

1.

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

**Rider of Aviation Checked Baggage Delay 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 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

During the period of insurance, the insured in the process of travel luggage items entrusted to it by regular flight transportation, because the airline's reason, lead to the insurant after arriving at the destination, the checked baggage is still not on the policy to indicate the time, the underwriter according to the amount specified in the policy compensation

Exclusions

Article 3 This Rider shall not apply to the exclusions under the main insurance contract, however, the Insurer is not liable for the direct or indirect loss or damage caused by the following reasons:

- 1. The seizure, detention, isolation, inspection or destruction of the checked luggage of the Insured by the customs or other government departments;**
- 2. War, civil war, military action, terrorist activities, strikes, riots, armed rebellion, nuclear explosions, nuclear radiation or nuclear pollution;**

Sum Insured

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

Obligations of the Insured

Article 5 The Insured is obligated to require the airline to issue a written certificate on delay and the delayed time, and submit it to the Insurer. **Otherwise, the Insurer shall assume no liability for indemnity.**

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

1. Policy or other valid insurance certificates;
2. Claim form correctly completed by the Insured;
3. Identity document of the Insured;
4. Official written certificate on delay and the delayed time issued by the airline;
5. Any other evidences and materials provided by the Insured to identify the nature and cause of the insured accident and the extent of loss.
6. 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 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.

2.

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

Rider of Hijacking 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 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 highjack happens on the airplane being taken by the Insured during the trip, the Insurer shall indemnify the Insured by multiplying the hourly compensation amount with the hours that the Insured is illegal hijacked in accordance with this Rider, which **shall not exceed the insured amount specified in the policy.**

In case the time of illegal highjack is less than an hour, the payment shall be calculated on the basis of an hour.

Sum Insured

Article 3 The hourly compensation amount and the insured amount under this rider shall be agreed between the Insurance Applicant and the Insurer and specified in the policy.

Claim and Payment of Insurance Benefit

Article 4 The benefit applicant shall provide the Insurer with the following documents and materials in case of lodging a claim:

1. Benefit application form;
2. Original policy;
3. The identification certificate of the benefits applicant;
4. Written documents issued by the local police, the carrier or the relevant authorities to certify the hours that the Insured was illegally hijacked due to the highjack;
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.

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.

Definitions

【Airplane hijacking】 refers to any person implements violence or force, or threatens and intimidates by force, violence or any other means to hijack or control the airplane when the airplane is flying or stops on the runway.

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

3.

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

Ping An Travel Carry-on Baggage Loss Additional Coverage

Registered No.: C00001732122018091112692

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.

Coverage

Article 2 During the policy period, if the Insured's carry-on baggage is lost or damaged during the period of travel due to the following reasons, the Insurer will, according to the provisions of this additional coverage, **indemnify the Insured of actual value or repair costs of such luggage, whichever is lower, which may not exceed the sum insured specified in the policy**

(I) Theft and robbery;

(II) Traffic accident;

(III) Fire, explosion, storm, lightning strike, flood, avalanche and earthquake;

(IV) The third party's act.

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 travel 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 or damage of glasses, contact lenses, hearing aids and prosthetic limbs;

(VIII) Damage to goods placed in unattended vehicle caused by theft without obvious signs of violence;

(IX) Damage to sports equipment during use;

(X) Loss of digital products, including but not limited to smart phones, digital cameras, tablet computers, cameras, notebook computers, MP3, MP4 and other electronic products containing digital technologies;

(XI) Indirect loss, penalties and overdue fine;

(XII) Damage or loss without any reason identified;

(XIII) Loss not exceeding the deductible.

Sum insured and Deductible

Article 5 The sum insured is the maximum amount that shall be paid by the Insurer. The sum insured under this additional coverage contract shall be determined by the Applicant and the Insurer, and specified in the policy.

