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 go to overseas for individual travel, and is eligible for insurance conditions and in healthy condition can become the Insured under this insurance. In case the Insured is a juvenile, his/her parents or guardian shall become the applicant.

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).

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 both the beneficiary and the Insured die 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 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 are 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.
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 travelling 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 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' taking, using, injecting drug without doctor's advice;
7. Nuclear radiation, nuclear explosion or nuclear pollution;
8. The Insured commits crime or resists arrests;
9. 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.

Should the Insured die because of the occurrence of any situation of the above Article 6 and 7, the Insurer’s liability to the Insured hereunder shall be terminated, and the Insurer shall return to the Applicant the unearned net premium calculated on daily pro-rata basis.

**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, with 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 have several overseas travels during the insurance period. For each travel, the period for the Insurer to undertake the insurance liabilities starts from the time when the Insured goes across the border of P. R. China and ends at the time when the Insured crosses the border of P. R. China. Unless otherwise agreed and specified, the maximum days for the Insurer to undertake insurance liability for each travel 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 goes across the border of P. R. China and ends at the time when the Insured crosses 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 overseas 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 18, if the Insurer deems the evidence or materials provided by the Insured incomplete, the Insurer shall timely request the Applicant and/or the 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 contact, 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 determined.

**Obligations of the Insurance Applicant and the Insured**

**Article 14**  Unless otherwise specified, the Applicant shall pay premium upon entering into the insurance contract.

**Article 15**  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 16**  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 17**  The Applicant, the Insured or the beneficiary of insurance shall notify the Insurer immediately upon acknowledgement of any occurrence of the insured event. If the Applicant, the Insured or the beneficiary of insurance 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 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 18**  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) 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 19**  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 20**  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 21**  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 22** 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 23** 1. Prior to commencement of insurance, the Applicant may request cancellation of the Policy in written 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 terminated upon the Insurer’s reception of the cancellation application. The Insurer shall return the paid premium as the following table within 30 days from the date of reception of the aforesaid documents and materials.

<table>
<thead>
<tr>
<th>Days Insured</th>
<th>Refund Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 days and less than 30 days</td>
<td>60%</td>
</tr>
<tr>
<td>31- 60 days</td>
<td>55%</td>
</tr>
<tr>
<td>61-90 days</td>
<td>50%</td>
</tr>
<tr>
<td>91-120 days</td>
<td>40%</td>
</tr>
<tr>
<td>121-150 days</td>
<td>30%</td>
</tr>
<tr>
<td>151-180 days</td>
<td>20%</td>
</tr>
<tr>
<td>181-240 days</td>
<td>10%</td>
</tr>
<tr>
<td>More than 241 days</td>
<td>0%</td>
</tr>
</tbody>
</table>

   Note: The part for a period less than one day shall be calculated as a full day.

   (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.

**Article 24** Exchange rate between RMB and other foreign currency is subject to the rate on the date of accident announced by the People’s Bank of China.

**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.


[Without Valid Driver's License]: refers to one of the following circumstances of the insured:

(1) Without driver's license or the driver's license has expired;
(2) The vehicle driven by the insured does not match the model indicated in the driver's license;
(3) Driving buses, public passenger vehicle or motor vehicle that carries dangerous cargo such as explosive substances, flammable and explosive chemical materials, highly toxic articles or radioactive substances in the course of internship, driving the motor vehicle to haul trailer during the internship period;
(4) Holding driver's license that has not been legally reviewed, and driving motor vehicle when the driver's license is withheld, detained, revoked or cancelled;
(5) Operating variety of special-purpose mechanical vehicles or special vehicles without valid operation permits issued by the relevant departments of the State, driving the public passenger vehicle without valid certificate issued by the relevant departments of the State;
(6) Driving under the circumstances that prohibited by the laws and regulations or according to the relevant provisions of the traffic department of the Public Security Organ.

[Without valid vehicle license]: refers to one of the following circumstances:

(1) The vehicle’s registration has been legally cancelled;
(2) Without vehicle license, license plate, or temporary license plate or temporary movement permit issued by the traffic department of the Public Security Organ;
(3) Vehicle has not passed motor vehicle safety technical inspection in the specified inspection period.

[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.

[Oversea(s)] refers to countries or districts outside P. R. China, including Hong Kong, Macao and Taiwan.

[Oversea 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 times 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.
Rider of Ping An Oversea Travel Traffic Accidental Death Double Indemnity Insurance Clause

General Provisions

Article 1 This supplementary insurance is a rider of various Accident Insurances (hereinafter referred to as “main insurance”). The Insurance Clauses, Proposal Form, Policy, Certificate, Endorsements (if any), and etc. attached with the main contract and relevant to this insurance contract shall be an integral part of this rider. Any agreement concerning this rider shall be made in written form.

In case of any conflict between the provisions of the main insurance and the rider, the provisions of the rider shall be paramount. As to other matters not referred to in the rider, the main insurance shall be paramount.

Insuring Agreement

Article 2 In case the Insured dies within 180 days because of a traffic accident occurring during the Insurance Period when it is taking a public vehicle as a passenger, in addition to the Accidental Death Benefit paid under the main insurance, the Insurer will pay a “Traffic Accidental Death Benefit” to the beneficiary, which is the same amount as Accident Death Benefit.

Exclusions

Article 3 The Exclusions under the main insurance also apply to this rider.

Article 4 The Insurer will not pay under the following circumstances:
(1) The Insured is not a passenger on the public vehicle, but a driver or service staff;
(2) The Insured disobeys to relevant safety regulations.

Insurance Amount and Deductible

Article 5 The Insurance Amount of the rider equals to the Insurance Amount of the main insurance.

Obligations of the Applicant and/or Insured

Article 6 When making claims under this Policy, besides the proof and documentary required under the main insurance, the benefits applicant shall submit the proof of traffic accident issued by overseas Chinese Embassy, Consulate or local relevant governmental authorities.

Definition

Article 7
[Public Traffic Vehicle] refers to passenger toll common bus, coach, taxi (limited to four-wheel motor vehicle), ferry, hovercraft, steamship, train, railroad car, railway train (including subway, LRT and magnetically levitated train), fixed-wing aircraft 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, passenger airplane operated as fixed line, schedule and between fixed airport, which is legally registered and licensed with relevant governmental authority. The conveyance foresaid above not used for the purpose of public traffic vehicle dose not belong to the public traffic vehicle hereunder.
General Provisions

Article 1 The Insurance Contract incorporates the Insurance Clauses, Proposal Form, policy or Certificate, Endorsements (if any). Any agreement related to the Insurance Contract shall be in written form.

Article 2 Any physically healthy person under 80 years of age (including) who is able to work or live normally can become the Insured of the insurance contract.

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

Article 4 The beneficiaries of this insurance 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 responsible 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 injury and disability benefit

Unless otherwise agreed, the beneficiary of injury and disability benefit shall be the Insured himself/herself.

Scope of Cover
**Article 5** During the period of insurance, if the Insured suffers death, injury and disability due to an accident occurred within the hotel establishments range during the stay, 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 occurred within the hotel establishments range 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 and the Insurer’s liability for such 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. 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 disability benefit or burn and scald benefit described in paragraph (2) before the Insured’s death, such amount already paid shall be deducted.

2. **Liability for Injury and Disability Benefit**

During the period of insurance, if the Insured is injured in an accident occurred within the hotel establishments range and suffers injury and disability of any grade in the attached “Assessment Standards of Injury and Disability for Personal Insurance (Industry Standard)” (hereinafter referred to as “Assessment Standards of Injury and Disability”) within 180 days due to the occurrence of such accident, the Insurer shall pay the Injury and Disability Benefit by multiplying the Accident Sum Insured by the corresponding percentage in the 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 disable before this accident, the Insurer shall pay the injury and disability benefit as the corresponding grade of the combined injury and disability in the Assessment Standards of Injury and Disability, but the indemnity for the original injury and disability according to the Assessment Standards of Injury and Disability shall be deducted.

During the period 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 the insurance benefit if any of the following cause results in the Insured’s death, injury and disability:

1. The Applicant’s intentional acts;

2. The Insured’s commission of 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) Terroristic attack;

(9) The Insured commits crime or resists arrests;

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

(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 occurred outside of the hotel.

Should the Insured die because of the occurrence of any situation of the above Article 6 and 7, the Insurer’s liability to the Insured hereunder shall be terminated, and the Insurer shall return to the Applicant the unearned net premium calculated on daily pro-rata basis.

Sum Insured and Premium

Article 8 The Sum Insured is the maximum amount that shall be paid by the Insurer.

The Accident Sum Insured of this contract shall be agreed by the Applicant and the Insurer and set forth 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 shall be agreed by the Insurer and the Applicant subject to the inception and expiration date as stipulated 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 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 verify a claim in a timely manner upon reception of a claim from the Insured. 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 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 days from date of decision.

**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 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 Applicant and/or the Insured**

*Article 14* Unless otherwise specified, the Applicant shall pay premium upon entering into the contract.

*Article 15* When entering an insurance contract, the Applicant shall make true representations if the Insurer makes inquiries on the Insured.

If the Applicant fails to comply with the obligations of making honest representation aforementioned due to his 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 his 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 no premium shall 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 16* 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 17* 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 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, 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 18* After the occurrence of the insured event, the Insured shall see a doctor in the defined hospital if needs treatment, the Insured shall notify the Insurer within three days if he/she is not treated in the defined hospital due to emergency, and then shall transfer to the defined hospital in time according to the condition. If it is necessary to transfer to the non-defined hospital, the
Insured shall apply in writing to the Insurer, and the Insurer shall within three days after receiving the application give response, the Insurer shall pay the insurance benefit for the medical expenses occurred during the hospitalization in the non-defined hospital according to the insurance contract if it gives consent.

**Claim and Payment of Insurance Benefits**

**Article 19** The benefits applicant shall submit the following proof 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) Copy of the Insured's hotel accommodation invoice, original is available for verification;
   
   (7) Certificate of accident issued by the hotel describing such accident occurring in the hotel;
   
   (8) All other certificates and documents concerning the verification of the nature, cause and extent of the loss that can be provided by the benefits applicant;
   
   (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) The identification certificate 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) All other certificates and documents concerning the verification of the nature, cause and extent of the loss that can be provided by the benefits applicant;
   
   (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) Copy of the Insured's hotel accommodation invoice, original is available for verification;
   
   (8) Certificate of accident issued by the hotel describing such accident occurring in the hotel;
Article 20: The right of the benefits applicant to claim for indemnity shall lapse if the applicant fails to exercise such right within two years from the date the applicant is or should be aware of the occurrence of the insured event.

