:

1. Beneficiary of death benefit

The Insured or Applicant may designate one or more persons as the beneficiaries of the death benefit when entering into the contract. If there is more than one beneficiary, the Insured or Applicant shall determine their sequence and proportion of the benefits; in the absence of such determination, all the beneficiaries should share the benefits on an equal basis. The Applicant shall ask for the Insured's consent when determining the beneficiary.

In the case of one of the following conditions after the Insured's death, the benefits shall be handled as the Insured's legacy and the Insurer shall fulfill the obligation of payment according to the Law of Succession of the People's Republic of China.

(1) There is no designated beneficiary or the designation of the beneficiary is not clear enough to determine;

(2) The beneficiary died before the Insured and there is no other beneficiary;

(3) The beneficiary forfeits the right of succession according to laws or waives such right and there is no other beneficiary

If the beneficiary and the Insured dies in the same accident and it is impossible to determine the sequence of the deaths, it is assumed that the beneficiary dies first.

The Insured or the Applicant may change the beneficiary of the death benefit by giving a written notice to the Insurer, and the Insurer shall endorse on this contract. **The Insurer shall not be liable for any legal dispute arising out of the change of the beneficiary of the death benefit.**

The designation or change of the beneficiary of death benefit by the Applicant shall be subject to the written consent of the Insured. If the Insured is a person without capacity for civil conduct or a person with limited capacity for civil conduct, the beneficiary of death benefit shall be designated or changed by the guardian of the Insured.

2. Beneficiary of disability benefit

Unless otherwise agreed, the beneficiary of the disability benefit under this insurance contract shall be the Insured himself/herself.

Scope of Cover

Article 5 During the period of insurance, if the Insured suffers death, disability during staying at hotel, the Insurer shall pay the benefits according to the following agreements.

1. Liability for death benefit

During the period of insurance, if the Insured suffers an accident during staying at hotel and dies within 180 days due to the occurrence of such accident, the Insurer shall pay the death benefit according to the Accident Sum Insured specified in the policy and **the Insurer's liability for the Insured shall be terminated.**

If the Insured suffers an accident and disappears since the accident date and is then declared dead by the People's Court, the Insurer shall pay the death benefit according to the Accident Sum Insured specified in the policy. **However, in case that the Insured is confirmed alive after the declaration of death, the payee of the benefits shall refund the death benefits to the Insurer within 30 days after he/she knows or should know the fact that the Insured is alive.**

In case the Insurer has paid for the injury or disability benefit described in paragraph 2 before the Insured's death, such amount already paid shall be deducted from death benefit.

2. Liability for disability benefit

During the period of insurance, if the Insured is injured in an accident during staying at hotel and suffers disability of any grade in the attached "Assessment Standards of Injury and Disability for Personal Insurance (standard code JR/T0083-2013, hereinafter referred to as "Assessment Standards of Injury and Disability") within 180 days due to the occurrence of such accident, **the Insurer shall pay injury and disability benefit by multiplying the Accident Sum Insured specified in the policy by the corresponding percentage in Assessment Standards of Injury and Disability.** If the treatment still continues after 180 days, the Insurer will pay the injury and disability benefit according to the Insured's physical condition examination on the 180th day.

(1) In case that two or more parts of the Insured in are injured or disabled due to the same insured event, the grades of injury and disability for each part shall be assessed separately first, if the grades of injury and disability is different, the most severe grade of injury and disability shall be the final assessment; if the grades of injury and disability for such parts are the same, one grade will be increased on the basis of the original assessment grade at the most, the first grade is the top grade that can be increased to. In case of injury and disability on the same part and with the same nature, no more than two articles of the Assessment Standards of Injury and Disability shall be applied or the same article of which shall not be applied for more than two times.

(2) In case that the Insured is injured and disabled before this accident, the Insurer shall pay the disability benefit according to the corresponding indemnity percentage of the combined injury and disability in Assessment Standards of Injury and Disability, but the indemnity for the original disability according to the Assessment Standards of Injury and Disability shall be deducted.

During the period of insurance, the aggregate amount of insurance benefits under paragraph 1 and 2 above shall not exceed the limit of indemnity for accident specified in the policy.

Exclusions

Article 6 The Insurer will not pay benefit if any of the following cause results in

the Insured's death or disability:

- 1. Intentional act of the Applicant;**
- 2. The Insured's committing self-hurt or suicide, except that the Insured is a person without capacity for civil conduct when committing suicide;**
- 3. Fighting, being attacked or murdered caused by the Insured's provocation or intentional act;**
- 4. The Insured's pregnancy, miscarriage, childbirth, disease, drug allergies, heat stroke, sudden death;**
- 5. The Insured's receipt of cosmetic surgery and other medical operation or surgery;**
- 6. The Insured's taking, using, injecting drug without doctor's advice;**
- 7. Nuclear radiation, nuclear explosion or nuclear pollution;**
- 8. Terrorist attack;**
- 9. The Insured commits crime or resists arrests.**

Article 7 If the Insured suffers death or disability during the following period, the Insurer shall not be liable to pay benefits:

- 1. War, military actions, riots or armed rebellion;**
- 2. When the Insured is drunken or under the influence of drugs or controlled substance**
- 3. Accident taking place outside of the hotel.**

Sum Insured and Premium

Article 8 The sum insured is the maximum amount that shall be paid by the Insurer.

The insured amount for total disability under this rider shall be determined by the Applicant and the Insurer, and specified in the policy.

The Applicant shall pay the premium to the Insurer according to the contract.

Period of Insurance

Article 9 The period of insurance of this insurance contract shall be determined by the Insurer and the Insurance Applicant, the time of commencement and termination being subject to the stipulation in the policy.

Obligations of the Insurer

Article 10 The Insurer shall issue the policy or other insurance certificates in a timely manner after the establishment of the insurance contract.

Article 11 According to Article 17, if the Insurer deems the evidence or materials provided by the Insured incomplete, the Insurer shall timely request the Applicant and/or Insured to supplement all additional documents once for all.

Article 12 The Insurer shall, in a timely manner after the receipt of a claim for payment of the insurance benefits from the Insured, ascertain and determine whether the claim is within the liability of the Insurer; for a complicated case, the Insurer shall make decision as

quickly as possible after the complete information of the claim is collected.

The Insurer shall notify the Insured of the decision and fulfill the obligation of payment within ten (10) days after reaching the agreement with the Insured if the event falls within the cover of the policy. If the time limit for indemnity is specifically stipulated in the insurance contract, the Insurer shall make payment within such time limit. If the event is not covered in this policy, the Insurer shall issue the Insured a rejection letter and explain reasons within three (3) days from date of making decision according to the preceding paragraph.

Article 13 The Insurer shall pay in advance the amount determined by the proof or documents on hand if the payment amount cannot be finally determined within sixty (60) days from such reception of the Insurer. The Insurer shall pay the remaining amount to the Insured after the final amount is adjusted.

Article 14 The Insurer shall refund net unearned premium to the Applicant in accordance with the relevant regulations of Insurance Law if the Applicant makes a legal request.

Obligations of the Insurance Applicant and the Insured

Article 15 Unless otherwise specified, the Applicant shall pay premium upon entering into the insurance contract.

Article 16 When entering an insurance contract, the Applicant shall make true representations if the Insurer makes inquiries on the subject-matter insured or the Insured.

If the Applicant fails to comply with the obligations of making honest representation aforementioned due to willful act and/or gross negligence, which may affect the Insurer's decision as to whether he accepts the risk or raises the premium rate, the Insurer has the right to cancel the insurance contract.

The Insurer's right to terminate an insurance contract aforementioned is void if not exercised by the Insurer within thirty days after acknowledgement of any events triggering termination of this policy. This right is also void after two years of the establishment of an insurance contract and the Insurer shall be liable for indemnity in respect of an insured event.

If the Applicant willfully fails to comply with the obligations of making honest representations, the Insurer shall not be liable for any loss of or damage to the Item Insured prior to the cancellation of the policy, and premium shall not be refunded.

If the Applicant fails to comply with the obligations of making true statement due to gross negligence, the Insurer shall not be liable for any loss of or damage to the Item Insured prior to the cancellation of the policy, but the premium shall be refunded.

The Insurer shall not terminate the insurance contract where he has already known when contracting that the Insured fails to give representations in truth. The Insurer shall still be liable for indemnity in respect of an insured event.

Article 17 The Applicant shall give the Insurer timely notice of any change of his/her residence or mail address. If the Applicant fails to notify the Insurer, any related notification sent by the Insurer as per the final residence or mail address specified in the Policy shall be deemed as having been delivered to the Applicant.

Article 18 The Applicant and/or the Insured shall notify the Insurer immediately upon acknowledgement of any occurrence of the insured event. **If the Applicant and/or the Insured fail to notify the Insurer in time due to his/her willful act or gross negligence,**

which makes the Insurer cannot make sure the nature, cause and extent of the loss, the Insurer shall not indemnify the Insured in respect of the uncertain part, except that the Insurer has known the occurrence timely by other means or should have known the occurrence timely.

The above agreement does not include the delay caused by force majeure.

Article 19 Upon occurrence of the insured event, the Insured shall be treated in the defined hospital if necessary; in case the Insured is not treated in the defined hospital due to emergency, the Insured shall notify the Insurer within three days and be transferred to the defined hospital in time according to the conditions. In case the Insured shall be transferred to the undefined hospital, the Insured shall make a written request to the Insurer; the Insurer shall make its determination within three days after receipt of the request; the Insurer shall pay benefit for medical expenses occurred during treatment in accordance with this insurance contract if the Insurer approves the Insured's request.