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

Obligations of the Applicant and the Insured

Article 7 During the travel, the Insured should take carry-on baggage and articles along with him/her and take all reasonable and necessary measures to properly manage them. 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 due to the third party's act, the Insured shall immediately report to the administrative department or liable party and obtain a written certificate issued by them. If the loss or damage is not apparent from the outward appearance of the luggage, the Insured shall immediately require the administrative department or liable party 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**

Article 9 Loss or damage of the luggage caused by a third party crime, the Insured shall immediately notify the Insurer or its authorized party, and be able to contact the nearest public security department or the police station, to submit a list of all lost or damaged items, obtain the certificates and written proof about the facts issued by the local police. **The prerequisite that the Insurer assumes liability for compensation is the aforementioned written certificate submitted by the Insured**

Treatment of Claim

Article 10 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) List of property damage or loss, original purchase invoice for luggage or other valid purchase voucher;
- (V) Written certificate of accident and loss issued by the responsible party or government administration department;
- (VI) 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;
- (VII) Any other certificates 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 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 11 If the Insured has been or can be indemnified by other liable parties, **the Insurer will only be liable for the residual part**

Article 12 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 13 **The ownership of the lost baggage or article is transferred to the Insurer** after it has made the payment to the Insured according to this additional coverage

Article 14 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 pay indemnity of insurance compensation to the Insured, within the scope of indemnity, subrogate the Insured's right against related responsible party for compensation, 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, such waiver 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 15 If the lost, thieved or plundered baggage or article is found or retrieved, or is reimbursed by any third party, **the Insured is obligated to refund the amount of benefit paid by the Insurer**

Interpretation

[Carry-on luggage] refers to the Insured's carry-on bag, personal articles packaged in the bag, and personal articles necessary for travel carried by the Insured. The carry-on luggage must be legally owned by the Insured.

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

4.

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

Ping An Personal Travel Flight Delay Insurance Clause

**Registration No.: (Ping An Property & Casualty) (Registration - Other) [2018]
(Main Insurance) No. 068**

General Provisions

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

Article 2 The Insured under this insurance contract shall be a natural person.

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.

Scope of Cover

Article 4 During the period of insurance, the Insurer shall assume the following insurance liabilities:

1. During the period of insurance, the Insurer shall indemnify the Insured if the flight that the Insured will take is delayed due to inclement weather, natural disaster, mechanical failure, strike, hijacking or sabotage, temporary protests, terrorist acts, air traffic control and airline overbooking which lead to the starting time delayed is up to the time specified in the insurance policy.

2. In case the carrier arranges an alternative flight after cancellation of scheduled flight and the Insured chooses to take such alternative flight, the Insurer shall make indemnity in accordance with the sum insured specified in the policy if the delayed time reaching to the time specified in the policy; in case the carrier fails to arrange an alternative flight and the time of cancellation of scheduled flight is later than the scheduled departure time, the Insurer shall make indemnity in accordance with the sum insured specified in the policy.

During the period of insurance, in case the Insured takes more than one flight, the delayed time on different flights may not be calculated aggregately; in case the Insured takes continuous connecting public connecting flight, which is failed to be taken by the Insured due to the above-mentioned event, then waiting time can not be included in delayed time.

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 oversea 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 5 The Insurer shall not be liable for the following circumstances:

1. Flight delay or cancellation is caused by the Insured;

2. **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 insurance policy when booking a flight or applying for an insurance.**
3. **The scheduled flight is canceled 2 hours (inclusive) before the departure time;**
4. **Scheduled departure time is not falling within the period of insurance;**

Sum Insured and Premium

Article 6 The aggregate limit of indemnity to be paid by the Insurer under this insurance clause shall not exceed the sum insured specified in the policy during the period of insurance.

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

Period of Insurance

Article 7 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, the Insured can commence several trips during the insurance period. If the policy is a single insurance contract, the period insurance shall commence from purchase of ticket to arrival at destination or cancellation of flight.

Obligations of the Insurer

Article 8 The Insurer shall issue the policy or other insurance certificates in a timely manner after the establishment of the insurance contract.

Article 9 According to Article 15, 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 10 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 11 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.

Obligations of the Insurance Applicant and the Insured

Article 12 Unless otherwise specified, the Applicant shall pay premium upon entering

into the insurance contract.