Dispute Settlement and Law Application

Article 21: All disputes arising from implementing this contract shall be settled through negotiations between the parties concerned. Upon failure to reach an agreement through negotiations, such dispute shall be referred to the arbitration commission specified in the policy. If there is no arbitration commission specified in the policy or no agreement reached for arbitration, legal proceeding could be initiated with the people's court.

Article 22: All disputes shall be governed by the laws of the People’s Republic of China, but except Hong Kong SAR, Macau SAR, and Taiwan area.

Other Provisions

Article 23: If the Insured is treated abroad, the medical expenses under the insurance liability shall be calculated on the basis of the average level of the same treatment in the place where the policy is issued in domestic.

Foreign currency and RMB exchange rate related to the insurance contract shall be subject to the foreign exchange rate promulgated by the people's Bank of China of the People's Republic of China at the closing day.

Article 24: This Insurance Contract shall be amended upon agreement of the Applicant and Insurer.

The Insurer shall endorse or attach an endorsement to the policy or Certificate, or make a written agreement with the Applicant for any amendment of the Insurance Contract.

Article 25: After the establishment of the insurance contract, the Insurance Applicant may notify the Insurer of termination of the insurance contract in writing, except that the Insurer has paid insurance benefits in accordance with the insurance contract.

The Insurance Applicant shall provide the following certificates and materials when terminating the insurance contract:
1. Application for termination of insurance contract;
2. Original policy;
3. Receipt of payment of benefits;

If the Insurance Applicant requests to terminate the insurance contract, the effect of the insurance contract shall be terminated when the Insurer receives the application for termination. The Insurer shall refund the net unearned premium under the policy within 30 days upon receipt of the above documents and materials.

Definitions

Article 26: [Hotel] refers to the business premise where offers accommodation and catering to tourists with the approval of the government.
[Hotel establishments range] refers to the business place legally owned by the hotel and allowing guests to enter legally, including but not limited to, guest room, restaurant, conference room, public corridors, elevator, a legal operated entertainment place, sports fitness room, bath center, beauty salon, hotel shopping mall, baby care room and children entertainment room, hotel-affiliated beach, river rapids and balcony.

[Year of age] refers to the chronological age calculated according to the Insured’s birth date recorded in the Identification of the Insured.

[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.

[Limbs] refers to the four limbs of human body, namely left upper limb, right upper limb, left lower limb and right lower limb.

[Hospital] refers to the designated hospital agreed by the Insurer and the Insurance Applicant, or the secondary-level public hospitals or above assessed by the health department of the People’s Republic of China, except the facilities mainly used for clinic, rehabilitation, nursing, recreation, convalesce or other similar facilities. Such hospital must configure standard medical devices in accordance with the relevant national hospital management rules, with qualified doctors and nurses in the hospital to provide medical and nursing services twenty-four hours a day.

[Unearned net premium] Unearned Net premium= premium * (1-pasased 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.
Appendix

Assessment Standards of Injury and Disability for Personal Insurance

Jointly Prepared by Insurance Association of China and Chinese Forensic Medicine Association

June 8, 2013
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Foreword

This Standard has been formulated according to the requirements for business development of the insurance industry. Reference has been made to the theories and methods in the World Health Organization's *International Classification of Functioning, Disability and Health* (hereinafter referred to as “ICF”) in the formulation of this Standard, and new theoretical framework, terminology system and classification method have been established for the disability standards. Reference has been made to China's important standards for the assessment of injury and disability in the formulation of this Standard, such as *Standard for Identifying Work Ability—Gradation of Disability Caused by Work-Related Injuries and Occupational Diseases, Impairment Assessment of the Injured in Road Traffic Accidents* and so on, and thus the Standard complies with relevant disability policies in China. Meanwhile, reference has also been made to the principles and standards for injury and disability gradation in other countries and regions worldwide.

This Standard has established the basis for assessment of injury and disability for personal insurance purposes and insurance money payment proportion in the insurance industry, and each insurance company should develop insurance products and provide insurance services according to their respective business characteristics based on the methods, content and structure hereof.

Unit responsible for drafting the Standard: The Insurance Association of China.

This Standard stipulates the grades for the assessment of injury and disability for personal insurance purposes and the principle and method for insurance money payment proportions. The degree of injury and disability for personal insurance purposes is divided into 10 grades from Grade 1 to Grade 10, and the insurance money payment proportion ranges from 100% to 10%.

1 Scope of Application

This Standard applies to the protection against injury and disability in accident insurance products or insurance products including accident liability, and is used to assess the degree of injury and disability caused by accidental injury factors.

2 Terms and Definitions

The following terms and definitions apply to this Standard.

2.1 Injury and disability: Physical disability caused by accidental injury.

2.2 Body structure: Refers to the anatomical parts of the body, such as organs, limbs and their components.

2.3 Body function: Refers to the physiological functions of the body's various systems.

3 Content and Structure of the Standard

By referring to the functioning and disability-related classification theories and methods in the ICF, this Standard has established 8 major categories, namely “structure and mental function of the nervous system”, “eye, ear and related structures and functions”, “vocal and verbal structures and functions”, “structure and function of the cardiovascular, immune and respiratory systems”, “related structure and function of the digestive, metabolic and endocrine systems”, “related structure and function of the urinary and reproductive systems”, “neuromusculoskeletal and movement-related structures and functions” and “skin and related structures and functions”, totally 281 personal insurance-covered injury and disability articles.

This Standard classifies and grades functioning and disability, and divides the degree of injury and
disability for personal insurance purposes is divided into 10 grades from Grade 1 to Grade 10, in which Grade 1 is the severest, while Grade 10 is the mildest. Corresponding to the grades of the degree of injury and disability for personal insurance purposes, the insurance money payment proportion is also divided into ten levels. Grade 1 injury and disability corresponds to 100% of insurance money payment proportion, and Grade 10 injury and disability corresponds to 10% of insurance money payment proportion, featuring a difference of 10% for each grade.

4 Principles for Assessment of Injury and Disability

4.1 Determination of category of injury and disability: In the assessment of injury and disability, the category of injury and disability involved should be determined according to the conditions of damage to the human body structures and functions.

4.2 Determination of grade of injury and disability: According to the conditions of injury and disability, the grade of injury and disability should be determined under the same category.

4.3 Determination of insurance money payment proportion: Insurance money payment proportion should be determined according to the percentage corresponding to the grade of injury and disability.

4.4 Principle for assessment of multiple injuries and disabilities: When an insurance accident causes two or more than two injuries and disabilities, the degree of each injury and disability should be determined separately first; if the grades of multiple injuries and disabilities are different, the severest grade of injury and disability should be the final assessment conclusion; if the grades of multiple injuries and disabilities are the same, the grade of injury and disability should be promoted by one level at most to Grade 1 on the original assessment basis. Injury and disability of the same part and nature should not be assessed by using more than two articles of the Standard or the same article more than twice.

5 Note

“More than” in this Standard includes the value or the part itself.
Assessment Standards of Injury and Disability for Personal Insurance (Industry Standard)

Note: This Standard classifies and grades functioning and disability, and divides the degree of injury and disability for personal insurance purposes is divided into 10 grades from Grade 1 to Grade 10, in which Grade 1 is the severest, while Grade 10 is the mildest. Corresponding to the grades of the degree of injury and disability for personal insurance purposes, the insurance money payment proportion is also divided into ten levels. Grade 1 injury and disability corresponds to 100% of insurance money payment proportion, and Grade 10 injury and disability corresponds to 10% of insurance money payment proportion, featuring a difference of 10% for each grade.

1 Structure and mental function of the nervous system
1.1 Meninges structural damage

| Traumatic cerebrospinal fluid rhinorrhea or otorrhea | Grade 10 |

1.2 Brain structural damage and mental dysfunction

| Extreme intellectual impairment (IQ less than or equal to 20) caused by traumatic brain injury, inability to take care of one’s own daily life, in a state of being fully nursing-dependent | Grade 1 |
| Severe intellectual impairment (IQ less than or equal to 34) caused by traumatic brain injury, requiring others’ help in daily life, in a state of being fully nursing-dependent | Grade 2 |
| Severe intellectual impairment (IQ less than or equal to 34) caused by traumatic brain injury, inability to live a completely independent life, requiring constant care, in a state of being mostly nursing-dependent | Grade 3 |
| Moderate intellectual impairment (IQ less than or equal to 49) caused by traumatic brain injury, activities of daily living being severely limited, requiring help sometimes, in a state of being mostly nursing-dependent | Grade 4 |

Note: ① Dependence on nursing: The degree of loss of “basic activities of daily living” is adopted to determine the degree of dependence on nursing.
② Basic activities of daily living refer to: (1) dressing: one can dress and undress; (2) movement: one can move from one room to another; (3) action: one can get on or off bed or a wheelchair independently; (4) using toilet: one can control his/her bowel; (5) eating: one can take food from a prepared bowl or dish and feed oneself; (6) bath: one can take a shower or bath independently.
③ Degree of dependence on nursing: (1) fully nursing-dependent means that one cannot take care of oneself completely, and requires nursing for all of the six basic activities of daily living mentioned above; (2) mostly nursing-dependent means that one cannot take care of oneself mostly, and requires nursing for three or more than three of the six basic activities of daily living mentioned above; (3) partially nursing-dependent means that one cannot take care of oneself partially, and requires nursing for one or more than one of the six basic activities of daily living mentioned above.

1.3 Consciousness dysfunction

Consciousness function refers to the general mental function in a conscious and alert state, including a clear and sustained state of wakefulness. Consciousness dysfunction referred to in this Standard refers to a vegetative state caused by traumatic brain injury.

| Vegetative state caused by traumatic brain injury | Grade 1 |
Note: Vegetative state refers to the loss of cognitive function caused by severe traumatic brain injury, absence of conscious activity, and inability to execute orders, while spontaneous breathing and blood pressure is maintained with sleep-wake cycle. The person cannot understand and express language, but can open his/her eyes automatically or under stimulation, with non-purposeful eye tracking movement. Hypothalamus and brainstem functions are basically maintained.

2 Eye, ear and related structures and functions
2.1 Eyeball injury or visual dysfunction
Visual function refers to the sensory function related to the feeling of existing light or the form, intensity, shape and colour of visual stimuli. In this Standard, visual dysfunction refers to eye blindness or low vision.

<table>
<thead>
<tr>
<th>Loss of both eyeballs</th>
<th>Grade 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of one eyeball, and the other eye blindness reaches Grade 5</td>
<td>Grade 1</td>
</tr>
<tr>
<td>Loss of one eyeball, and the other eye blindness reaches Grade 4</td>
<td>Grade 2</td>
</tr>
<tr>
<td>Loss of one eyeball, and the other eye blindness reaches Grade 3</td>
<td>Grade 3</td>
</tr>
<tr>
<td>Loss of one eyeball, and the other eye’s low vision reaches Grade 2</td>
<td>Grade 4</td>
</tr>
<tr>
<td>Loss of one eyeball, and the other eye’s low vision reaches Grade 1</td>
<td>Grade 5</td>
</tr>
<tr>
<td>Loss of one eyeball</td>
<td>Grade 7</td>
</tr>
</tbody>
</table>

2.2 Visual dysfunction

In addition to eye blindness and low vision, visual dysfunction in this Standard also includes visual field defect.