Claim and Payment of Insurance Benefit

Article 20 The benefits applicant shall submit the following certificates and documentary materials when making claims under the policy. If the benefits applicant fails to provide the following materials for special reasons, he/she shall provide other legal and valid materials. **In the event that the Insurer is unable to verify the authenticity of the claim due to the benefits applicant's failure to provide related materials, the Insurer shall not be liable to pay for the uncertain part.**

1. Claim for death benefit

- (1) Benefit application form;
- (2) Original policy;
- (3) The identification certificate of the benefits applicant;
- (4) The death certificate of the Insured issued by the public security department or medical institution. If the Insured is declared dead, the benefits applicant shall present the certificate of declaration of death issued by the people's court;
- (5) Certificate of deregistration of the Insured's registered permanent residence;
- (6) Copies of hotel accommodation vouchers, receipt of travel fares for the travel, as well as the originals for checking;
- (7) Certificate on accident taking place in operating premises of the hotel issued by the hotel;
- (8) Any other evidences and materials provided by you and the Insured to identify the nature and cause of the insured accident and the extent of loss;
- (9) If the benefits applicant entrusts other person to claim, he/she shall provide the original authorization letter, identification certificate of the trustor and the trustee, as well as other related certificates.

2. Claim for injury and disability benefit

- (1) Benefit application form;
- (2) Original policy;
- (3) Identity document of the Insured;
- (4) Medical certificate for injury and disability identification issued by medical institute of second-level or above or recognized by the Insurer or the judicial identification institute;

(5) Any other evidences and materials provided by you and the Insured to identify the nature and cause of the insured accident and the extent of loss;

(6) If the benefits applicant entrusts other person to claim, he/she shall provide the original authorization letter, identification certificate of the trustor and the trustee, as well as other related certificates.

(7) Copies of hotel accommodation vouchers, receipt of travel fares for the travel, as well as the originals for checking;

(8) Certificate on accident taking place in operating premises of the hotel issued by the hotel;

Article 21 The right of the Insured to claim for indemnity shall lapse if the Insured fails to exercise such right within two years from the date the Insured is or should be aware of the occurrence of the insured event.

Dispute Settlement and Law Application

Article 22 Disputes arising from the execution and performance of the policy shall be settled through negotiation between the parties hereto. Should no settlement be reached, the case in dispute shall be submitted to the arbitration institution specified in the policy; where no arbitration institution is specified in the policy and no arbitration agreement is reached after disputes, either party hereinto may bring litigation to the people's court of P. R. China.

Article 23 Any dispute with regard to the policy should apply the laws of P. R.China (excluding the laws of Hong Kong, Macao and Taiwan area).

Other Provisions

Article 24 In case of the conversion between the foreign currency and RMB, the Insurer's payment shall be calculated at the exchange rate announced by the People's Bank of China at the date of processing the payment.

Article 25 The Insurance Applicant and the Insurer may amend the contents of the insurance contract subject to mutual agreement.

Should there be any amendments to the insurance contract, the Insurer shall endorse the original policy or any other insurance certificates, or issue an endorsement slip attached to the insurance contract or insurance certificates, or conclude a written agreement of amendment with the Insurance Applicant.

Article 26 The Insurance Applicant may notify the Insurer in writing to terminate the insurance contract after the establishment of the insurance contract, except that the Insurer has paid insurance benefit according to the insurance contract.

When the Applicant requests cancellation of the policy, he/she shall submit the following documents and materials:

1. Application for cancellation of insurance contract;
2. Original policy;
3. Payment receipt of premium;
4. Identity document of the Insurance Applicant;

Where the Applicant requests cancellation of the insurance contract, the effectiveness of insurance contract shall be canceled upon the Insurer's reception of the cancellation

application. The Company shall refund the unearned net premium under the policy within 30 days after receipt of the above evidences and materials.

Definitions

Article 27

【Hotel】 refers to operating premises that duly approved by the authority for rendering accommodation and beverage.

【Operating premises of hotel】 refer to the business place where the hotel legally owns and allows guests to enter legally, including but not limited to rooms, restaurants, conference rooms, public corridors, elevators, recreational places in the hotel, physical fitness sites, bathing centers, beauty and hairdressing centers, infant nursing rooms and children's entertainment rooms, hotel attached beach, river beach and terrace.

【Year of age】 refers to chronological age calculated on basis of date of birth recorded in legal identification documents.

【Insurer】 refers to Ping An Property & Casualty Insurance Company of China who signs the insurance contract with the Applicant.

【Accidental injury】 refers to any bodily injury directly and solely caused by any extraneous, sudden, unintentional and non-disease objective event.

【Disability Assessment Standard and Code for Life Insurance】 Disability Assessment Standard and Code for Life Insurance (JR/T 0083 - 2013) is a financial industry standard issued by the China Insurance Regulatory Commission (CIRC [2014] No. 6) and filed to the National Standardization Committee of the People's Republic of China.

【Drunken】 means that the alcohol content occupies 80 mg / 100 mL or more in blood.

【Hospital】 refers to the designated hospital by the Insurer and the Applicant. In case of no designated hospital, refers to the public hospital of second-level II or above evaluated by the Health Department of P.R.C., but excluding asylum and medical institute mainly for non-direct treatment, such as convalescence, rest cure, abstinence of drugs, abstinence, attendance, nursing and etc.. Such hospital must have medical appliances in accordance with national standards in related hospital management regulations and qualified doctors and nurses providing medical and attending service 24-h a day.

【Unearned net premium】 Unearned Net premium= premium * (1-passed days/total policy period days) * (1-25%). One day applies if the passing period is less than 24 hours.

【Force majeure】 refers to the objective situation that cannot be foreseen, avoided or overcome.

【Benefits applicant】 refers to the beneficiary or the legal heirs of the insured, or other natural person who is entitled to claim for insurance benefit.

5.

Ping An Property & Casualty Insurance Company of China, Ltd.

Rider of Indemnity for Medical Expenses Clause for Ping An Oversea Travel Insurance (Suite A)

Registered No.: C00001732522018053018422

General Provisions

Article 1 This rider shall be added to various of accident insurance contract (hereinafter referred to as "main insurance contract"). Insurance clauses, insurance applications, insurance policies, insurance certificates and endorsements affixed to the main insurance contract incorporates, which are related to this rider, shall be integrate part of this rider. Any agreement related to this rider shall be in written form.

In case of any conflict between the provisions of the main insurance contract and this rider, the provisions of this rider shall prevail. Any matter not addressed in the rider shall be subject to the provisions of the main insurance.

Scope of Cover

Article 2 The Insurer shall be liable for the insurance liability according to the following agreements:

1. Overseas medical expenses

If the Insured suffers from an accident or disease under the the main insurance contract during travel and must be treated in overseas medical institution, the Insurer shall pay overseas medical expenses benefit for necessary and reasonable medical expenses actually paid by the Insured according to this rider, **but the amount of indemnity shall not exceed the sum insured specified in the policy.**

The above-mentioned medical expenses refer to the following medical expenses listed in medical expense voucher, **subject to the charge standard approved by the local authority, including:**

- (1) Hospitalization expenses, surgical expenses and ambulance fare;
- (2) Out-patient treatment, doctor diagnosis, prescription cost.
- (3) Prescription drugs, inspection and testing (including X-ray examination), nursing, medical supplies (such as bandages) and other expenses.

In the event that the Insured is unable to move his body and can not be transported home before the scheduled return trip as a result of accidental injury or sudden acute disease, during which the Insurer shall be liable for overseas medical expenses until the Insured can move.

The period during which the Insurer is liable for the overseas medical expenses of the Insured shall not exceed ninety (90) days from the date of occurrence.

2. Medical expenses for return country

If the Insured suffers from an accident or disease under the the main insurance contract during travel and must be treated in overseas medical institution, and must be treated in domestic hospital after return country due to such accident or disease, the Insurer shall pay domestic medical expenses benefit **for necessary and reasonable medical expenses actually paid by the Insured which can be reimbursed according to this rider, but the**

period of indemnity shall not exceed 30 days upon return county. In the case that the Insured can obtain compensation for medical expenses from the publicly funded health care, social basic medical insurance, other compensatory medical insurance, government agencies or social welfare agencies, **the Insurer shall only liable for the residual part and the amount of indemnity may not exceed the sum insured specified in the policy.**

In the case that the Insurer has no publicly funded health care, social basic medical insurance, other compensatory medical insurance, government agencies or social welfare agencies, or has never obtained compensation for medical expenses from the publicly funded health care, social basic medical insurance, other compensatory medical insurance, government agencies or social welfare agencies, the Insurer shall indemnify the amount insured for reasonable and necessary hospitalization expenses actually paid by the Insured, **but shall not exceed twenty percent (20%) of relevant insurance amount under this rider stated in the policy.**

During the period of insurance, the aggregate amount payable by the Insurer under the above Item 1 and 2 shall not exceed of the relevant insurance amount stated in the policy.

Exclusions

Article 3 The exclusions under the main insurance shall still be applicable to this rider.

Article 4 The Insurer shall not pay benefit under the following cases:

- 1. The Insured travels against the doctor's advice;**
- 2. The Insured's purpose of travel is to seek or accept medical treatment;**
- 3. According to the opinion of the Insured's chief physician, treatment can be reasonably delayed until the Insured returns to the territory but the Insured persists in the treatment or operation carried out abroad.**

Article 5 The Insurer shall not pay benefit for the following expenses:

- 1. Previous disease, chronic disease, mental disease, sexually transmitted diseases, HIV or AIDS, hereditary disease, congenital disease or defect, congenital malformations, mutation, chromosome abnormality;**
- 2. The cost of dental treatment or surgery performed to the Insured not for accidental injury, and the cost of dental restoration or tooth shaping due to for any cause;**
- 3. Any expense caused by eyesight correction not resulting from accidental injury, and optometry examination fees for the purpose of eyesight correction;**
- 4. Costs for routine physical examination, preventive treatment, rehabilitation therapy and psychotherapy;**
- 5. The treatment of Chinese herbal medicine, traditional Chinese medicine or traditional Chinese medicine, traditional Chinese medicine treatment includes but not limited to the spinal finger pressure treatment, foot treatment, dietitian treatment, physiotherapy, acupuncture, osteopathy treatment;**
- 6. The expenses for surgery not requiring emergent treatment, such as cosmetic surgery, plastic or preventive surgery;**
- 7. Nutrition cost;**
- 8. Medical record, diagnosis certificate and original vouchers which are not issued by the local hospital.**

Sum Insured

Article 6 The sum insured is the maximum amount that shall be paid by the Insurer. The insured amount for total disability under this rider shall be determined by the Applicant and the Insurer, and specified in the policy.