Article 13 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 14 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 Settlement

Article 15 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. Policy or other valid insurance certificates;
2. Claim form correctly completed by the Insured;
3. Identity document of the Insured;
4. Original boarding pass of the Insured;
5. Official written certificate on flight delay or cancellation and the delayed time issued by the airline;
6. Any other evidences and materials provided by the Insured to identify the nature and

cause of the insured accident and the extent of loss;

7. 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.

The Insured is obligated to require the carrier to issue a written certificate on flight delay or cancellation and the delayed time, and submit it to the Insurer. Otherwise, the Insurer shall assume no liability for indemnity.

Dispute Settlement and Law Application

Article 16 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 17 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 18 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 19 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 20

【Flight】 refers to regular passenger flight operated by any airline holding certificate, license or similar approval issued by the relevant authorities of the country where the flight is registered. Airplane shall be commercial passenger airplane which flies on fixed air line

and route and provides passenger transport service for the purpose of public transport.

【Delayed time】 delayed time shall be determined by the following methods, **which shall be subject to the policy**: (1) from the scheduled departure time to the actual time of departure, or to the departure time of alternative flight arranged by the airline; or (2) from the scheduled arrival time to the actual time of arrival time, or to the arrival time of alternative flight arranged by the airline.

【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.

5.

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.

6.

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

**Ping An Personal Air Consignment Luggage Loss 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 The Insured under this insurance contract shall be a natural person.

Article 3 The Applicant of this contract shall be a natural person with full capacity for civil conduct (excluding partnerships by private individuals, lease holding farm households and individual businesses).

Scope of Cover

Article 4 During the period of insurance, the Insured consigns his/her luggage to the regular flight for transportation during travel, if the luggage is destroyed, lost or damaged during the period from consignment to delivery (including land transportation for performance of air transportation contract), **the Insurer shall pay indemnity which is equivalent to the amount of compensation made by the carrier, which shall not exceed actual loss of consigned luggage and exceed the sum insured specified in the policy.**

Exclusions

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

- 1. Loss caused by the Insured's failure to comply with national laws, government regulations, orders and requirements;**
- 2. Destruction of, loss of or damage to personal effects carried by the Insured;**
- 3. Loss of or damage to consigned luggage completely caused by nature, quality or defect of such luggage;**
- 4. Loss caused by natural disaster, war or military conflict;**
- 5. Shortage of or damage to the internals with complete packing and seal, unless it is evidenced that such shortage or damage is caused by the airline due to its negligence;**
- 6. The Insured does not raise an objection when picking up the luggage and the carrier does not provide Error Records of Luggage Transportation and Damage Records of Luggage;**
- 7. Indirect loss caused by loss of luggage;**
- 8. Consigned luggage hanging a Non-responsibility Card;**
- 9. The Insurer shall not be liable for the part of overweight for which is not paid;**

10. Other items which can not be put into the luggage according to the relevant requirements, such as fragile items, perishable goods, valuables, documents, certificates, securities, cash, gold and silver jewelry, for which the Insurer is not liable;

11. Loss caused by the Insured's negligence;

Sum Insured

Article 6 The sum insured shall be agreed between the Insurance Applicant and the Insurer and specified in the policy.

Period of Insurance

Article 7 The period of insurance shall be determined by the Applicant and the Insurer and stipulated in the policy.

Obligations of the Insurer

Article 8 The Insurer shall issue the policy or other insurance certificates in a timely manner after the establishment of the insurance contract.

Article 9 According to Article 14, 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 10 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 11 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.

Obligations of the Insurance Applicant and the Insured

Article 12 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 13 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 Settlement

Article 14 The Insured should provide the following evidences and information to the Insurer as claiming for indemnity:

1. Policy or other valid insurance certificates;
2. Claims application filled by the Insured or its representatives;
3. Identity document of the Insured;
4. Written certificate on destruction of, loss of or damage to consigned luggage and relevant compensation certificate issued by the airline;
5. Any other evidences and materials provided by the Insured to identify the nature and cause of the insured accident and the extent of loss.
6. 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.

In the event that the Insurer 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.