<table>
<thead>
<tr>
<th>Blindness of both eyes reaches Grade 5</th>
<th>Grade 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual field defect of both eyes, and the diameter is less than 5°</td>
<td>Grade 2</td>
</tr>
<tr>
<td>Blindness of both eyes is greater than or equal to Grade 4</td>
<td>Grade 3</td>
</tr>
<tr>
<td>Visual field defect of both eyes, and the diameter is less than 10°</td>
<td>Grade 3</td>
</tr>
<tr>
<td>Blindness of both eyes is greater than or equal to Grade 3</td>
<td>Grade 4</td>
</tr>
<tr>
<td>Visual field defect of both eyes, and the diameter is less than 20°</td>
<td>Grade 4</td>
</tr>
<tr>
<td>Low vision of both eyes is greater than or equal to Grade 2</td>
<td>Grade 5</td>
</tr>
<tr>
<td>Low vision of both eyes is greater than or equal to Grade 1</td>
<td>Grade 6</td>
</tr>
<tr>
<td>Visual field defect of both eyes, and the diameter is less than 60°</td>
<td>Grade 6</td>
</tr>
<tr>
<td>Blindness of one eye reaches Grade 5</td>
<td>Grade 7</td>
</tr>
<tr>
<td>Visual field defect of one eye, and the diameter is less than 5°</td>
<td>Grade 7</td>
</tr>
<tr>
<td>Blindness of one eye is greater than or equal to Grade 4</td>
<td>Grade 8</td>
</tr>
<tr>
<td>Visual field defect of one eye, and the diameter is less than 10°</td>
<td>Grade 8</td>
</tr>
<tr>
<td>Blindness of one eye is greater than or equal to Grade 3</td>
<td>Grade 9</td>
</tr>
<tr>
<td>Visual field defect of one eye, and the diameter is less than 20°</td>
<td>Grade 9</td>
</tr>
<tr>
<td>Low vision of one eye is greater than or equal to Grade 1.</td>
<td>Grade 10</td>
</tr>
<tr>
<td>Visual field defect of one eye, and the diameter is less than 60°</td>
<td>Grade 10</td>
</tr>
</tbody>
</table>

Note: ① Visual acuity and visual field

<table>
<thead>
<tr>
<th>Grade</th>
<th>Grading standards for low vision and blindness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Best corrected visual acuity</td>
</tr>
<tr>
<td></td>
<td>Best corrected visual acuity lower than</td>
</tr>
<tr>
<td></td>
<td>Best corrected visual acuity equal to or higher than</td>
</tr>
<tr>
<td>Low vision</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Blindness</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>5</td>
</tr>
</tbody>
</table>
If the central vision is good but visual field is narrowed, with the central fixation point as the center, visual field diameter less than 20° and greater than 10° constitutes Grade 3 blindness; visual field diameter less than 10° constitutes Grade 4 blindness. Corrected visual acuity prevails as the vision referred to in this Standard, which cannot be restored after treatment.

② Visual field defect refers to narrowed spatial scope that the eye can see when looking ahead without rotating the eyeball caused by damage, making it difficult to engage in work, study or other activities.

2.3 Structural damage to the eyeball's crystalline lens

<table>
<thead>
<tr>
<th>Traumatic cataract</th>
<th>Grade 10</th>
</tr>
</thead>
</table>

Note: Traumatic cataract: This article applies to all people who have not undergone surgeries; for related visual dysfunction after traumatic cataract surgery, please refer to relevant articles to assess the grade of injury and disability.

2.4 Eyelid structural damage

<table>
<thead>
<tr>
<th>Significant bilateral eyelid defect</th>
<th>Grade 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bilateral ectropion</td>
<td>Grade 8</td>
</tr>
<tr>
<td>Bilateral incomplete eyelid closure</td>
<td>Grade 8</td>
</tr>
<tr>
<td>Significant unilateral eyelid defect</td>
<td>Grade 9</td>
</tr>
<tr>
<td>Unilateral ectropion</td>
<td>Grade 9</td>
</tr>
<tr>
<td>Unilateral incomplete eyelid closure</td>
<td>Grade 9</td>
</tr>
</tbody>
</table>

Note: Significant eyelid defect means that the eyelid cannot completely cover the cornea when the eye is closed.

2.5 Ear structural damage or auditory dysfunction

Auditory dysfunction refers to the sensory function related to the feeling of existing sound and recognition of location, pitch, volume and sound quality.

| Hearing loss in both ears is greater than or equal to 91dB, and loss of both ears | Grade 2 |
| Hearing loss in both ears is greater than or equal to 91dB, and loss of one ear | Grade 3 |
| Hearing loss in one ear is greater than or equal to 91dB, hear loss in the other ear is greater than or equal to 71dB, loss of one ear, and loss of the other ear is greater than or equal to 50% | Grade 3 |
| Hearing loss in both ears is greater than or equal to 71dB, and loss of both ears | Grade 3 |
| Hearing loss in both ears is greater than or equal to 71dB, and loss of one ear | Grade 4 |
| Hearing loss in both ears is greater than or equal to 56dB, and loss of both ears | Grade 4 |
| Hearing loss in one ear is greater than or equal to 91dB, hear loss in the other ear is greater than or equal to 71dB, and loss of one ear is greater than or equal to 50% | Grade 4 |
| Hearing loss in both ears is greater than or equal to 71dB, and loss of one ear is greater than or equal to 50% | Grade 5 |
| Hearing loss in both ears is greater than or equal to 56dB, and loss of one ear | Grade 5 |
| Loss of both ears                  | Grade 5  |
| Loss of one ear, and loss of the other ear is greater than or equal to 50% | Grade 6  |
| Loss of one ear                    | Grade 8  |
| Loss of one ear is greater than or equal to 50% | Grade 9  |

2.6 Auditory dysfunction

| Hearing loss in both ears is greater than or equal to 91dB | Grade 4 |
| Hearing loss in both ears is greater than or equal to 81dB | Grade 5 |
Hearing loss in one ear is greater than or equal to 91dB, and hearing loss in the other ear is greater than or equal to 71dB  Grade 5
Hearing loss in both ears is greater than or equal to 71dB  Grade 6
Hearing loss in one ear is greater than or equal to 91dB, and hearing loss in the other ear is greater than or equal to 56dB  Grade 6
Hearing loss in one ear is greater than or equal to 91dB, and hearing loss in the other ear is greater than or equal to 41dB  Grade 7
Hearing loss in one ear is greater than or equal to 71dB, and hearing loss in the other ear is greater than or equal to 56dB  Grade 7
Hearing loss in one ear is greater than or equal to 71dB, and hearing loss in the other ear is greater than or equal to 41dB  Grade 8
Hearing loss in one ear is greater than or equal to 91dB  Grade 8
Hearing loss in one ear is greater than or equal to 56dB, and hearing loss in the other ear is greater than or equal to 41dB  Grade 9
Hearing loss in one ear is greater than or equal to 71dB  Grade 9
Hearing loss in both ears is greater than or equal to 26dB  Grade 10
Hearing loss in one ear is greater than or equal to 56dB  Grade 10

3  Vocal and verbal structures and functions

3.1 Nasal structural damage

<table>
<thead>
<tr>
<th>Description</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete loss of external nose</td>
<td>5</td>
</tr>
<tr>
<td>Defect of the most part of external nose</td>
<td>7</td>
</tr>
<tr>
<td>Defect of nasal tip and one side of wing of the nose</td>
<td>8</td>
</tr>
<tr>
<td>Bilateral nasal or nasopharyngeal atresia</td>
<td>8</td>
</tr>
<tr>
<td>Defect of one side of wing of the nose</td>
<td>9</td>
</tr>
<tr>
<td>Unilateral nasal or nostril atresia</td>
<td>10</td>
</tr>
</tbody>
</table>

3.2 Oral structural damage

<table>
<thead>
<tr>
<th>Description</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tongue defects is greater than 2/3 of the whole tongue</td>
<td>3</td>
</tr>
<tr>
<td>Tongue defects is greater than 1/3 of the whole tongue</td>
<td>6</td>
</tr>
<tr>
<td>Loss of 16 or more than 16 teeth due to oral lesions</td>
<td>9</td>
</tr>
<tr>
<td>Loss of 8 or more than 8 teeth due to oral lesions</td>
<td>10</td>
</tr>
</tbody>
</table>

3.3 Vocal and verbal dysfunction

Vocal and verbal dysfunction in this Standard refers to the loss of speech.

<table>
<thead>
<tr>
<th>Description</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total loss of speech</td>
<td>8</td>
</tr>
</tbody>
</table>

Note: Total loss of speech means the disability in articulating any three of the four sounds which contribute to the speech such as the Labial sounds, the dentilinguai, the Palatal sounds and the Velar sounds or total loss of vocal cord or damage or speech center in the brain resulting in aphasia, provided that a medical diagnosis certificate is issued by a qualified otolaryngologist. However, aphasia caused by any mental disorder is not included.

4  Structure and function of the cardiovascular, immune and respiratory systems

4.1 Heat structural damage or dysfunction

<table>
<thead>
<tr>
<th>Description</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest injury leads to lung transplantation</td>
<td>1</td>
</tr>
<tr>
<td>Chest injury leads to heart penetrating wound repair surgery, and then there are significant changes in ECG</td>
<td>3</td>
</tr>
<tr>
<td>Chest injury leads to myocardial rupture repair</td>
<td>8</td>
</tr>
</tbody>
</table>

4.2 Spleen structural damage
4.3 Lung structural damage

<table>
<thead>
<tr>
<th>Injury Type</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal injury leads to splenectomy</td>
<td>8</td>
</tr>
<tr>
<td>Abdominal injury leads to partial splenectomy</td>
<td>9</td>
</tr>
<tr>
<td>Abdominal injury leads to spleen rupture repair</td>
<td>10</td>
</tr>
</tbody>
</table>

4.4 Thorax structural damage

<table>
<thead>
<tr>
<th>Injury Type</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest injury leads to unilateral pneumonectomy</td>
<td>4</td>
</tr>
<tr>
<td>Chest injury leads to bilateral pulmonary lobectomy</td>
<td>4</td>
</tr>
<tr>
<td>Chest injury leads to ipsilateral pulmonary bilobectomy</td>
<td>5</td>
</tr>
<tr>
<td>Chest injury leads to pulmonary lobectomy</td>
<td>7</td>
</tr>
</tbody>
</table>

5 Related structure and function of the digestive, metabolic and endocrine systems

5.1 Chewing and swallowing dysfunction

Chewing refers to the function of crushing, grinding or chewing food with posterior teeth (e.g., molars). Swallowing refers to the function of sending food and beverages at an appropriate frequency and speed into the stomach through the mouth, pharynx and esophagus.