Obligations of the Insurance Applicant and the Insured

Article 7 Upon occurrence of the insured event, the Insured shall immediately contact the assistance organization authorized by the Insurer through emergency call center provided by the Insurer, and shall accept medical treatment in the medical institution designated or arranged by the assistance organization. In case of abnormal emergency, the Insured shall immediately notify the assistance organization after the resumption of the operation when the Insured is temporarily unable to get in touch with the assistance organization due to emergency medical treatment.

If the Applicant fails to notify the Insurer in time due to his/her willful act or gross negligence, which makes the Insurer can not make sure the nature, cause and extent of the loss, the Insurer shall not indemnify the Insured in respect of the uncertain part.

The Insurer shall not liable for extended loss caused by the Insured's failure to give a notification in time.

Article 8 The Insured shall allow the Insurer to reasonably investigate the cause, process of the accident and extent of loss, provide relevant information and documents, if necessary, authorize or permit his/her attending doctor to response the information required by the Insurer, the assistance organization and authorized doctor. **The Insurer shall not liable for the loss which can not be determined by the Insurer if the Insured fails to fulfill the aforesaid obligations.**

Claim and Payment of Insurance Benefit

Article 9 The benefits applicant shall submit the following materials when making claims under the policy. If the benefits applicant fails to provide the following materials for special reasons, he/she shall provide other legal and valid materials. **In the event that the Insurer is unable to verify the authenticity of the claim due to the benefits applicant's failure to provide related materials, the Insurer shall not be liable to pay for the uncertain part.**

1. Benefit application form;
2. Policy number;
3. Identification document of the Insured;
4. Medical record, diagnosis certificate and original vouchers issued by the hospital;
5. Any other evidences and materials provided by the benefit applicant to identify the nature and cause of the insured accident and the extent of loss.

Other Provisions

Article 10 In case one of the following circumstances occurs, this rider shall be terminated:

1. The main insurance contract is terminated;
2. The Insurance Applicant terminates this rider.

Definitions

【Previous disease】 refers to disease or symptoms which is known or should know suffered before commencement date of this insurance. Including but not limited to: before commencement of the insurance contract, a clear diagnosis has been given by the doctor, but without treatment; or without the doctor's diagnosis and treatment, but significant symptoms persist, and it should be aware by general medical knowledge.

【Suffering from AIDS or infected with HIV】 HIV refers to human immunodeficiency virus, abbreviated as "HIV". AIDS refers to acquired immunodeficiency syndrome caused by human immunodeficiency virus, abbreviated as AIDS. If HIV or its antibody shows positive detecting in human blood or other samples and there are no clinical signs or symptoms, which may be considered as HIV infection; if there are obvious clinical symptoms or signs at the same time, which may be considered as suffering from AIDS.

【Doctor】 refers to a doctor who works in a medical institution with the right to prescribe, or a doctor who is legally registered in the area where the Insured is in and has a medical qualification. A doctor cannot be the Insured himself/herself, the agent, partner, employee or employer of the Insured, or the family member of the Insured.

【Medical institution】 refers to institutions that meets all the following requirements:

1. Has a legitimate business license;
2. The main purpose of the establishment is to provide hospitalized treatment and care services to the injured and sick;
3. There are qualified doctors and nurses to provide twenty-four hours of medical and nursing services throughout the day;
4. Medical institutions mainly used as clinic, rehabilitation, nursing, recreation, rest, temperance, drug treatment or similar medical institutions.

If medical institution is located in the territory of China (excluding Hong Kong, Macau and Taiwan), refers to the public hospital identified as level 2 or above by the health department of the People's Republic of China,

6.

**Ping An Property & Casualty Insurance Company of China,
Ltd.**

**Ping An Overseas Travel Emergency Medical Assistance
Service Clauses (Type C)**

General

Article 1 This Assistance Service Clauses shall be added to accidental injury insurance contracts (hereinafter referred to as “main insurance contract”). Any insurance clause, application form, policy, insurance certificate, endorsement and any other material attached to the main insurance contract, which are related to the service clauses, shall be an integral part of the service clauses. Any agreement related to the service shall be in written form.

In case of any conflict between the provisions of the main insurance contract and the service clauses, the provisions of this service clauses shall prevail. Any matter not addressed in the service clauses shall be subject to the provisions of the main insurance contract.

Content of Assistance Services

Article 2 During the policy period of the main insurance contract, if the Insured suffers an accidental injury or acute illness as agreed in the main insurance contract during the course of oversea travel, the Company shall, through the agreed assistance organization, provide all or part of the following emergency assistance items as specified in the contract and undertake relevant expenses arising therefrom within the service fees specified in the contract. Where the Insured holds multiple products of the Company and has the same assistance service in different products, the expenses borne by the Company shall be limited to the maximum service limit.

(I) Medical Transport or Repatriation

As considered necessary by the authorized doctor and when the local hospital condition is not good enough to treat the Insured, the Insurer will transport the Insured through the assistance organization to the hospital considered most appropriate by the authorized doctor, by means of most suitable medical appliances, transporting facilities and attenders.

As considered necessary by the authorized doctor, or the authorized doctor and the attending doctor both confirm that the Insured is in good status to be repatriated, the Insurer will, through the Assistance Organization repatriate the Insured back to his/her place of permanent residence or to the hospital nearest to the place of permanent residence by normal air flight (economic class) or in other economic ways, and undertake relevant transport expenses. In this case, the Insurer will endeavour to use the original return ticket that the Insured previously bought, or will collect and deal with it if it is out of date.

According to the Insured's physical condition or treatment requirement and referring to the doctor's advice, the Assistance Organization or its authorized representative has the right to determine the ways of transport or repatriation and the destination of transport.

The ways of transport or repatriation includes equipped with professional doctor, nurse and necessary transporting facilities. Transporting facilities may include rescue airplane, ambulance, normal air flight, train or other suitable transporting facilities.

Transport or repatriation expenses include expenses incurred in transport, medical attendance, medical facilities and supplies during the transport arranged by the Assistance Organization or its authorized representative. Such expenses after confirmed by the Insurer will be directly paid to the Assistance Organization and shall be subject to the Insurance Amount specified in the policy. In case that the actual expenses exceed limit amount for service, the Insured shall assume the excess part.

The Insurer will not be liable for any expense incurred in transport or repatriation not confirmed and arranged by the Assistance Organization or its authorized representative. Under an extreme emergency situation, where the Insured is not able to contact the Assistance Organization due to bad health status or other objective causes, the Insurer has the right to pay the reasonable expense that will be incurred if supplied or arranged by the Assistance Organization in the same situation.

(II) Body/Cremains Repatriation

If the Insured suffers an accidental injury or acute illness agreed under the main insurance contract and dies overseas completely and directly due to such accident or acute illness, at request of the Insured's relative, the Assistance Organization or its authorized representative will arrange to preserve or cremate the body according to the actual situation without violation of the local overseas laws, and repatriate the body or cremains to the place appointed by the Insured's relative or the Insured's place of residence specified in his/her legal and valid certificate.

The body/cremains repatriation expenses include expenses incurred in body antisepsis, preservation, cremation, transport and urn and the total expense shall be subject to the sum insured specified in the policy.

(III) Local Burial / Funeral Expenses

If the Insured suffers an accidental injury or acute illness agreed under the main insurance contract and dies overseas completely and directly due to such accident or acute illness, at request of the Insured's relative and without violation of the local overseas law, the Assistance Organization or its authorized representative will arrange to bury the deceased locally overseas. The Company undertakes relevant expenses subject to the limit amount for service specified in the contract.

(IV) Funeral Affairs Arrangement

If the Insured suffers an accidental injury or acute illness agreed under the main insurance contract and dies within 30 days completely and directly due to such accident or acute illness during the travel, at request of the Insured's relative and upon the consent of the Assistance Organization, one of the Insured's adult direct relatives may go to the Insured's place of death, and the Insurer will undertake the actual and reasonable expenses incurred for such trip of the relative to and from the place of death by normal air flight, ship ticket or train ticket and his/her accommodation, subject to the service limit specified in the contract.

(V) Passionate Visit

If the authorized doctor and the attending doctor both confirm that the Insured's hospitalisation overseas looks likely to last for more than 8 days (not including 8 days), at request of the Insured and upon the consent of the Assistance Organization, one of the Insured's adult direct relatives may have a passionate visit trip to the Insured's place of hospitalisation, and the Insurer will undertake the actual and reasonable expenses incurred for such trip to and from the place of hospitalisation by normal air flight or in other economic ways and his/her accommodation, subject to the service limit specified in the

contract.

(VI) Emergency Search and Rescue

If the Insured suffers an accident and for this reason becomes the subject of a search or assistance conducted by the Assistance Organization, the Insurer will pay such search and assistance costs, subject to the service limit specified in the contract.

(VII) Hotel Accommodation During Recuperation Period

If the attending doctor and the assistance organization of the Insured jointly agree that the Insured should be recuperated in the local area due to medical needs after discharge, the assistance organization shall arrange the Insured to stay in a local hotel for recuperation immediately after discharge, and the Company is liable for bearing the hotel room expenses, and the maximum compensation days and daily fee limit are specified in the contract.

(VIII) Emergency Return to the Country of Residence

In the event of the death of an immediate family member within the territory of the Insured, if the Insured is travelling outside China (excluding immigrants) and needs to return to the country of residence in an emergency manner, the assistance organization shall arrange the return, and the Company shall bear the cost of a one-way economy class air ticket.