Dispute Settlement and Law Application

Article 15 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 16 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 17 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 18 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 19

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

【Regular flight】 refers to the aircraft flights and helicopter flights regularly flying between the commercial airports (not including the government, enterprise and private charter flights) which are run by the carrier holding the public operating license issued by the government authority and legally are open to the public at charge, with the purpose of public transport.

【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.

7.

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

Ping An Hospitalization Allowance in Travel Additional Coverage

Registered No.: C00001732522020040716652

General

Article 1 This additional coverage 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 suffers from an accidental injury during travel or certain disease from the commencement of policy period to the end of **waiting period** specified in the policy (after the effectiveness of insurance renewal, in case of renewal of insurance) and is treated in hospitalization in a defined hospital (hereinafter referred to as "medical institution"), **the Insurer shall, within 180 days (inclusive) from the date of occurrence of the aforesaid accident or diagnosis of the aforesaid disease of the Insured, pay the insurance benefit of hospitalization allowance against the reasonable hospitalization days as per the daily amount of hospitalization allowance specified in the policy, and the cumulative payment days shall not exceed the maximum number of days specified in the policy.**

Exclusions

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

Article 4 The Insurer is not liable for the losses or damage 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 is hospitalized due to previous disease and its complications, psychosis, sexually transmitted disease, HIV infection or AIDS, genetic disease, congenital disease or defect, and congenital malformation.

Sum Insured

Article 5 The insured amount, daily amount of hospitalization allowance and maximum number of days of benefit payment under this additional coverage contract shall be determined by the Applicant and the Insurer, and specified in the insurance contract.

Policy period

Article 6 The policy period of this additional coverage contract shall be determined by the Insurer and the Applicant, the time of commencement and termination being subject to the stipulation in the policy, **which shall not be longer than one year and not shorter than the policy period of the main insurance contract.**

Application and payment of insurance benefit

Article 7 The benefits applicant shall submit the following materials when applying insurance benefits to the Insurer. 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) Insurance benefit payment application form;

(II) Policy number or valid insurance certificates;

(III) Identification certificate of the Insured;

(IV) Relevant certificates such as medical record, diagnosis and hospitalization certificate, discharge abstract issued by the medical institution;

(V) Travel certification materials of the Insured, such as travel contracts and transportation tickets, etc.

(VI) Any other evidences and materials provided by the benefits applicant to identify the nature, cause and the loss severity of the insured accident;

(VII) 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.

Definitions

[Waiting Period] is also called as the insurance liability waiting period and observation period, that is, within certain period after the effective date of the insurance contract, the Insurer is not liable for the insured event suffered by the Insured due to any disease, however, only after the end of the waiting period, the Insurer shall undertake the insurance liability as specified in the insurance contract.

[Hospitalization] refers to the acceptance of treatment in formal ward of the medical institution due to disease or accidental injury of the Insured, for which formal discharge formalities shall be handled, excluding family beds or other informal ward beds, false hospitalization or staying at clinic observation room.

[Medical institution] refers to an institution that meets all the following conditions:

(1) Having a lawful business license;

(2) The main purpose of the establishment is to provide hospitalized treatment and nursing services to the injured and the sick;

(3) There are qualified doctors and nurses providing 24-hour medical and nursing services;

(4) It is a medical institution, not mainly used as clinic, rehabilitation, nursing, recuperation,

convalescence, alcohol abstention, drug rehabilitation, etc., or similar institution.

Medical institution, if in the territory of China (excluding Hong Kong, Macao and Taiwan area), refers to the public hospital at Level II or above as evaluated by the Health Department of the People's Republic of China or the medical institution approved by the Insurer, **but excluding those used as clinics, rehabilitation, nursing, rest, recuperation, alcohol abstinence, drugs rehabilitation or otherwise.** 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.

[Previous disease] refers to any disease or symptom that the insured has been diagnosed with or is aware of (should be aware of) prior to the effective date of this insurance contract. Including but not limited to: before commencement of the insurance contract, a clear diagnosis has been given by the doctor, with uninterrupted long-term treatment; or a clear diagnosis has been given by the doctor, but the symptoms do not disappear completely after treatment under intermittent medication; or without the doctor's diagnosis and treatment, but significant symptoms persist, and it should be aware by general medical knowledge.