<table>
<thead>
<tr>
<th>Dysfunction Type</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total loss of chewing and swallowing function</td>
<td>1</td>
</tr>
</tbody>
</table>

Note: Loss of chewing and swallowing function refers to a state of inability to ingest or swallow foods other than liquid food as a result of the incapableness of chewing and swallowing caused by organic disorders or dysfunction due to reasons other than the teeth.

5.2 Intestinal structural damage

<table>
<thead>
<tr>
<th>Injury Type</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal injury leads to small bowel resection of greater than or equal to 90%</td>
<td>1</td>
</tr>
<tr>
<td>Abdominal injury leads to small bowel resection of greater than or equal to 75%, associated with short bowel syndrome</td>
<td>2</td>
</tr>
<tr>
<td>Abdominal injury leads to small bowel resection of greater than or equal to 75%</td>
<td>4</td>
</tr>
<tr>
<td>Abdominal or pelvic injury leads to resection of the entire colon, rectum and anus structure, as well as ileostomy</td>
<td>4</td>
</tr>
<tr>
<td>Abdominal or pelvic injury leads to resection of the rectum and anus structure, as well as partial resection of the colon and colostomy</td>
<td>5</td>
</tr>
<tr>
<td>Abdominal injury leads to small bowel resection of greater than or equal to 50%, including ileocecal resection</td>
<td>6</td>
</tr>
<tr>
<td>Abdominal injury leads to small bowel resection of greater than or equal to 50%</td>
<td>7</td>
</tr>
<tr>
<td>Abdominal injury leads to small bowel resection of greater than or equal to 50%</td>
<td>7</td>
</tr>
<tr>
<td>Abdominal injury leads to partial resection of the colon</td>
<td>8</td>
</tr>
<tr>
<td>Pelvic injury leads to rectum and anus damage, leaving permanent sigmoid colostomy</td>
<td>9</td>
</tr>
<tr>
<td>Pelvic injury leads to rectum and anus damage, as well as scarring</td>
<td>10</td>
</tr>
</tbody>
</table>

5.3 Stomach structural damage
Abdominal injury leads to total gastrectomy | Grade 4
---|---
Abdominal injury leads to gastrectomy of greater than or equal to 50% | Grade 7

### 5.4 Pancreatic structural damage or metabolic dysfunction

Metabolic dysfunction in this Standard refers to dependence on insulin.

<table>
<thead>
<tr>
<th>Description</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal injury leads to total pancreatectomy</td>
<td>Grade 1</td>
</tr>
<tr>
<td>Abdominal injury leads to pancreatectomy of greater than or equal to 50%, associated with dependence on insulin</td>
<td>Grade 3</td>
</tr>
<tr>
<td>Abdominal injury leads to pancreatic and duodenal resection</td>
<td>Grade 4</td>
</tr>
<tr>
<td>Abdominal injury leads to pancreatectomy of greater than or equal to 50%</td>
<td>Grade 6</td>
</tr>
<tr>
<td>Abdominal injury leads to partial pancreatectomy</td>
<td>Grade 8</td>
</tr>
</tbody>
</table>

### 5.5 Liver structural damage

<table>
<thead>
<tr>
<th>Description</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal injury leads to hepatectomy of greater than or equal to 75%</td>
<td>Grade 2</td>
</tr>
<tr>
<td>Abdominal injury leads to hepatectomy of greater than or equal to 50%</td>
<td>Grade 5</td>
</tr>
<tr>
<td>Abdominal injury leads to partial hepatectomy</td>
<td>Grade 8</td>
</tr>
</tbody>
</table>

### 6 Related structure and function of the urinary and reproductive systems
#### 6.1 Structural damage to the urinary system

<table>
<thead>
<tr>
<th>Description</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal injury leads to bilateral nephrectomy</td>
<td>Grade 1</td>
</tr>
<tr>
<td>Abdominal injury leads to unilateral nephrectomy</td>
<td>Grade 1</td>
</tr>
<tr>
<td>Pelvic injury leads to loss of bilateral ureter</td>
<td>Grade 5</td>
</tr>
<tr>
<td>Pelvic injury leads to bilateral ureteral atresia</td>
<td>Grade 5</td>
</tr>
<tr>
<td>Pelvic injury leads to loss of one ureter and atresia of the other</td>
<td>Grade 5</td>
</tr>
<tr>
<td>Pelvic injury leads to cystectomy</td>
<td>Grade 5</td>
</tr>
<tr>
<td>Pelvic injury leads to urethral atresia</td>
<td>Grade 5</td>
</tr>
<tr>
<td>Pelvic injury leads to loss of one ureter and severe stenosis of the other</td>
<td>Grade 7</td>
</tr>
<tr>
<td>Pelvic injury leads to atresia of one ureter and severe stenosis of the other</td>
<td>Grade 7</td>
</tr>
<tr>
<td>Abdominal injury leads to unilateral nephrectomy</td>
<td>Grade 8</td>
</tr>
<tr>
<td>Pelvic injury leads to severe stenosis of both ureters</td>
<td>Grade 8</td>
</tr>
<tr>
<td>Pelvic injury leads to loss of one ureter and stenosis of the other</td>
<td>Grade 8</td>
</tr>
<tr>
<td>Pelvic injury leads to atresia of one ureter and stenosis of the other</td>
<td>Grade 8</td>
</tr>
<tr>
<td>Abdominal injury leads to unilateral partial nephrectomy</td>
<td>Grade 9</td>
</tr>
<tr>
<td>Pelvic injury leads to loss of one ureter</td>
<td>Grade 9</td>
</tr>
<tr>
<td>Pelvic injury leads to atresia of one ureter</td>
<td>Grade 9</td>
</tr>
<tr>
<td>Pelvic injury leads to urethral stricture</td>
<td>Grade 9</td>
</tr>
<tr>
<td>Pelvic injury leads to partial cystectomy</td>
<td>Grade 9</td>
</tr>
<tr>
<td>Abdominal injury leads to kidney rupture repair</td>
<td>Grade 10</td>
</tr>
<tr>
<td>Pelvic injury leads to severe stenosis of one ureter</td>
<td>Grade 10</td>
</tr>
<tr>
<td>Pelvic injury leads to bladder rupture repair</td>
<td>Grade 10</td>
</tr>
</tbody>
</table>

#### 6.2 Structural damage to the reproductive system

<table>
<thead>
<tr>
<th>Description</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perineal injury leads to loss of bilateral testicles</td>
<td>Grade 3</td>
</tr>
<tr>
<td>Perineal injury leads to complete atrophy of bilateral testicles</td>
<td>Grade 3</td>
</tr>
<tr>
<td>Perineal injury leads to loss of one testicle and complete atrophy of the other</td>
<td>Grade 3</td>
</tr>
<tr>
<td>Perineal injury leads to total loss of penis</td>
<td>Grade 4</td>
</tr>
<tr>
<td>Perineal injury leads to vaginal atresia</td>
<td>Grade 5</td>
</tr>
<tr>
<td>Perineal injury leads to loss of penis by more than 50%</td>
<td>Grade 5</td>
</tr>
<tr>
<td>Perineal injury leads to bilateral loss of the vas deferens</td>
<td>Grade 6</td>
</tr>
<tr>
<td>Injury Type</td>
<td>Grade</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Perineal injury leads to bilateral atresia of the vas deferens</td>
<td>6</td>
</tr>
<tr>
<td>Perineal injury leads to loss of the vas deferens on one side, and atresia on the other side</td>
<td>6</td>
</tr>
<tr>
<td>Chest injury leads to loss of both breasts in women</td>
<td>6</td>
</tr>
<tr>
<td>Pelvic injury leads to hysterectomy</td>
<td>7</td>
</tr>
<tr>
<td>Chest injury leads to loss of one breast and partial loss of the other in women</td>
<td>8</td>
</tr>
<tr>
<td>Chest injury leads to loss of one breast in women</td>
<td>9</td>
</tr>
<tr>
<td>Pelvic injury leads to partial resection of the uterus</td>
<td>9</td>
</tr>
<tr>
<td>Pelvic injury leads to uterine rupture repair</td>
<td>10</td>
</tr>
<tr>
<td>Perineal injury leads to loss of one testicle</td>
<td>10</td>
</tr>
<tr>
<td>Perineal injury leads to complete atrophy of one testicle</td>
<td>10</td>
</tr>
<tr>
<td>Perineal injury leads to loss of the vas deferens on one side</td>
<td>10</td>
</tr>
<tr>
<td>Perineal injury leads to atresia of the vas deferens on one side</td>
<td>10</td>
</tr>
</tbody>
</table>

7 Neuromusculoskeletal and movement-related structures and functions

7.1 Structural damage to the head and neck

<table>
<thead>
<tr>
<th>Injury Type</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total loss of bilateral maxillary bones</td>
<td>2</td>
</tr>
<tr>
<td>Total loss of bilateral inferior maxillary bones</td>
<td>2</td>
</tr>
<tr>
<td>Total loss of maxillary bone on one side and inferior maxillary bone on the other side</td>
<td>2</td>
</tr>
<tr>
<td>Total loss of maxillary bone and inferior maxillary bone on the same side</td>
<td>3</td>
</tr>
<tr>
<td>Loss of maxillary bones and inferior maxillary bone, and loss of 24 or more teeth</td>
<td>3</td>
</tr>
<tr>
<td>Total loss of unilateral maxillary bone</td>
<td>3</td>
</tr>
<tr>
<td>Total loss of unilateral inferior maxillary bone</td>
<td>3</td>
</tr>
<tr>
<td>Loss of unilateral maxillary bone is greater than or equal to 50%, and defect of oral and facial soft tissue is greater than 20cm²</td>
<td>4</td>
</tr>
<tr>
<td>Loss of unilateral inferior maxillary bone is greater than or equal to 6cm, and defect of oral and facial soft tissue is greater than 20cm²</td>
<td>4</td>
</tr>
<tr>
<td>Penetrating defect of the face is greater than 20cm²</td>
<td>4</td>
</tr>
<tr>
<td>Loss of maxillary bones and inferior maxillary bone, and loss of 20 or more teeth</td>
<td>5</td>
</tr>
<tr>
<td>Loss of unilateral maxillary bone is greater than 25% yet less than 50%, and defect of oral and facial soft tissue is greater than 10cm²</td>
<td>5</td>
</tr>
<tr>
<td>Loss of unilateral inferior maxillary bone is greater than or equal to 4cm, and defect of oral and facial soft tissue is greater than 10cm²</td>
<td>5</td>
</tr>
<tr>
<td>Loss of maxillary bone equal to 25%, and defect of oral and facial soft tissue is greater than 10cm²</td>
<td>6</td>
</tr>
<tr>
<td>Defect of facial soft tissue is greater than 20cm², associated with salivary fistula</td>
<td>6</td>
</tr>
<tr>
<td>Loss of maxillary bones and inferior maxillary bone, and loss of 16 or more teeth</td>
<td>7</td>
</tr>
<tr>
<td>Loss of maxillary bones and inferior maxillary bone, and loss of 12 or more teeth</td>
<td>8</td>
</tr>
<tr>
<td>Loss of maxillary bones and inferior maxillary bone, and loss of 8 or more teeth</td>
<td>9</td>
</tr>
<tr>
<td>Loss of maxillary bones and inferior maxillary bone, and loss of 4 or more teeth</td>
<td>10</td>
</tr>
<tr>
<td>Skull defect is greater than or equal to 6cm²</td>
<td>10</td>
</tr>
</tbody>
</table>