(IX) Arrangement and Payment for the Return of Minor Children

Where the minor children under the age of eighteen years old (including) are left unattended due to the accident, acute disease, emergency medical transfer or death of the Insured, the assistance organization shall arrange the minor children of the Insured to take the economy class of ordinary flight and return to China via the shortest route, and the Company will be liable for the cost of one-way economy class ticket, but the original tickets of the Insured shall be handled by the Company. If necessary, the assistance organization shall arrange escorts to escort the minor children back to China and the Company shall bear the relevant costs.

Article 3 During the policy period of the main insurance contract, if the Insured suffers an accidental injury or acute illness as agreed in the main insurance contract during the course of oversea travel, he/she may contact the assistance organization stipulated in the insurance contract via the Company's assistance telephone and the Assistance Organization and its authorized doctor shall provide the Insured with all or part of the following emergency assistance items as specified in the contract:

(I) Telephone Medical Consultation

During travel overseas, the Insured can contact the assistance organization to obtain medical consultation service of the doctor in case of physical discomfort or emergency medical situation.

(II) Medical Institution Referral and Suggestion

The assistance organization may introduce and recommend the local medical institution which can meet treatment requirements and recognized by the Insurer or has cooperative relationship with the assistance organization for the Insured according to the Insured's request, health conditions and illness status, including doctor, hospital, clinic, dentist with details such as name, address, expertise, telephone number and working hours, etc.

(III) Assistance of Medical Treatment Arrangement

The assistance organization may assist the Insured to arrange the local medical institution (including doctor, hospital, clinic, dentist) which can meet treatment requirements and recognized by the Insurer or has cooperative relationship with the

assistance organization according to the Insured's health conditions and illness status. In case of severe illness, the assistance organization may assist to arrange the Insured to be treated.

(IV) Outpatients Appointment

If the Insured needs to seek medical advice due to accidental injury or acute disease when traveling outside China, on the premise that the Insured calls the assistance phone at least 12 hours in advance, the assistance organization shall try its best to arrange outpatient appointment for the Insured in the local network hospital according to local laws and regulations and hospital rules and regulations.

(V) Security or Advancement for Hospitalization Medical Expenses

If the Insured suffers from an accident or sudden acute disease during overseas travel, and accepts hospitalization treatment which is covered under overseas travel insurance contract held by the Insured, at the request of the Insured, the assistance organization may provide a security or an advancement for hospitalization medical expenses within the coverage and sum insured.

(VI) Medical Translation Services

The assistance organization may arrange for medical translation services by telephone for the Insured.

(VII) Delivery of Required Medicine and Medical Supplies

If the Insured is unable to obtain the basic medicine and medical supplies required for attendance and treatment in the local place, the assistance organization shall arrange delivery service with its best efforts. Provided that the delivery of such medicine or medical supplies is in accordance with the local laws and regulations.

The cost of the aforesaid medicine and medical supplies and the delivery expenses shall be undertaken by the Insured himself/herself.

(VIII) Delivery of Emergency Message

In case of emergency or injury, the assistance organization shall notify the relatives or employer of the Insured as soon as required by the Insured.

(IX) Travel Information Consulting Services

The Insured may contact the rescue service before and during the trip to obtain passport and visa, local vaccination requirements and needs, weather, local language, exchange rate information.

(X) Information about Embassies and Consulates

As requested by the Insured, the assistance organization may provide the phone number and address of the Chinese embassy and consulate in the destination country and the phone number and address of the embassy and consulate in the destination country.

(XI) Assistance for Luggage Delay and Loss

If the Insured travels by taking a commercial airplane and the baggage is lost or delayed during the journey, the assistance organization may recommend the relevant authorities such as airlines, customs, etc., to assist the Insured in getting back his/her baggage.

(XII) Passport Loss Assistance

If the Insured's important identity documents such as passports and travel documents are lost or stolen while traveling abroad, the assistance agency may provide the Insured

with information related to the reissue procedures and introduce appropriate departments or organizations for reissue of relevant documents.

(XIII) Rearrangement for the Travel Plan

If the Insured can not continue the travel as the original schedule due to emergency, the Assistance Organization can assist the Insured in rearranging the flight, hotel and travel plan. The Insured shall undertake expenses resulted therefrom.

(XIV) Assistance of Hotel Accommodation Arrangement

If the Insured needs to be accompanied by relatives and friends during the overseas hospitalization, the assistance organization may assist in arranging the accommodation of such relatives and friends in overseas hotels.

(XV) Emergency Telephone Translation Service / Introduction of Local Translation Service

In case of emergency during overseas travel, the Insured may call the assistance organization for free short and urgent telephone translation service. The assistance organization may also assist in introducing local translators, including addresses, telephone numbers and working hours, but the cost of employing a translator shall be borne by the Insured.

(XVI) Emergence Legal Aid Service

At the request of the Insured, the assistance organization may assist in introducing the local law firm, or even in arranging bail, at the expense of the Insured.

(XVII) Delivery of Emergency Document

At request of the Insured, the assistance organization can deliver emergency document to the Insured's relative or colleague, however, the Insured shall undertake relevant delivery expenses resulting therefrom.

Exclusions

Article 4 The exclusions under the main insurance contract shall still be applicable to this terms & conditions.

Article 5 The Insurer shall not provide assistance services for the losses or expenses due to the following causes:

(I) Previous disease, chronic disease, mental disease, sexually transmitted diseases, HIV or AIDS, hereditary disease, congenital disease or defect, congenital malformations, mutation, chromosome abnormality.

(II) Aggravation of disease existed before applying the insurance, which can be predicted before travel.

(III) Pregnancy, childbirth, abortion, infertility, contraception and sterilization operation.

(IV) Impairment caused by drug allergies or other medical behaviors.

(V) Mental illness or disease caused by unconsciousness due to taking alcohol, drugs, narcotics, tranquilizers, sleeping pills or other narcotic substances.

(VI) Intentional act of the Applicant;

(VII) The Insured's self-injury, suicide, crime or resisting arrest.

Article 6 The Company shall not provide assistance services for the losses or expenses due to the following cases:

- (I) The Insured travels against the doctor's advice;**
- (II) The Insured's purpose of travel is to seek or accept medical treatment.**

(III) The Insured has already known that he/she must receive medical treatment or other treatment (such as dialysis) required by physicians for medical reasons if the travel started as schedule when the Insured starts the travel;

(IV) The period that the Insured stays in the country of origin or the area where he/she has permanent residence.

Article 7 The Insurer shall not be liable for the following expenses:

(I) The expenses that shall be undertaken by the Insured himself/herself specified in the clauses or the insurance contract.

(II) Any expense charged by a third party except for the assistance organization

(III) Any expense for service not covered in this policy and agreed between the Insured and the assistance organization.

Service Limit

Article 8 The amount of indemnity for assistance service under the coverage of the clauses shall be subject to the service limit set forth in the contract.

Obligations of the Insured

Article 9 Upon occurrence of the insured event, the Insured is obligated to immediately contact the assistance organization through the call center provided by the Insurer and handle medical transport or repatriation, body/cremains repatriation, search or assistance as per the assistance organization's confirmation and arrangement. The consent of the assistance organization is required prior to the trip of the Insured's relative. **If the Insured fails to comply with the obligations aforesaid, the assistance organization has the right to suspend service and the Insurer will not be liable for any expense.**

Article 10 When requesting assistance services, the Applicant for assistance services shall provide the following certificates and materials to our company:

- (I) Application for assistance services;
- (II) Original policy;
- (III) Identification of the applicant for assistance services;
- (IV) Formal expense bills or valid receipts (such as traffic expense, accommodation expense, funeral expense and so on);
- (V) Accident certificate, such as the death certificate of the Insured issued by the public security department or medical institution, certificate of deregistration of the Insured's registered permanent residence, medical case record issued by the hospital, the certificate of the expected hospitalization time and extent of illness issued by the attending doctor;
- (VI) Any other evidences and materials provided by the assistance service applicant to identify the nature and cause of the insured event and the loss severity.

In the event that the assistance service applicant is unable to verify the losses as a result of his/her failing to fulfill the obligation of providing claiming materials stipulated in the preceding paragraph, the Insurer is not liable for indemnity of the parts which the

Company cannot determine.

Definitions

Article 11

[The Company] Ping An Property & Casualty Insurance Company of China, Ltd.

[Within the territory/Within China] refers to within the territory of People's Republic of China, excluding Hong Kong, Macao and Taiwan.

[Oversea/Outside China] refers to countries or districts outside People's Republic of China, including Hong Kong, Macao and Taiwan.

[Accident] refers to foreign, sudden, unexpected and non-illness object event which results in bodily injury, none of the above conditions can be omitted.

[Acute disease] refers to the disease for which the Insured has not received any treatment or diagnosis prior to the effectiveness of the Insurance Contract, it must be suffered during the travelling and must be treated immediately to avoid physical or life damage to the Insured, excluding previous diseases, chronic diseases, mental disease, schizophrenia, AIDS, sexually transmitted diseases, genetic diseases, congenital disease or defect, congenital malformation, dental treatment (except dental outpatient treatment led by accidental injury), preventive operation and other non-emergency operations and organ transplant.

[Place of residence] refers to the city finally decided by the Insured and confirmed by the Insurer within the territory of the People's Republic of China (excluding Hong Kong, Macao and Taiwan) where the Insured resides. If not designated, refers to the city where the main insurance contract is issued.

[Service limit] refers to the maximum amount of the service fee incurred by the assistance service agency when the assistance service agency provides one or more assistance services to the Insured in any overseas assistance accident.

[Previous diseases] refer to diseases or symptoms which have been diagnosed or have not been diagnosed but appeared typical symptoms, or have been under treatment before the effectiveness of this insurance contract, or the disease or symptoms having been diagnosed but can not be formed within a short term according to the related diagnosis and treatment materials or in the judgment on medical after the effectiveness of this insurance contract.