7.2 Head and neck joint dysfunction

<table>
<thead>
<tr>
<th>Injury Type</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unilateral temporomandibular joint stiffness, and Grade III difficulty in opening mouth</td>
<td>6</td>
</tr>
<tr>
<td>Bilateral temporomandibular joint stiffness, and Grade III difficulty in opening mouth</td>
<td>6</td>
</tr>
<tr>
<td>Bilateral temporomandibular joint stiffness, and Grade II difficulty in opening mouth</td>
<td>8</td>
</tr>
<tr>
<td>Unilateral temporomandibular joint stiffness, and Grade I difficulty in opening mouth</td>
<td>10</td>
</tr>
</tbody>
</table>
Note: The method for determination and measurement of difficulty in opening mouth is to place the patient’s own index finger, middle finger and ring finger in parallel vertically in the middle of the upper and lower central incisors for measurement. Normal mouth opening means that the abovementioned three fingers can be vertically placed between the upper and lower incisors (equivalent to about 4.5cm); Grade I difficulty in opening mouth means when the mouth is wide open, only the index and middle fingers can be vertically placed (equivalent to about 3cm); Grade II difficulty in opening mouth means when the mouth is wide open, only the index finger can be vertically placed (equivalent to about 1.7cm); Grade III difficulty in opening mouth means when the mouth is wide open, the spacing between the upper and lower incisors is less than the transverse diameter of the index finger.

7.3 Structural damage to the upper extremities, hand dysfunction or joint dysfunction

| Total loss of both hands                  | Grade 4 |
| Total loss of functioning of both hands  | Grade 4 |
| Total loss of one hand, and total loss of functioning of the other | Grade 4 |
| Loss (or loss of functioning) of both hands is greater than or equal to 90% | Grade 5 |
| Loss (or loss of functioning) of both hands is greater than or equal to 70% | Grade 6 |
| Loss (or loss of functioning) of both hands is greater than or equal to 50% | Grade 7 |
| Total loss of functioning of two of the three major joints of one upper extremity | Grade 7 |
| Total loss of functioning of one of the three major joints of one upper extremity | Grade 8 |
| Loss (or loss of functioning) of both hands is greater than or equal to 30% | Grade 8 |
| Loss (or loss of functioning) of both hands is greater than or equal to 10% | Grade 9 |
| Difference between the lengths of the two upper extremities is greater than or equal to 10cm | Grade 9 |
| Difference between the lengths of the two upper extremities is greater than or equal to 4cm | Grade 10 |
| Partial loss of functioning of one of the three major joints of one upper extremity due to fracture involving the articular surface | Grade 10 |

Note: Calculation of loss of hand and loss of functioning: the thumb accounts for 36% of the functioning of a hand, in which the distal knuckle and proximal knuckle each accounts for 18%; the forefinger and middle finger each accounts for 18% of the functioning of a hand, in which the distal knuckle, middle knuckle and proximal knuckle account for 8%, 7% and 3%, respectively; the ring finger and little finger each accounts for 9% of the functioning of a hand, in which the distal knuckle, middle knuckle and proximal knuckle account for 4%, 3% and 2%, respectively; the palm accounts for 10% of the functioning of a hand, in which the first, second and third metacarpals each accounts for 4%, 2% and 2%, while the fourth and fifth metacarpals each accounts for 1%. In this Standard, the degree of loss of hands or loss of functioning is the result of cumulative calculation by the method described above.

7.4 Pelvic structural damage

| Pelvic ring fracture, and the difference between the relevant lengths of the two lower extremities is greater than or equal to 8cm | Grade 7 |
| Acetabular fracture, and the difference between the relevant lengths of the two lower extremities is greater than or equal to 8cm | Grade 7 |
| Pelvic ring fracture, and the difference between the relevant lengths of the two lower extremities is greater than or equal to 6cm | Grade 8 |
| Acetabular fracture, and the difference between the relevant lengths of the two lower extremities is greater than or equal to 6cm | Grade 8 |
| Pelvic ring fracture, and the difference between the relevant lengths of the two lower extremities is greater than or equal to 4cm | Grade 9 |
| Acetabular fracture, and the difference between the relevant lengths of the two lower extremities is greater than or equal to 4cm | Grade 9 |
Pelvic ring fracture, and the difference between the relevant lengths of the two lower extremities is greater than or equal to 2cm

Acetabular fracture, and the difference between the relevant lengths of the two lower extremities is greater than or equal to 2cm

### 7.5 Structural damage to the lower extremities, foot dysfunction or joint dysfunction

<table>
<thead>
<tr>
<th>Condition Description</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of the part above the tarsometatarsal joint of both feet</td>
<td>6</td>
</tr>
<tr>
<td>Difference between the lengths of the two lower extremities is greater than or equal to 8cm</td>
<td>7</td>
</tr>
<tr>
<td>Total loss of functioning of two of the three major joints of one lower extremity</td>
<td>7</td>
</tr>
<tr>
<td>Complete destruction of the arch structure of both feet</td>
<td>7</td>
</tr>
<tr>
<td>Loss of the part above the tarsometatarsal joint of one foot</td>
<td>7</td>
</tr>
<tr>
<td>Difference between the lengths of the two lower extremities is greater than or equal to 6cm</td>
<td>8</td>
</tr>
<tr>
<td>The arch structure of one foot is completely destroyed, and destruction of the arch structure of the other foot is greater than or equal to 1/3</td>
<td>8</td>
</tr>
<tr>
<td>Total loss of ten toes of both feet</td>
<td>8</td>
</tr>
<tr>
<td>Total loss of functioning of one of the three major joints of one lower extremity</td>
<td>8</td>
</tr>
<tr>
<td>Total loss of functioning of ten toes of both feet</td>
<td>8</td>
</tr>
<tr>
<td>Difference between the lengths of the two lower extremities is greater than or equal to 4cm</td>
<td>9</td>
</tr>
<tr>
<td>Complete destruction of the arch structure of one foot</td>
<td>9</td>
</tr>
<tr>
<td>Loss of five or more of the ten toes of both feet</td>
<td>9</td>
</tr>
<tr>
<td>Total loss of functioning of five toes of one foot</td>
<td>9</td>
</tr>
<tr>
<td>Destruction of the arch structure of one foot is greater than or equal to 1/3</td>
<td>10</td>
</tr>
<tr>
<td>Loss of two or more of the ten toes of both feet</td>
<td>10</td>
</tr>
<tr>
<td>Difference between the lengths of the two lower extremities is greater than or equal to 2cm</td>
<td>10</td>
</tr>
<tr>
<td>Total loss of functioning of one of the three major joints of one lower extremity due to fracture involving the articular surface</td>
<td>10</td>
</tr>
</tbody>
</table>

Note: ① Destruction of the arch structure: Refers to loss of the arch structure or loss of functioning caused by accidental injury.

② Complete destruction of the arch structure: Refers to complete destruction of inner and outer longitudinal arch and transverse arch structure of the foot, including loss and loss of functioning; destruction of 1/3 of the arch structure refers to destruction of any of the three arches of the foot.

③ Toe loss: Refers to complete cut-off of the part above the toe joint.

### 7.6 Limbs structural damage, limb dysfunction or joint dysfunction

<table>
<thead>
<tr>
<th>Condition Description</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of more than three limbs (the part above the wrist for arms and above the ankle for legs)</td>
<td>1</td>
</tr>
<tr>
<td>Total loss of functioning of more than three limbs</td>
<td>1</td>
</tr>
<tr>
<td>Loss of two limbs (the part above the wrist for arms and above the ankle for legs), and total loss of functioning of another limb</td>
<td>1</td>
</tr>
<tr>
<td>Loss of one limb (the part above the wrist for arms and above the ankle for legs), and total loss of functioning of another limb</td>
<td>1</td>
</tr>
<tr>
<td>Loss of two limbs (the part above the elbow for arms and above the knee for legs)</td>
<td>2</td>
</tr>
<tr>
<td>Loss of one limb (the part above the elbow for arms and above the knee for legs), and total loss of functioning of another limb</td>
<td>2</td>
</tr>
<tr>
<td>Total loss of functioning of two limbs</td>
<td>2</td>
</tr>
<tr>
<td>Loss of one limb (the part above the wrist for arms and above the ankle for legs), and total loss of functioning of the other limb</td>
<td>3</td>
</tr>
<tr>
<td>Loss of two limbs (the part above the wrist for arms and above the ankle for legs)</td>
<td>3</td>
</tr>
</tbody>
</table>
Total loss of functioning of two of the three major joints of the two upper extremities or lower extremities, or one upper extremity and one lower extremity | Grade 4
---|---
Loss of one limb (the part above the elbow for arms and above the knee for legs) | Grade 5
Total loss of functioning of one limb | Grade 5
Loss of one limb (the part above the wrist for arms and above the ankle for legs) | Grade 6
Comminuted fracture of the part above the long bone-epiphyseal plate of four limbs | Grade 9

Note: ① Epiphyseal plate: The definition of epiphyseal plate only applies to children. Fracture of long bone-epiphyseal plate of four limbs may affect limb development; in the presence of limb developmental disorders, the grade of injury and disability should be assessed separately.
② Loss of limb functioning refers to loss of functioning of the three major joints of limbs (wrist, elbow and shoulder joints of arms or ankle, knee and hip joints of legs)
③ Loss of joint functioning refers to permanent complete stiffness or paralysis of the joints, or the inability to move joints with consciousness.

### 7.7 Spinal structural damage and dysfunction of joint mobility

Spinal structural damage in this Standard refers to cervical or lumbar fracture and dislocation.
Dysfunction of joint mobility in this Standard refers to the loss of activity of the neck or waist.

| Spinal fracture and dislocation leads to cervical or lumbar malunion, and loss of neck or waist mobility is greater than or equal to 75% | Grade 7
| Spinal fracture and dislocation leads to cervical or lumbar malunion, and loss of neck or waist mobility is greater than or equal to 50% | Grade 8
| Spinal fracture and dislocation leads to cervical or lumbar malunion, and loss of neck or waist mobility is greater than or equal to 25% | Grade 9

### 7.8 Muscle strength dysfunction

Muscle strength function refers to the function related to the strength generated by muscle or muscle group contraction. Muscle strength dysfunction in this Standard refers to quadriplegia, hemiplegia, paraplegia or monoplegia.

| Quadriplegia (muscle strength of more than three limbs is lower than or equal to Grade 3) | Grade 1
| Paraplegia (muscle strength is lower than or equal to Grade 2) and fecal and urinary incontinence | Grade 1
| Quadriplegia (muscle strength of more than two limbs is lower than or equal to Grade 2) | Grade 2
| Hemiplegia (muscle strength is lower than or equal to Grade 2) | Grade 2
| Paraplegia (muscle strength is lower than or equal to Grade 2) | Grade 2
| Quadriplegia (muscle strength of more than two limbs is lower than or equal to Grade 3) | Grade 3
| Hemiplegia (muscle strength is lower than or equal to Grade 3) | Grade 3
| Paraplegia (muscle strength is lower than or equal to Grade 3) | Grade 3
| Quadriplegia (muscle strength of more than two limbs is lower than or equal to Grade 4) | Grade 4
| Hemiplegia (muscle strength of one limb is lower than or equal to Grade 2) | Grade 5
| Paraplegia (muscle strength of one limb is lower than or equal to Grade 2) | Grade 5
| Monoplegia (muscle strength is lower than or equal to Grade 2) | Grade 5
| Hemiplegia (muscle strength of one limb is lower than or equal to Grade 3) | Grade 6
| Paraplegia (muscle strength of one limb is lower than or equal to Grade 3) | Grade 6
| Monoplegia (muscle strength is lower than or equal to Grade 3) | Grade 6
| Hemiplegia (muscle strength of one limb is lower than or equal to Grade 4) | Grade 7
Paraplegia (muscle strength of one limb is lower than or equal to Grade 4) | Grade 7
---|---
Monoplegia (muscle strength is lower than or equal to Grade 4) | Grade 8

Note: ① Hemiplegia refers to paralysis of one side of the upper and lower extremities.
② Paraplegia refers to a disease featuring disappearance of senses, motor and reflexes of bilateral limbs below the injured plane after spinal cord injury, and loss of functioning of the bladder and anal sphincter.
③ Monoplegia refers to paralysis of a limb or a part of a limb.
④ Muscle strength: To determine the degree of paralysis of limbs, muscle strength is divided into 6 grades from Grade 0 to Grade 5.
  Grade 0: The muscles are completely paralyzed with no contraction.
  Grade 1: Mild muscle contraction can be seen or touched, but no action can be produced.
  Grade 2: The muscles can move without the influence of gravity, meaning that the limbs can move on the bed surface, but cannot be lifted.
  Grade 3: Actions can be completed in a direction opposite to gravity, and the patient is capable of fighting against externally applied resistance.
  Grade 4: The patient can fight against some resistance, but the resistance is lower than that of normal people.
  Grade 5: Normal muscle strength.

8 Skin and related structures and functions

8.1 Structural damage to the head and neck skin and restoration dysfunction
Skin restoration function refers to the function of restoring skin damage or other injuries. Skin restoration dysfunction in this Standard refers to scarring.

| Grade III burns of the head and neck, and the area is greater than or equal to 8% of the total body surface area | Grade 2
---|---
Facial skin damage leads to scarring, and the scar area is greater than or equal to 90% of the facial skin area | Grade 2
Neck skin damage leads to scarring and total loss of neck mobility | Grade 3
Facial skin damage leads to scarring, and the scar area is greater than or equal to 80% of the facial skin area | Grade 3
Neck skin damage leads to scarring, and loss of neck mobility is greater than or equal to 75% | Grade 4
Facial skin damage leads to scarring, and the scar area is greater than or equal to 60% of the facial skin area | Grade 4
Grade III burns of the head and neck, and the area is greater than or equal to 5% and less than 8% of the total body surface area | Grade 5
Neck skin damage leads to scarring, and loss of neck mobility is greater than or equal to 50% | Grade 5
Facial skin damage leads to scarring, and the scar area is greater than or equal to 40% of the facial skin area | Grade 5
Facial skin damage leads to scarring, and the scar area is greater than or equal to 20% of the facial skin area | Grade 6
Head avulsion leads to scalp loss, and the area is greater than or equal to 20% of the scalp area | Grade 6
Neck skin damage leads to scarring of the anterior triangle of neck, and the scar area is greater than or equal to 75% of area of the anterior triangle of neck | Grade 7
Facial skin damage leads to scarring, and the scar area is greater than or equal to 24cm² | Grade 7
Grade III burns of the head and neck, and the area is greater than or equal to 2% and less than 5% of the total body surface area | Grade 8
Neck skin damage leads to scarring of the anterior triangle of neck, and the scar area is greater than or equal to 50% of area of the anterior triangle of neck | Grade 8
Facial skin damage leads to scarring, and the scar area is greater than or equal to Grade 8
<table>
<thead>
<tr>
<th>Area Description</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facial skin damage leads to scarring, and the scar area is greater than or equal to 12 cm² or facial line-like scar is longer than or equal to 20 cm</td>
<td>Grade 9</td>
</tr>
<tr>
<td>Facial skin damage leads to scarring, and the scar area is greater than or equal to 6 cm² or facial line-like scar is longer than or equal to 10 cm</td>
<td>Grade 10</td>
</tr>
</tbody>
</table>

Note: ① Scar: Refers to hypertrophic scar after wound healing, **excluding atrophic scars whose skin is smooth with no significant changes in the texture**.

② Calculation of facial range and scar area: Facial range refers to the region up to the hair line, down to the lower edge of the lower jaw, and two sides to the rear edge to the mandibular ramus, including the forehead, eye, eye socket, nose, mouth and lips, chin, cheekbone, cheek and parotideo-masseteric region. Full face, 5-equal-partition method and actual scar area measurement are adopted for the calculation of facial scar area to respectively calculate scar areas. If there are multiple facial scars, the areas can be cumulatively added.

③ Anterior triangle of neck: The two sides are the front edge of the sternocleidomastoid, and the bottom is the upper edge of the hyoid body and the lower edge of the mandible.

### 8.2 Structural damage to the skin of all parts and restoration dysfunction

<table>
<thead>
<tr>
<th>Area Description</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin damage leads to scarring, and scar area is greater than or equal to 90% of the total body surface area</td>
<td>Grade 1</td>
</tr>
<tr>
<td>Grade III burns of the trunk and limbs, whose area is greater than or equal to 60% of the total skin area</td>
<td>Grade 1</td>
</tr>
<tr>
<td>Skin damage leads to scarring, and scar area is greater than or equal to 80% of the total body surface area</td>
<td>Grade 2</td>
</tr>
<tr>
<td>Skin damage leads to scarring, and scar area is greater than or equal to 70% of the total body surface area</td>
<td>Grade 3</td>
</tr>
<tr>
<td>Grade III burns of the trunk and limbs, whose area is greater than or equal to 40% of the total skin area</td>
<td>Grade 3</td>
</tr>
<tr>
<td>Skin damage leads to scarring, and scar area is greater than or equal to 60% of the total body surface area</td>
<td>Grade 4</td>
</tr>
<tr>
<td>Skin damage leads to scarring, and scar area is greater than or equal to 50% of the total body surface area</td>
<td>Grade 5</td>
</tr>
<tr>
<td>Grade III burns of the trunk and limbs, whose area is greater than or equal to 20% of the total skin area</td>
<td>Grade 5</td>
</tr>
<tr>
<td>Skin damage leads to scarring, and scar area is greater than or equal to 40% of the total body surface area</td>
<td>Grade 6</td>
</tr>
<tr>
<td>Area of abdominal wall defect caused by abdominal injury is greater than or equal to 25% of the abdominal wall area</td>
<td>Grade 6</td>
</tr>
<tr>
<td>Skin damage leads to scarring, and scar area is greater than or equal to 30% of the total body surface area</td>
<td>Grade 7</td>
</tr>
<tr>
<td>Grade III burns of the trunk and limbs, whose area is greater than or equal to 10% of the total skin area</td>
<td>Grade 7</td>
</tr>
<tr>
<td>Skin damage leads to scarring, and scar area is greater than or equal to 20% of the total body surface area</td>
<td>Grade 8</td>
</tr>
<tr>
<td>Skin damage leads to scarring, and scar area is greater than or equal to 5% of the total body surface area</td>
<td>Grade 9</td>
</tr>
</tbody>
</table>

Note: ① Calculation of total skin scar area: It is calculated by the percentage of the skin scar area in the total body surface area, namely China’s **new nine** division method: in the 100% body surface area, the head and neck accounts for 9% (9×1) (head, face and neck each accounts for 3%); two upper extremities account for 18% (9 × 2) (two arms 7%, two forearms 6%, two hands 5%); the front and back of the torso including perineum account for 27% (9 × 3) (forequarters 13%, hindquarters 13%, perineum 1%); two lower extremities (including hip) account for 46% (two buttocks 5%, two thighs 21%, two legs 13%, two feet 7%) (9×5 +1) (female feet and buttocks each account for 6%).
Burn area and burn depth: Burn area is calculated by China’s *new nine* division method while burn depth by three-grade and four-division method. Grade III burn means that the burn is deep through the skin and reaches beneath the skin, muscles and bones. **Burn accident does not include frostbite burns, inhalation injury (also known as respiratory burns) and electrical injury.** After burns, the grade of injury and disability can be assessed according to the burn area and depth; after medical treatment terminates, the grade of injury and disability can be assessed according to the consequential degree of dysfunction and the size of skin scar area, whichever is severer shall prevail as the final grade of injury and disability.
Ping An Property & Casualty Insurance Company of China, Ltd.
Ping An Individual Aviation 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. Any agreement related to the insurance contract shall be in written form.

Article 2 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 insurable interest to the Insured (excluding the Individual partnership, the Lease holding farm households and the Individual businesses).

Article 3 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 are 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 Injury and Disability Benefit or Medical Expense Benefit

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

Scope of Cover

Article 4 During the period of insurance, if the Insured dies or suffers death, injury and disability or incurs medical expenses due to an accident during the course of taking passenger aircraft, the Insurer shall pay the benefits in accordance with the following provisions.
1. Liability for Death Benefit

During the period of insurance, if the Insured suffers an accident during taking passenger aircraft 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 Injury and Disability Benefit

During the period of insurance, if the Insured is injured in an accident during taking passenger aircraft and suffers disability of any grade in the attached “Assessment Standards of Injury and Disability for Personal Insurance (Industry Standard)” (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 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.