[Suffering from AIDS or infected with HIV] HIV refers to human immunodeficiency virus, abbreviated as "HIV". AIDS refers to acquired immunodeficiency syndrome caused by human immunodeficiency virus, abbreviated as AIDS. If HIV or its antibody shows positive detecting in human blood or other samples and there are no clinical signs or symptoms, which may be considered as HIV infection; if there are obvious clinical symptoms or signs at the same time, which may be considered as suffering from AIDS.

7.

**Ping An Property & Casualty Insurance Company of China,
Ltd.**

Ping An Travel Documents Loss Additional Coverage

Registered No.: C00001731922018091112682

General

Article 1 This additional coverage contract shall be added to various of travel accident insurance contract (hereinafter referred to as "main insurance contract"). Insurance clauses, application forms, policies, insurance certificates and endorsements affixed to the main insurance contract, which are related to this additional coverage contract, shall be an integral part of this additional coverage contract. Any agreement related to this additional coverage contract shall be in written form.

In case of any conflict between the provisions of the main insurance contract and this additional coverage contract, the provisions of this additional coverage contract shall prevail. Any matter not addressed in the additional coverage contract shall be subject to the provisions of the main insurance contract.

Coverage

Article 2 During the policy period, if the Insured loses his/her travel documents (including passport, transportation vouchers and other necessary documents to complete the travel) due to the following reasons during the travel, the Insurer shall indemnify the Insured for replacement costs of such travel documents and necessary and reasonable transport expenses and hotel accommodation fees additionally paid by the Insured, **which shall not exceed the sum insured of this additional coverage specified in the policy.**

- (I) Theft and robbery;
- (II) Traffic accident;
- (III) Fire, explosion, storm, lightning, flood, avalanche and earthquake;
- (IV) The third party's act.

Exclusions

Article 3 The Insurer shall not be liable for the following expenses:

- (I) Expenses not incurred for obtaining travel documents necessary for the travel;
- (II) Loss caused by missing of travel documents with unknown reason;
- (III) Loss of travel documents in the custody of tour guide or team leader;
- (IV) Loss incurred by the Insured under the circumstances of smuggling, illegal trade or transportation;
- (V) Loss of travel documents not belonging to the Insured;
- (VI) Loss within the deductible.

Sum insured and Deducible

Article 4 The amount of indemnity payable by the Insurer under this additional coverage shall not exceed the limit of indemnity specified in the policy.

Article 5 The deductible under this rider shall be determined by the Applicant and the Insurer, and specified in the policy.

Obligations of the Applicant and the Insured

Article 6 During the travel, the Insured should take travel documents along with him/her and take all reasonable and necessary measures to properly manage them. Upon discovering the loss of the travel documents, the Insured shall immediately take measures to find, protect or save the travel documents so as to minimize the loss. **The Insurer shall not be liable for extended loss caused by the Insured's failure to performance of the above-mentioned obligation.**

Article 7 In case of loss of travel documents, the Insured shall immediately notify the Insurer or its authorized party, and report to the nearest public security department or the police, and obtain the certificates and written proof about the facts issued by the local police. **The premise condition that the Insurer assumes liability for compensation is the written certificate submitted by the Insured. If the Applicant fails to notify the Insurer in time due to his/her willful act or gross negligence, which makes the Insurer can not make sure the nature, cause and extent of the loss, the Insurer shall have the right not to indemnify the Insured in respect of the uncertain part according to law.**

Treatment of Claim

Article 8 The benefit applicant shall provide the Insurer with the following documents and materials in case of lodging a claim:

- (I) Insurance benefit payment application form;
- (II) Policy number;
- (III) The identification certificate of the benefits applicant;
- (IV) A case report certificate, written certificate issued by a public security department or a police station, or a judgment issued by a court on third-party theft;
- (V) Original invoice or receipt of expenses for replacement of travel documents;
- (VI) The original invoice or receipt or receipts of extra traffic fees and hotel expenses;
- (VII) Any other evidences and materials provided by the benefits applicant to identify the nature and cause of the insured accident and the extent of loss.

In the event that the benefit applicant is unable to verify the losses as a result of the Insured's failing to fulfill the obligation of providing claiming materials stipulated in the preceding paragraph, the Insurer is not liable for indemnity of the parts which the Insurer cannot determine.

Article 9 In case of the occurrence of the insured event, if the Insured's losses can be indemnified under other insurance which has the same coverage as this insurance contract, **the Insurer shall bear the liability for indemnity as per the proportion of the limit of indemnity of this insurance contract to the total limit of indemnity of other insurance contracts and this one. The Insurer shall not advance the amount payable**

by other insurer(s). If the Insurer has paid more than his share due to the Insured's non-disclosure, the Insurer is entitled to claim for the portion paid in excess.

If the Insured willingly applies for more than one insurance which have the same coverage under different insurances (excluding the insurance of which the policy-holder is a group) underwritten by the Insurer for the same oversea working purpose, the Insurer will only make the indemnity according to highest insured amount, and refund the corresponding insurance premiums collected under the same coverage for other insurances.

Definitions

[Travel transport ticket] refer to the passenger plane, train, ship and coach tickets which are owned but not used by the Insured during the period of travel.

8.

**Ping An Property & Casualty Insurance Company of China,
Ltd.**

Ping An Additional Delay Insurance Clauses for Public

Transportation Vehicles (Suite A)

Registered No.: C00001731922018031302511

General Provisions

Article 1 This rider shall be added to various of accident insurance contracts (hereinafter referred to as "main insurance contract"). Insurance clauses, application forms, policies, insurance certificates and endorsements affixed to the main insurance contract, which are related to this rider, shall be integrate part of this rider. Any agreement related to this rider shall be in written form.

In case of any conflict between the provisions of the main insurance contract and this rider, the provisions of this rider shall prevail. Any matter not addressed in the rider shall be subject to the provisions of the main insurance contract.

Coverage

Article 2 During the policy period, the Insurer shall bear the following liabilities as agreed herein under the following circumstances:

(I) During the policy period, the Insurer shall indemnify the Insured the amount specified in the policy if the regular public transportation vehicle that the Insured actually takes is delayed for a continuous time specified in the policy due to adverse weather, natural disasters, mechanical failures, strikes, hijacking or sabotage, temporary protests by the carrier workers, terrorist acts, air traffic control or overbooking by the carrier .

(II) In case the carrier arranges an alternative public transportation after cancellation of scheduled public transportation and the Insured takes such alternative public transportation, the Insurer shall indemnify the Insured the amount specified in the policy if the delayed time reaches the time specified in the policy; in case the carrier fails to arrange an alternative transportation after cancellation of the scheduled public transportation and time difference between the time of cancellation (which is later than the scheduled departure time) and the scheduled departure time reaches the time specified in the policy, the Insurer shall indemnify the Insured the amount specified in the policy.

If the Insured takes more than one flight of civil aviation passenger planes during the policy period, the delayed time of different flights will not be accumulated. If the Insured has flights with consecutive flight segments and cannot successfully take the scheduled flight of the next flight segment due to the above-mentioned events, the delayed time is the sum of the actual delayed flight time of each flight segment, but it does not include the waiting time from the arrival time of the flight of the previous flight segment to the scheduled departure time of the flight of the next flight segment.

If the Insured willingly applies for more than one insurances which have the same coverage under different insurances (excluding the insurance of which the

policy-holder is a group) underwritten by the Insurer for the same overseas working purpose, the Insurer will make the indemnity only under the policy that has the highest insured amount, and refund the corresponding insurance premiums collected under the same coverage for other insurances.

Exclusions

Article 3 This rider does not apply to exclusions under the main insurance contract, but the Insurer shall not bear the liability for indemnity for the following cases:

(I) The public transportation is delayed or canceled due to the Insured's own reason;

(II) The Insured has known or should have known through reasonable assumption that the delay may be equal to or longer than the time specified in the policy when booking the public transportation or applying for an insurance.

(III) The scheduled public transportation is canceled 2 hours (inclusive) before the scheduled departure time;

(IV) The scheduled departure time of the public transportation is not within the policy period.

Insured Amount

Article 4 The amount of indemnification under this Rider shall be agreed between the Insurance Applicant and the Insurer and specified in the policy.

Obligations of the Insured

Article 5 The benefits applicant shall submit the following certificates and documentary materials when making claims under the policy. If the benefits applicant fails to provide the following materials for special reasons, he/she shall provide other legal and valid materials. **In the event that the Insurer is unable to verify the authenticity of the claim due to the benefits applicant's failure to provide related materials, the Insurer shall not be liable to pay for the uncertain part.**

(I) Policy or other valid insurance certificates;

(II) Claim form correctly completed by the Insured;

(III) Identity document of the Insured;

(IV) Original transport receipts of the Insured, including flight ticket, boarding pass and ship ticket;

(V) Official written certificate on delay and the delayed time issued by the carrier;

(VI) Any other evidences and materials provided by the Insured to identify the nature and cause of the insured accident and the extent of loss.

(VII) If the Insured entrusts other person to claim, he/she shall provide the original authorization letter, identification certificate of the trustor and the trustee, as well as other related certificates.

Other Provisions

Article 6 In case one of the following circumstances occurs, **this Rider shall be terminated:**

- (I) The main insurance contract is terminated;**
- (II) The Insurance Applicant terminates this rider.**

Definitions

Article 7

[Public vehicle] refers to bus, ship, train, airline operating regular flights or fixed wing aircraft managed by charter company, which have obtained public transport operating license issued by relevant government departments in accordance with the law. **The public transportation vehicles above listed being used for any non-public transportation vehicle purpose shall be excluded from the definition of public transportation vehicles hereof.**

[Delayed time] The delayed time is determined with the following two methods and **the method for calculating the delayed time adopted herein shall be subject to the policy:** (1) from the scheduled departure time of the public transportation vehicle to the actual departure time of the public transportation vehicle or to the departure time of the earliest alternative public transportation vehicle arranged by the carrier; or (2) from the scheduled arrival time of the public transportation vehicle to the actual arrival time of the public transportation vehicle or to the arrival time for the earliest alternative vehicle arranged by the carrier.