3. Liability for Medical Expense Benefit

During the period of insurance, if the Insured is injured in an accident and accepts medical treatment in hospital that is eligible for the definition of hospital in article 26 (hereinafter referred to as “defined hospital”), the Insurer will pay 80% of the sum in excess of RMB100 of the actual, necessary and reasonable medical expenses incurred within 180 days after the accident to the Insured and reimbursable in accordance with the regulations of the local social medical insurance administrative departments as medical expense 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 Medical Expense 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 sources, the Insurer will only pay the remaining part.

Exclusions
Article 5 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:

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. Terroristic attack;
9. The Insured commits crime or resists arrests;
10. The Insured suffers accident after passing through security check and then leaving the airport;

Article 6 If the Insured suffers death, injury and disability or medical expenses occurs 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

Article 7 The Insurer shall not pay benefit for the following expenses:

1. 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;
2. Medical expense caused by the insured’s disc bulging or disc protrusion;
3. Nutrition fees, rehabilitation fees, auxiliary appliance expense, face-lifting fees, cosmetic fees, repairing operation fees, tooth cosmetic fees, tooth repairing fees, prosthodontics fees, attendance expenses, traffic expenses, accommodation fee, loss of income, funeral expenses.

Should the Insured die because of the occurrence of any situation of the above Article 5 and 6, the Insurer’s liability to the Insured hereunder shall be terminated, and the Insurer shall return to the Applicant the unearned net premium calculated on daily pro-rata basis (one day shall be calculated if the passed time is less than 24 hours).

Sum Insured and Premium

Article 8 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 Premium Rate Table. The Applicant shall pay the premium to the Insurer according to the contract.

Period of Insurance
Article 9 The period of insurance shall be determined by the Applicant and the Insurer and stipulated in the policy.

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

If the Applicant chooses one-time insurance contract, the period of insurance shall be the period the Insured is taking the aircraft as 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 the Insured is taking such equivalent flight.

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.

Obligations of the Insurance Applicant and the Insured

Article 14 Unless otherwise specified, the Applicant shall pay premium upon entering the insurance contract.

Article 15 When entering an insurance contract, the Applicant shall make true representations if the Insurer makes inquiries on the subject-matter issued 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 acknowledgment 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 16 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 17 The Applicant and/or the Insured shall notify the Insurer immediately upon acknowledgment 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 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, 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 18 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 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;
   (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 you and the Insured to identify the nature and cause of the insured accident and the extent of loss;
   (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.

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) Accident certificate issued by the carrier;
(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.

3. Claim for medical expense benefit
(1) Benefit 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 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.

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 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 24 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.

**Article 25** If the Insured is hospitalized outside P.R.C., the Insurer’s payment will be calculated as per domestic standards where the Policy is issued.

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.

**Definitions**

**Article 26**

[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.

[Period of taking passenger aircraft] refers to the period from the time when the Insured holds valid ticket and arrives at the airport 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 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.

[Limbs] refers to the four limbs of human body, namely left upper limb, right upper limb, left lower limb and right lower limb.

[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 claim for insurance benefit.

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

Assessment Standards of Injury and Disability for Personal Insurance

Jointly Prepared by Insurance Association of China and Chinese Forensic Medicine Association

June 8, 2013
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Foreword

This Standard has been formulated according to the requirements for business development of the insurance industry. Reference has been made to the theories and methods in the World Health Organization’s *International Classification of Functioning, Disability and Health* (hereinafter referred to as “ICF”) in the formulation of this Standard, and new theoretical framework, terminology system and classification method have been established for the disability standards. Reference has been made to China’s important standards for the assessment of injury and disability in the formulation of this Standard, such as *Standard for Identifying Work Ability—Gradation of Disability Caused by Work-Related Injuries and Occupational Diseases*, *Impairment Assessment of the Injured in Road Traffic Accidents* and so on, and thus the Standard complies with relevant disability policies in China. Meanwhile, reference has also been made to the principles and standards for injury and disability gradation in other countries and regions worldwide.

This Standard has established the basis for assessment of injury and disability for personal insurance purposes and insurance money payment proportion in the insurance industry, and each insurance company should develop insurance products and provide insurance services according to their respective business characteristics based on the methods, content and structure hereof.

Unit responsible for drafting the Standard: The Insurance Association of China.

This Standard stipulates the grades for the assessment of injury and disability for personal insurance purposes and the principle and method for insurance money payment proportions. The degree of injury and disability for personal insurance purposes is divided into 10 grades from Grade 1 to Grade 10, and the insurance money payment proportion ranges from 100% to 10%.

1 Scope of Application

This Standard applies to the protection against injury and disability in accident insurance products or insurance products including accident liability, and is used to assess the degree of injury and disability caused by accidental injury factors.

2 Terms and Definitions

The following terms and definitions apply to this Standard.

2.1 Injury and disability: Physical disability caused by accidental injury.

2.2 Body structure: Refers to the anatomical parts of the body, such as organs, limbs and their components.

2.3 Body function: Refers to the physiological functions of the body’s various systems.

3 Content and Structure of the Standard

By referring to the functioning and disability-related classification theories and methods in the ICF, this Standard has established 8 major categories, namely “structure and mental function of the nervous system”, “eye, ear and related structures and functions”, “vocal and verbal structures and functions”, “structure and function of the cardiovascular, immune and respiratory systems”, “related structure and function of the digestive, metabolic and endocrine systems”, “related structure and function of the urinary and reproductive systems”, “neuromusculoskeletal and movement-related structures and functions” and “skin and related structures and functions”, totally 281 personal insurance-covered injury and disability articles.

This Standard classifies and grades functioning and disability, and divides the degree of injury and
disability for personal insurance purposes is divided into 10 grades from Grade 1 to Grade 10, in which Grade 1 is the severest, while Grade 10 is the mildest. Corresponding to the grades of the degree of injury and disability for personal insurance purposes, the insurance money payment proportion is also divided into ten levels. Grade 1 injury and disability corresponds to 100% of insurance money payment proportion, and Grade 10 injury and disability corresponds to 10% of insurance money payment proportion, featuring a difference of 10% for each grade.

4 Principles for Assessment of Injury and Disability

4.1 Determination of category of injury and disability: In the assessment of injury and disability, the category of injury and disability involved should be determined according to the conditions of damage to the human body structures and functions.

4.2 Determination of grade of injury and disability: According to the conditions of injury and disability, the grade of injury and disability should be determined under the same category.

4.3 Determination of insurance money payment proportion: Insurance money payment proportion should be determined according to the percentage corresponding to the grade of injury and disability.

4.4 Principle for assessment of multiple injuries and disabilities: When an insurance accident causes two or more than two injuries and disabilities, the degree of each injury and disability should be determined separately first; if the grades of multiple injuries and disabilities are different, the severest grade of injury and disability should be the final assessment conclusion; if the grades of multiple injuries and disabilities are the same, the grade of injury and disability should be promoted by one level at most to Grade 1 on the original assessment basis. Injury and disability of the same part and nature should not be assessed by using more than two articles of the Standard or the same article more than twice.

5 Note

“More than” in this Standard includes the value or the part itself.
Assessment Standards of Injury and Disability for Personal Insurance (Industry Standard)

Note: This Standard classifies and grades functioning and disability, and divides the degree of injury and disability for personal insurance purposes is divided into 10 grades from Grade 1 to Grade 10, in which Grade 1 is the severest, while Grade 10 is the mildest. Corresponding to the grades of the degree of injury and disability for personal insurance purposes, the insurance money payment proportion is also divided into ten levels. Grade 1 injury and disability corresponds to 100% of insurance money payment proportion, and Grade 10 injury and disability corresponds to 10% of insurance money payment proportion, featuring a difference of 10% for each grade.

1 Structure and mental function of the nervous system

1.4 Meninges structural damage

| Traumatic cerebrospinal fluid rhinorrhea or otorrhea | Grade 10 |

1.5 Brain structural damage and mental dysfunction

| Extreme intellectual impairment (IQ less than or equal to 20) caused by traumatic brain injury, inability to take care of one’s own daily life, in a state of being fully nursing-dependent | Grade 1 |
| Severe intellectual impairment (IQ less than or equal to 34) caused by traumatic brain injury, requiring others’ help in daily life, in a state of being fully nursing-dependent | Grade 2 |
| Severe intellectual impairment (IQ less than or equal to 34) caused by traumatic brain injury, inability to live a completely independent life, requiring constant care, in a state of being mostly nursing-dependent | Grade 3 |
| Moderate intellectual impairment (IQ less than or equal to 49) caused by traumatic brain injury, activities of daily living being severely limited, requiring help sometimes, in a state of being mostly nursing-dependent | Grade 4 |

Note: ① Dependence on nursing: The degree of loss of "basic activities of daily living" is adopted to determine the degree of dependence on nursing.

② Basic activities of daily living refer to: (1) dressing: one can dress and undress; (2) movement: one can move from one room to another; (3) action: one can get on or off bed or a wheelchair independently; (4) using toilet: one can control his/her bowel; (5) eating: one can take food from a prepared bowl or dish and feed oneself; (6) bath: one can take a shower or bath independently.

③ Degree of dependence on nursing: (1) fully nursing-dependent means that one cannot take care of oneself completely, and requires nursing for all of the six basic activities of daily living mentioned above; (2) mostly nursing-dependent means that one cannot take care of oneself mostly, and requires nursing for three or more than three of the six basic activities of daily living mentioned above; (3) partially nursing-dependent means that one cannot take care of oneself partially, and requires nursing for one or more than one of the six basic activities of daily living mentioned above.

1.6 Consciousness dysfunction

Consciousness function refers to the general mental function in a conscious and alert state, including a clear and sustained state of wakefulness. Consciousness dysfunction referred to in this Standard refers to a vegetative state caused by traumatic brain injury.

| Vegetative state caused by traumatic brain injury | Grade 1 |
Note: Vegetative state refers to the loss of cognitive function caused by severe traumatic brain injury, absence of conscious activity, and inability to execute orders, while spontaneous breathing and blood pressure is maintained with sleep-wake cycle. The person cannot understand and express language, but can open his/her eyes automatically or under stimulation, with non-purposeful eye tracking movement. Hypothalamus and brainstem functions are basically maintained.