[Regular vehicles] refer to regular passenger flights, railways, buses and vessels approved to be operated by the carriers holding the certificates, licenses or similar approvals issued by relevant authorities of the country where the public transportation vehicles are registered. Regular public transportation vehicles shall be operated at fixed air routes and routes at fixed schedules **(excluding temporary flights, railway transportation, etc.)**.

9.

**Ping An Property & Casualty Insurance Company of China,
Ltd.**

Ping An Delay for Checked Baggage Additional Coverage

Registered No.: C00001731922018091112602

General

Article 1 This additional coverage contract shall be added to various of accident injury insurance contract (hereinafter referred to as “main insurance contract”). Insurance clauses, application forms, policies, insurance certificates and endorsements affixed to the main insurance contract, which are related to this additional coverage contract, shall be an integral part of this additional coverage contract. Any agreement related to this additional coverage contract shall be in written form.

In case of any conflict between the provisions of the main insurance contract and this additional coverage contract, the provisions of this additional coverage contract shall prevail. Any matter not addressed in the additional coverage contract shall be subject to the provisions of the main insurance contract.

Coverage

Article 2 During the policy period, if the Insured has the baggage checked due to travel, and the checked baggage under the control of the transportation organization is not delivered within the period specified in the policy after the Insured reached its intended destination by public transport means that deliver the baggage, the Insurer shall indemnify the Insured as per the sum insured specified in the policy.

Exclusions

Article 3 The Insurer is not liable for travel delay due to the following causes:

(I) Administrative act or enforcement, including but not limited to the seizure, detention, isolation, inspection or destruction of the checked baggage of the Insured by the customs or other government departments;

(II) Intentional or negligent acts committed by the Insured.

Article 4 The Insured is unable to provide certificates of the delay and delayed time of the checked baggage.

Article 5 Baggage that is not checked for travel of the Insured and baggage that is not checked in are not covered by this additional coverage.

Sum Insured

Article 6 The sum insured under this additional coverage shall be determined by the Applicant and the Insurer, and specified in the policy.

Obligations of the Applicant and the Insured

Article 7 The Insured is obligated to require the carrier to issue certificates on delayed time and cause of the checked baggage. **Otherwise, the insurer has the right not to be liable for indemnification.**

Treatment of Claim

Article 8 The Insured should provide the following evidences and information to the Insurer as claiming for indemnity:

- (I) Claim Application;
- (II) Policy number;
- (III) Identification certificate of the Insured;
- (IV) Original transport receipts, including flight ticket, boarding pass and ship ticket;
- (V) Certificate of checked luggage issued by the carrier;
- (VI) Certificate on delayed time and cause issued by the carrier;
- (VII) Any other evidences and materials provided by the Insured to identify the nature and cause of the insured event and the loss severity.

In the event that the Insurer is unable to verify the losses as a result of the Insured failing to fulfill the obligation of providing claim documents stipulated in the preceding paragraph, the Insurer is not liable for indemnity of the parts which the Insurer cannot determine.

Miscellaneous

Article 9 In case one of the following circumstances, this additional coverage shall be terminated:

- (I) The main insurance contract is terminated;**
- (II) The Applicant terminates this additional coverage contract.**

Definitions

[Travel] refers to the Insured's behavior of leaving his/her daily residence or working place for other regions or countries for the purpose of travelling, business, family visit, etc.

[Public transport] refers to vessel, airline operating regular flights or helicopter between two commercial airports operated by the airline or helicopter operated by commercial helicopter airports holding operation license, which have obtained public transport operating license issued by relevant government departments and carry passengers at charge in accordance with the law. **Rental cars, taxis and other means of transportation, as well as air transport for sightseeing are not part of public transport.**

[Consignment] refers to the act of entrusting a transport agency to deliver luggage and other goods. At the time of consignment, the consignor shall submit the cargo waybill (or the consignment bill) and other necessary relevant documents (such as customs, quarantine, sanitation and taxation), which shall be accepted by the transport authorities and shall be proceeded according to the prescribed procedures.

[Checked luggage] refers to the Insured's luggage, including the articles packed in it, which is checked by the transportation authority. The checked luggage must be legally

owned by the Insured.

**10. Ping An Property & Casualty Insurance Company of China, Ltd.
Rider of Kidnapping and Illegal Detention During Travel Clause for
Ping An Travel Insurance**

Registered No.: C00001732322018053018562

General Provisions

Article 1 This rider shall be added to various of travel accident insurance contract (hereinafter referred to as “main insurance contract”). Insurance clauses, insurance applications, insurance policies, insurance certificates and endorsements affixed to the main insurance contract incorporates, which are related to this rider, shall be integrate part of this rider. Any agreement related to this rider shall be in written form.

In case of any conflict between the provisions of the main insurance contract and this rider, the provisions of this rider shall prevail. Any matter not addressed in the rider shall be subject to the provisions of the main insurance.

Scope of Cover

Article 2 During the period of insurance, the Insurer shall indemnify the Insured in accordance with the daily amount of indemnification specified in the policy and the actual days that the Insured is kidnapped or illegally detained if the Insured is kidnapped or illegally detained during travel.

Exclusions

Article 3 The Insurer shall not be liable for the kidnapping and illegal detention occurred under the following cases:

1. The National Tourism Administration has given a travel warning on the travel destination or transit before the Insured starts the travel, and such warning is involved in terrorist activity, strike, riots and other social security problems.

2. Intentional act, criminal act of the Insurance Applicant or the Insured;

3. The Insured suffers from kidnapping and illegal detention during the period of staying on abroad illegally;

4. The Insurance Applicant, the Insured or their families fail to report to the local police within twenty-four hours after acknowledgement of the occurrence of kidnapping and illegal detention.

Sum Insured

Article 4 The amount of indemnification per day under this Rider shall be agreed between the Insurance Applicant and the Insurer and specified in the policy.

Claim Settlement

Article 5 The Insurance Applicant, the Insured or their families shall report to the local police within twenty-four hours after acknowledgement of the occurrence of kidnapping and

illegal detention, and obtain a written certificate issued by the local police, the consulate or the relevant authorities, at the same notify the Insurer.

Article 6 The claimant shall provide the Insurer with the following materials at the time of lodging a claim:

1. Insurance policy number, identification of the Insured and claim form;
2. Certificate issued by public security organs to prove the fact that the Insured is kidnapped or illegally detained or the days of being kidnapped or illegally detained; certificate issued by the Chinese embassies and consulates shall also be provided if the insured event takes place abroad;
3. Other evidences and materials provided by the Insured to ascertain the nature, causes and extent of losses of the insured event.

Other Provisions

Article 7 In case one of the following circumstances occurs, this Rider shall be terminated:

- 1. The main insurance contract is terminated;**
- 2. The Insurance Applicant terminates this rider.**

Definitions

Article 8

【Kidnapping】 refers to an act to hijack, detain or seize the Insured as hostage by using violence, coercion or other methods for the purpose of extorting money or property.

【Illegal detention】 refers to an act illegally to deprive the Insured's freedom against the Insured's willingness by detention, confinement or other enforcement methods.

【Days of kidnapping or illegal detention】 refer to the time that Insured being kidnapped or illegally detained lasts up to twenty-four hours or more, every twenty-four hours will be deemed as one day, which shall be subject to the certificates issued by the local police, embassies and consulates or the relevant authorities. Which shall be subject to the certificates issued by the local police, embassies and consulates or the relevant authorities.

【Period of staying on abroad illegally】 refers to the period that the Insured stays in the country without a state permit, or the period that the Insured still stays in the country after expiration of the permitted stay.

Other definitions shall refer to the provisions of main insurance contract.

11.

**Ping An Property & Casualty Insurance Company of China,
Ltd.**

Ping An Checked Baggage Loss Additional Coverage

Registered No.: C00001732122018091112612

General Provisions

Article 1 This additional coverage contract shall be added to varieties of accident injury insurance contracts (hereinafter referred to as "main insurance contract"). Insurance clauses, application forms, policies, insurance certificates and endorsements affixed to the main insurance contract, which are related to this additional coverage contract, shall be an integral part of this additional coverage contract. Any agreement related to this additional coverage contract shall be in written form.

In case of any conflict between the provisions of the main insurance contract and this additional coverage contract, the provisions of this additional coverage contract shall prevail. Any matter not addressed in the additional coverage contract shall be subject to the provisions of the main insurance contract.

Coverage

Article 2 During the policy period, if the Insured needs to check baggage for the purpose of travel, and if the Insured's checked baggage under the control of the transportation organization is lost or damaged during the period of overseas travel due to transportation agency's or any other third party's liability, the Insurer will, according to the provisions of this additional coverage contract, indemnify the Insured of actual value or repair costs of such baggage, whichever is lower, **which may not exceed the sum insured specified herein.**

For photo, film, video, audio or similar media data lost or accidentally damaged, the Insurer will only pay the value of the material carrying such photo, film, video, audio or media data, **excluding the data itself.**

Exclusions

Article 3 The Insurer is not liable for losses occurred due to the following causes:

(I) Administrative or judicial act, including but not limited to confiscation and detention by the customs and other government authorities;

(II) Illegal act of the Insured;

(III) Natural wear and tear, depreciation, moth, mildew, decay.

Article 4 The Insurer shall not be liable for the following losses:

(I) Damage to fragile or breakable items, such as glass or crystal;

(II) Loss of antiques, calligraphy and painting, works of art, gold and silver, jewelry, ornaments, accessories, cash, bonds, bills, stamps, coupons, land deeds, stocks, documents, seals and documents;

(III) Loss of token card (including credit card, debit card), data transcribed on the tape, record card, disk or other similar equipment;

(IV) Loss of animals, plants or food;

(V) Motor vehicle (and its accessories), motorcycle, ship, engine or other vehicles;

(VI) Loss of any articles being used for business;

(VII) Loss within the deductible;

(VIII) Damage to goods that are able to function normally or return to normal function after repair by the transport organization or other responsible parties;

(IX) Indirect loss, penalties and overdue fine;

(X) Loss of mobile phone, laptop, hand-held computer and digital products.

Sum insured and Deductible

Article 5 During the period of insurance, the aggregated amount of indemnity payable under this additional coverage shall not exceed the sum insured specified in the policy.

(I) The aggregate amount of indemnity for sports equipment and its accessories shall not exceed 50% of the sum insured under this additional coverage;

(II) The aggregate amount of indemnity for gifts and souvenirs shall not exceed 10% of the sum insured under this additional coverage.

Article 6 The deductible under this additional coverage shall be determined by the Applicant and the Insurer, and specified in the policy.

Obligations of the Applicant and the Insured

Article 7 The Insured shall take all reasonable and necessary measures to properly manage his/her own baggage and goods. When the baggage and goods are checked by the transportation authority, the Insured shall put them in and pack them inside and outside to minimize the loss. When the checked luggage is found to be lost or damaged, the Insured is obligated to take immediate measures to find, protect or save the luggage to minimize the loss. **The Insurer shall not liable for extended loss caused by the Insured's failure to fulfill the above obligations.**

Article 8 Upon discovering that the checked luggage is lost or damaged, the Insured shall immediately report to the administrative department of the transport agency and obtain a written certificate issued by such agency. If the loss or damage is not apparent from the appearance of the luggage, the Insured shall immediately require the administrative department of the transportation agency to provide written certificate of the loss or damage. **The prerequisite that the Insurer assumes liability for compensation is the aforementioned written certificate submitted by the Insured**

Treatment of Claim

Article 9 The insurance benefit applicant shall provide the Insurer with the following

documents and materials in case of lodging a claim:

- (I) Insurance benefit payment application form;
- (II) Policy number;
- (III) The identification certificate of the benefits applicant;
- (IV) List of property damage or loss, original purchase invoice for luggage or other valid purchase voucher;
- (V) A written certificate of loss or damage issued by the transportation agency;
- (VI) Any other evidences and materials provided by the insurance benefits applicant to identify the nature and cause of the insured accident and the loss severity.

In the event that the Insurer is unable to verify the losses as a result of the insurance benefits applicant failing to fulfill the obligation of providing claiming materials stipulated in the preceding paragraph, the Insurer is not liable for indemnity of the parts which the Insurer cannot determine

Article 10 If the Insured has been or can be indemnified by the transportation agency or other liable parties, **the Insurer will only be liable for the residual part**

Article 11 In case of the occurrence of the insured event, if the Insured's losses can be indemnified under other insurance which has the same coverage as this insurance contract, **the Insurer shall bear the liability for indemnity as per the proportion of the limit of indemnity of this insurance contract to the total limit of indemnity of other insurance contracts and this one. As for the part of indemnification that should be assumed by other insurers, this Insurer is not responsible for the advance payment. If the Insurer has paid more than his share due to the Insured's non-disclosure, the Insurer is entitled to claim for the portion paid in excess.**

Article 12 **The ownership of the lost baggage or article is transferred to the Insurer** after it has made the payment according to this additional coverage

Article 13 In the event that the losses within the insurance liability shall be indemnified by related responsible party, the Insurer may from the date when the Insurer pays insurance benefit to the Insured, within the scope of indemnity, subrogate the Insured's right against related responsible party for compensation, and the Insured shall provide the Insurer with necessary documents and information known.

If the Insured has already obtained indemnity from the relevant responsible party, **the Insurer may deduct the amount of indemnity that the Insured has already obtained from the relevant responsible party when indemnifying the insurance benefits.**

If the Insured waives the right of claiming for indemnity against the responsible party after the occurrence of the insured event and before the Insurer making the indemnity, the Insurer is not liable for indemnity; If the Insured, without the Insurer's consent, waives the right of claiming for indemnity against the responsible party after indemnity is made by the Insurer, the waiver of the Insured shall be regarded as invalid; **the Insurer may deduct or request the Insured to refund the corresponding insurance benefit** if the Insurer is not able to exercise the right of claiming for indemnity by subrogation due to the Insured's intentional misconduct or gross negligence.

Article 14 If the lost baggage or article is found or retrieved, or is reimbursed by any third party, the Insured is obligated to refund the amount of insurance benefit paid by the Insurer

Interpretation

[Travel] refers to the Insured's behavior of leaving his/her daily residence or working place for other regions or countries for the purpose of travelling, business, family visit, etc.

[Consignment] refers to the act of entrusting a transportation agency to deliver luggage and other goods. At the time of consignment, the consignor shall submit the cargo waybill (or the consignment bill) and other necessary relevant documents (such as customs, quarantine, sanitation and taxation documents), which shall be accepted by the transportation agency and shall be proceeded according to the prescribed procedures.

[Checked luggage] refers to the Insured's luggage, including the articles packed in it, which is checked by the transportation agency. The checked luggage must be legally owned by the Insured.

[Actual value] refers to the amount that the purchase price minus the depreciation of the article.

12.

**Ping An Property & Casualty Insurance Company of China,
Ltd.**

**Rider of Theft and Robbery of Bank Card and Check Clause for
Ping An Travel Insurance**

General Provisions

Article 1 This rider shall be added to variety of travel accident insurance contracts (hereinafter referred to as "main insurance contract"). Insurance clauses, insurance applications, insurance policies, insurance certificates and endorsements affixed to the main insurance contract, which are related to this rider, shall be integrate part of this rider. Any agreement related to this rider shall be in written form.

In case of any conflict between the provisions of the main insurance contract and this rider, the provisions of this rider shall prevail. Any matter not addressed in the rider shall be subject to the provisions of the main insurance.

Scope of Cover

Article 2 During the insurance period of this rider, if the bank card or check carried by the Insured is lost, stolen, robbed, snatched during the trip, and therefore the unauthorized person uses the Insured's bank card or check in the following circumstances, **the Insurer will indemnify the Insured of direct loss suffered by the Insured according to the deductible and indemnity proportion specified in the policy, provided that not exceeding the sum insured specified in the policy.**

1. Use the bank card or check to withdraw deposit or transfer at the bank counter;
2. Use the bank card or check to withdraw deposit or transfer at an ATM;
3. Use the bank card for consumption, including not limited to online shopping.

The Insured shall report the loss or freeze the transaction within 24 hours after discovering the loss, theft, robbery and snatch of bank card or check. **The Insurer shall not liable for extended loss caused by the Insured's failure to give a notification in time.**

Exclusions

Article 3 The Insurer is not liable for the losses or damage due to the following cases:

1. The Insured entrusts the other person to use the bank card;
2. Bank card is under custody by the card issuer, producer, courier or post office or during delivery;

Article 4 The Insurer is not liable for the losses or damage directly or indirectly due to the following causes:

1. The bank card or check is pilfered, robbed or grabbed by the Insured's family members, family employment personnel or sojourner;

2. Dishonesty, fraud or criminal behavior or indulge behavior of the officers, directors or employees of the issuer, or institute participating in the issuer's transaction or any bank card service company or its employees;
3. Hardware failure, software failure or data error, including but limited to the automatic teller machine (ATM) failure;
4. Cheated by other person;
5. Bank card is copied;
6. Loss of funds caused online bank transfer or payment;
7. Loss caused the Insured's non-compliance with regulations on use of bank card.

Article 5 The Insurer shall not be liable for the following losses:

1. Loss of funds in bank card not in the name of the Insured;
2. Loss of funds recovered by any means;
3. Any expenses related to the litigation;
4. Any unexplained loss or mysterious disappearance.

Limit of Indemnity and Deducible

Article 6 The insured amount for this Rider shall be agreed between the Insurance Applicant and the Insurer and specified in the policy.

Article 7 The Insured shall be liable for the loss within the scope of deductibles specified in the policy.

Claim Settlement

Article 8 Upon occurrence of the insured event, the Insured shall promptly report to the local public security organ truthfully and notify the Insurer at the same time.

Article 9 The Insured shall provide the following materials as claiming for benefit:

1. Insurance policy, identification of the Insured and claim form;
2. Certificate of registration and other related documents issued by the public security organ;
3. Statement of account for the record of paying with bank card or check withdrawals occurred within 48 hours before reporting the loss of bank card or check due to loss, theft, robbery and grabbing issued by the issuer;
4. Other evidences and materials provided by the Insured to ascertain the nature, causes and extent of losses of the insured event.

Article 10 The loss of funds in the Insured's account recovered by the public security organ shall belong to the Insurer after the Insurer has made a compensation, which shall not exceed the insured amount.

Other Provisions

Article 11 In case one of the following circumstances occurs, this rider shall be terminated:

- 1. The main insurance contract is terminated;**
- 2. The Insurance Applicant terminates this rider.**

Definitions

Article 12

【Bank card】 includes debit card and credit card.

13.

**Ping An Property & Casualty Insurance Company of China,
Ltd.**

**Ping An Household Property During Travel Additional
Coverage**

Registered No.: C00001732122018091112702

General Provisions

Article 1 This additional coverage contract shall be added to various travel accident injury insurance contract (hereinafter referred to as "main insurance contract"). Insurance clauses, application forms, policies, insurance certificates and endorsements affixed to the main insurance contract, which are related to this additional coverage contract, shall be an integral part of this additional coverage contract. Any agreement related to this additional coverage contract shall be in written form.

In case of any conflict between the provisions of the main insurance contract and this additional coverage contract, the provisions of this additional coverage contract shall prevail. Any matter not addressed in the additional coverage contract shall be subject to the provisions of the main insurance contract.

Subject-matter Insured

Article 2 The following property shall belong to the subject-matter insured under this insurance contract:

(I) Home decorations;

(II) Household appliances (including outdoor equipment of air conditioner, solar water heater and other home appliances, desk computer) and cultural, athletic and recreational articles;

(III) House furniture;

(IV) Clothes and beddings;

(V) Other household property which is subject to the Applicant's application and the Insurer's written approval, specifically subject to the policy.

Article 3 The following property are not covered:

(I) Gold and silver, jewelry, gem, currency, securities, bills and instruments, stamps, antiques, documents, books, technical data, charts, animals and plants, data as well as other property of which the value cannot be appraised;

(II) Property used for production and operation;

(III) Motor vehicle (and its accessories), motorcycle, ship, engine or other vehicles;

(IV) Mobile phone (or phone, cell phone), laptop (or portable computer, notebook computer) or personal business assistant equipment (or handheld computer, PDA);

(V) Other property not included in the scope specified in Article 2.

Coverage

Article 4 During the policy period of this additional coverage, the Insurer shall indemnify the Insured for direct loss of or damage to the subject-matter insured at the permanent resident place in the territory specified in the policy caused by one of the following risks during the traveling **according to the actual value or repair cost of the insured property at occurrence of the insured event (whichever is lower), provided that the indemnity shall not exceed the sum insured specified in the policy.**

(I) Fire and explosion, including but not limited to:

1. Fire caused by household gas appliances, electrical appliances, power lines and other internal or external sources of fire;

2. Explosion caused by household gas appliances, liquefied gas tanks and gas leaks;

(II) Falling of flying objects, collapse of external objects;

(III) Typhoon, storm wind, storm rain, tornado, lightning, flood, hail, snow disaster, cliff collapse, ice flush, debris flow, ground subsidence or sinking caused by natural disasters;

(IV) Sudden burst of water supply pipes, sewer pipes and heating pipeline (including radiator) in the place of permanent residence;

(V) Loss caused by theft and robbery which have been confirmed by the police, and the robbed property has not been recovered after 3 months upon occurrence.

Exclusions

Article 5 The Insurer is not liable for the losses or expenses due to the following causes:

(I) Intentional act or gross negligence of the Applicant, the Insured and his/her family members or domestic worker or temporary resident;

(II) War, military actions, riots or armed rebellion;

(III) Nuclear radiation, nuclear explosion, nuclear pollution and other radioactive pollution;

(IV) Earthquake, Tsunami and their secondary disasters;

(V) Administrative or judicial acts;

Article 6 The Insurer shall not indemnify the following losses and expenses:

(I) Self-loss of household appliances due to over voltage, short circuit, circuit leakage, self-heating and other reasons, except fire caused by burning;

(II) Loss due to inherent defect, deterioration, mildew, dampness, insect bites, natural wear and tear and inappropriate storage of the subject-matter insured;

(III) Loss occurred outside the premises specified in the policy, except outdoor equipment of home appliances such as air-conditioner and solar water heater;

(IV) Indirect loss.

Article 7 The deductible (rate) per accident shall be determined by the Applicant and the Insurer through negotiation and specified in the policy. The Insurer shall not be liable for the losses and expenses within the deductible (rate).

Sum insured and Deductible

Article 8 The sum insured and deductible of the insurance property shall be determined by the Applicant and the Insurer through negotiation, and specified in the policy.

Obligations of the Applicant and the Insured

Article 9 The Insured shall take reasonable measures to reduce the risk of the place of permanent residence and insured property before travel.

The Insurer has the right to inspect whether the Insured has fulfilled the aforementioned obligations, and make suggestions in writing to the Applicant or the Insured on eliminating unsafe factors and risks and the Applicant and the Insured shall put them into practice seriously.

If the Applicant or the Insured fails to comply with the above security obligations to subject matter insured, the Insurer has the right to charge additional premium or terminate the insurance contract.

Article 10 Once the subject-matter insured is transferred, the Insured or the Assignee shall notify the Insurer in time.

If the risk increases materially due to transfer of the subject-matter insured, the Insurer may charge additional premium or terminate the insurance contract within thirty days after the Insurer's receipt of such notice aforementioned.

If the Insured or Assignee fails to comply with the aforementioned obligation of notification, the Insurer shall not be liable for any insurance benefit payment on the insured event occurred for materially increased risk caused by such transfer

Article 11 During the period of insurance contract, the Insured shall give the Insurer a timely notice of any substantial increase in the risk severity of the subject-matter insured, and the Insurer is entitled to charge additional premium or terminate this insurance contract.

If the Insured fails to perform the obligation of notification as agreed in the preceding paragraph, the Insurer shall not be liable for the indemnification for the insured event due to the significant increase in the risk severity of the subject-matter insured.

Article 12 After knowing the occurrence of the insured event, the Insured shall:

(I) Take necessary and reasonable measures to prevent or mitigate the losses, otherwise, **the Insurer is not liable for indemnify of the exaggerated losses caused thereby;**

(II) Notify the Insurer timely of the causes, process and losses of the insured event in written form; **if the Insured intentionally fails to timely notify, or fails to do so out of gross negligence, resulting in the difficulty for ascertaining the nature, causes and loss severity of the insured event, the Insurer shall not bear the liability for payment of indemnity for the parts the Insurer cannot determined,** except that the Insurer has timely known otherwise or should know the occurrence of the insured event;

(III) Protect the scene of the insured event, allow and assist the Insurer to conduct the accident survey; **the Insurer will not pay for any loss of which the Insurer is incapable of verifying the cause or confirming the loss condition if the Insured refuses or hinders the Insurer from investigating;**

(IV) For the insured event involved in violating laws or committing crimes, report to a public security organ in time; **otherwise, the Insurer shall not be liable for the exaggerated losses.**

Treatment of Claim

Article 13 The benefit applicant shall provide the Insurer with the following documents and materials in case of lodging a claim:

(I) Claim Application;

(II) Policy number;

(III) The identification certificate of the benefits applicant;

(IV) Accident certificate;

(V) Property loss list and invoice (or other certificate of property approved by the Insurer, including without limitation card consumption record and on-line purchase record);

(VI) Copies of transportation vouchers (airline ticket, train or bus ticket), hotel accommodation vouchers, receipt of travel fares during travel;

(VII) Any other evidences and materials provided by the benefits applicant to identify the nature, cause and the loss severity of the insured event.

In the event that the Insurer is unable to verify the losses as a result of the benefits applicant failing to fulfill the obligation of providing claiming materials stipulated in the preceding paragraph, the Insurer is not liable for indemnity of the parts which the Insurer cannot determine.

Article 14 The Insured shall not lodge any claim against the Insurer if it has no interest insured against the subject-matter insured at time of occurrence of the insured event.

Article 15 The subject-matter insured still carrying salvage value after loss shall be disposed upon agreement of the Insured and Insurer. **If the responsibility lies in the Insured, the value of the subject-matter insured shall be determined upon negotiation between the Insurer and Insured and deducted from the claim payment**

Article 16 In the case of loss falling within the scope of coverage to the subject-matter insured, the Insurer will calculate the indemnity **based on actual loss and subject to the sum insured and actual value of the subject-matter at the time of loss occurred, whichever is lower**

Article 17 In the case of partial loss of the subject-matter insured, and if the total amount of indemnity and the deductible is less than the sum insured, **after the Insurer has fulfilled the indemnification obligation, the sum insured under this additional coverage shall be reduced accordingly as the amount of indemnification from the date of loss and no premium will be refunded for the reduced sum insured.**

In the case of total loss of the subject-matter insured, or if the total amount of indemnity and the deductible is equal to or more than the sum insured, the insurance contract will automatically terminate after the Insurer having made the indemnity.

Article 18 As for each accident, the Insurer shall calculate the indemnity based on the actual loss and after deducting the deductible, however, not exceeding the insured sum specified in the policy

During the policy period, **the aggregated amount of indemnity payable by the Insurer shall not exceed the aggregated limit of indemnity specified in the policy.**

Article 19 In the event that the loss within the coverage shall be indemnified by

related responsible party, the Insurer may, from the date when the Insurer pays insurance benefit to the Insured, within the scope of amount of indemnity, subrogate the Insured's right against related responsible party for indemnification, and the Insured should provide the Insurer with necessary documents and information known.

If the Insured has already obtained Indemnity from the relevant responsible party, the Insurer may deduct the amount of indemnity that the Insured has already obtained from the relevant responsible party when indemnifying the insurance benefits.

If the Insured waives the right of claiming for indemnity against the responsible party after the occurrence of the insured event and before the Insurer making the indemnity, the Insurer is not liable for indemnity; if the Insured, without the Insurer's consent, waives the right of claiming for indemnity against the responsible party after indemnity is made by the Insurer, the waiver by the Insured shall be regarded as invalid; the Insurer may deduct or request the Insured to refund the corresponding amount of insurance benefit if the Insurer is not able to exercise the right of claiming for indemnity by subrogation due to the Insured's intentional conduct or gross negligence.

Article 20 If, at the occurrence of the insured event, there is any double insurance, the Insurer shall assume the indemnification liability as per the proportion between the corresponding sum insured under this insurance contract and other insurance contracts and the sum of corresponding sum insured under this insurance contract

The Insurer shall not advance the amount payable by other Insurer(s). If the Insurer has paid more than its share due to the Insured's non-disclosure, the Insurer is entitled to claim for the portion paid in excess.

Interpretation

[Family members] refer to any members who have relative relationship legally and lives together with the Insured.

[Temporary resident] refers to the person who is living in the insured house for more than 5 days.

[House decoration] refers to the fixed, non-movable hard decoration in the house decoration, such as fixed heating, air heating, sanitation, water supply, pipe gas and power supply equipment, ceiling, wall coating and so on.