2 Eye, ear and related structures and functions

2.1 Eyeball injury or visual dysfunction

Visual function refers to the sensory function related to the feeling of existing light or the form, intensity, shape and colour of visual stimuli. In this Standard, visual dysfunction refers to eye blindness or low vision.

| Loss of both eyeballs                  | Grade 1 |
| Loss of one eyeball, and the other eye blindness reaches Grade 5 | Grade 1 |
| Loss of one eyeball, and the other eye blindness reaches Grade 4 | Grade 2 |
| Loss of one eyeball, and the other eye blindness reaches Grade 3 | Grade 3 |
| Loss of one eyeball, and the other eye’s low vision reaches Grade 2 | Grade 4 |
| Loss of one eyeball, and the other eye’s low vision reaches Grade 1 | Grade 5 |
| Loss of one eyeball                  | Grade 7 |

2.2 Visual dysfunction

In addition to eye blindness and low vision, visual dysfunction in this Standard also includes visual field defect.

| Blindness of both eyes reaches Grade 5            | Grade 2 |
| Visual field defect of both eyes, and the diameter is less than 5° | Grade 2 |
| Blindness of both eyes is greater than or equal to Grade 4 | Grade 3 |
| Visual field defect of both eyes, and the diameter is less than 10° | Grade 3 |
| Blindness of both eyes is greater than or equal to Grade 3 | Grade 4 |
| Visual field defect of both eyes, and the diameter is less than 20° | Grade 4 |
| Low vision of both eyes is greater than or equal to Grade 2 | Grade 5 |
| Low vision of both eyes is greater than or equal to Grade 1 | Grade 6 |
| Visual field defect of both eyes, and the diameter is less than 60° | Grade 6 |
| Blindness of one eye reaches Grade 5             | Grade 7 |
| Visual field defect of one eye, and the diameter is less than 5° | Grade 7 |
| Blindness of one eye is greater than or equal to Grade 4 | Grade 8 |
| Visual field defect of one eye, and the diameter is less than 10° | Grade 8 |
| Blindness of one eye is greater than or equal to Grade 3 | Grade 9 |
| Visual field defect of one eye, and the diameter is less than 20° | Grade 9 |
| Low vision of one eye is greater than or equal to Grade 1 | Grade 10 |
| Visual field defect of one eye, and the diameter is less than 60° | Grade 10 |

Note: (1) Visual acuity and visual field

<table>
<thead>
<tr>
<th>Grade</th>
<th>Grading standards for low vision and blindness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Best corrected visual acuity</td>
</tr>
<tr>
<td></td>
<td>Best corrected visual acuity lower than</td>
</tr>
<tr>
<td>Low vision</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Blindness</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>5</td>
</tr>
</tbody>
</table>
If the central vision is good but visual field is narrowed, with the central fixation point as the center, visual field diameter less than 20° and greater than 10° constitutes Grade 3 blindness; visual field diameter less than 10° constitutes Grade 4 blindness. Corrected visual acuity prevails as the vision referred to in this Standard, which cannot be restored after treatment.

(2) Visual field defect refers to narrowed spatial scope that the eye can see when looking ahead without rotating the eyeball caused by damage, making it difficult to engage in work, study or other activities.

4.3 Structural damage to the eyeball’s crystalline lens

<table>
<thead>
<tr>
<th>Traumatic cataract</th>
<th>Grade 10</th>
</tr>
</thead>
</table>

Note: Traumatic cataract: This article applies to all people who have not undergone surgeries; for related visual dysfunction after traumatic cataract surgery, please refer to relevant articles to assess the grade of injury and disability.

4.4 Eyelid structural damage

<table>
<thead>
<tr>
<th>Significant bilateral eyelid defect</th>
<th>Grade 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bilateral ectropion</td>
<td>Grade 8</td>
</tr>
<tr>
<td>Bilateral incomplete eyelid closure</td>
<td>Grade 8</td>
</tr>
<tr>
<td>Significant unilateral eyelid defect</td>
<td>Grade 9</td>
</tr>
<tr>
<td>Unilateral ectropion</td>
<td>Grade 9</td>
</tr>
<tr>
<td>Unilateral incomplete eyelid closure</td>
<td>Grade 9</td>
</tr>
</tbody>
</table>

Note: Significant eyelid defect means that the eyelid cannot completely cover the cornea when the eye is closed.

4.5 Ear structural damage or auditory dysfunction

Auditory dysfunction refers to the sensory function related to the feeling of existing sound and recognition of location, pitch, volume and sound quality.

<table>
<thead>
<tr>
<th>Hearing loss in both ears is greater than or equal to 91dB, and loss of both ears</th>
<th>Grade 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing loss in both ears is greater than or equal to 91dB, and loss of one ear</td>
<td>Grade 3</td>
</tr>
<tr>
<td>Hearing loss in one ear is greater than or equal to 91dB, hear loss in the other ear is greater than or equal to 71dB, loss of one ear, and loss of the other ear is greater than or equal to 50%</td>
<td>Grade 3</td>
</tr>
<tr>
<td>Hearing loss in both ears is greater than or equal to 71dB, and loss of both ears</td>
<td>Grade 3</td>
</tr>
<tr>
<td>Hearing loss in both ears is greater than or equal to 71dB, and loss of one ear</td>
<td>Grade 4</td>
</tr>
<tr>
<td>Hearing loss in both ears is greater than or equal to 56dB, and loss of both ears</td>
<td>Grade 4</td>
</tr>
<tr>
<td>Hearing loss in one ear is greater than or equal to 91dB, hear loss in the other ear is greater than or equal to 71dB, and loss of one ear is greater than or equal to 50%</td>
<td>Grade 4</td>
</tr>
<tr>
<td>Hearing loss in both ears is greater than or equal to 71dB, and loss of one ear is greater than or equal to 50%</td>
<td>Grade 5</td>
</tr>
<tr>
<td>Hearing loss in both ears is greater than or equal to 56dB, and loss of one ear</td>
<td>Grade 5</td>
</tr>
<tr>
<td>Loss of both ears</td>
<td>Grade 5</td>
</tr>
<tr>
<td>Loss of one ear, and loss of the other ear is greater than or equal to 50%</td>
<td>Grade 6</td>
</tr>
<tr>
<td>Loss of one ear</td>
<td>Grade 8</td>
</tr>
<tr>
<td>Loss of one ear is greater than or equal to 50%</td>
<td>Grade 9</td>
</tr>
</tbody>
</table>

4.6 Auditory dysfunction

<table>
<thead>
<tr>
<th>Hearing loss in both ears is greater than or equal to 91dB</th>
<th>Grade 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing loss in both ears is greater than or equal to 81dB</td>
<td>Grade 5</td>
</tr>
</tbody>
</table>
Hearing loss in one ear is greater than or equal to 91dB, and hearing loss in the other ear is greater than or equal to 71dB  
Grade 5

Hearing loss in both ears is greater than or equal to 71dB  
Grade 6

Hearing loss in one ear is greater than or equal to 91dB, and hearing loss in the other ear is greater than or equal to 56dB  
Grade 6

Hearing loss in one ear is greater than or equal to 91dB, and hearing loss in the other ear is greater than or equal to 41dB  
Grade 7

Hearing loss in one ear is greater than or equal to 71dB, and hearing loss in the other ear is greater than or equal to 41dB  
Grade 7

Hearing loss in one ear is greater than or equal to 71dB, and hearing loss in the other ear is greater than or equal to 56dB  
Grade 8

Hearing loss in one ear is greater than or equal to 91dB  
Grade 8

Hearing loss in one ear is greater than or equal to 56dB, and hearing loss in the other ear is greater than or equal to 41dB  
Grade 9

Hearing loss in one ear is greater than or equal to 71dB  
Grade 9

Hearing loss in both ears is greater than or equal to 26dB  
Grade 10

Hearing loss in one ear is greater than or equal to 56dB  
Grade 10

5 Vocal and verbal structures and functions

3.2 Nasal structural damage

<table>
<thead>
<tr>
<th>Description</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete loss of external nose</td>
<td>5</td>
</tr>
<tr>
<td>Defect of the most part of external nose</td>
<td>7</td>
</tr>
<tr>
<td>Defect of nasal tip and one side of wing of the nose</td>
<td>8</td>
</tr>
<tr>
<td>Bilateral nasal or nasopharyngeal atresia</td>
<td>8</td>
</tr>
<tr>
<td>Defect of one side of wing of the nose</td>
<td>9</td>
</tr>
<tr>
<td>Unilateral nasal or nostril atresia</td>
<td>10</td>
</tr>
</tbody>
</table>

3.2 Oral structural damage

<table>
<thead>
<tr>
<th>Description</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tongue defects is greater than 2/3 of the whole tongue</td>
<td>3</td>
</tr>
<tr>
<td>Tongue defects is greater than 1/3 of the whole tongue</td>
<td>6</td>
</tr>
<tr>
<td>Loss of 16 or more than 16 teeth due to oral lesions</td>
<td>9</td>
</tr>
<tr>
<td>Loss of 8 or more than 8 teeth due to oral lesions</td>
<td>10</td>
</tr>
</tbody>
</table>

5.3 Vocal and verbal dysfunction

Vocal and verbal dysfunction in this Standard refers to the loss of speech.

<table>
<thead>
<tr>
<th>Description</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total loss of speech</td>
<td>8</td>
</tr>
</tbody>
</table>

Note: Total loss of speech means the disability in articulating any three of the four sounds which contribute to the speech such as the Labial sounds, the dentilingual, the Palatal sounds and the Velar sounds or total loss of vocal cord or damage or speech center in the brain resulting in aphasia, provided that a medical diagnosis certificate is issued by a qualified otolaryngologist. However, aphasia caused by any mental disorder is not included.

6 Structure and function of the cardiovascular, immune and respiratory systems

8.3 Heat structural damage or dysfunction

<table>
<thead>
<tr>
<th>Description</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest injury leads to lung transplantation</td>
<td>1</td>
</tr>
<tr>
<td>Chest injury leads to heart penetrating wound repair surgery, and then there are significant changes in ECG</td>
<td>3</td>
</tr>
<tr>
<td>Chest injury leads to myocardial rupture repair</td>
<td>8</td>
</tr>
</tbody>
</table>

8.4 Spleen structural damage
Abdominal injury leads to splenectomy Grade 8
Abdominal injury leads to partial splenectomy Grade 9
Abdominal injury leads to spleen rupture repair Grade 10

8.5 Lung structural damage

<table>
<thead>
<tr>
<th>Condition</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest injury leads to unilateral pneumonectomy</td>
<td>Grade 4</td>
</tr>
<tr>
<td>Chest injury leads to bilateral pulmonary lobectomy</td>
<td>Grade 4</td>
</tr>
<tr>
<td>Chest injury leads to ipsilateral pulmonary bilobectomy</td>
<td>Grade 5</td>
</tr>
<tr>
<td>Chest injury leads to pulmonary lobectomy</td>
<td>Grade 7</td>
</tr>
</tbody>
</table>

8.6 Thorax structural damage

Thorax structural damage in this Standard refers to rib fracture or loss.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fracture of 12 or more ribs caused by chest injury</td>
<td>Grade 8</td>
</tr>
<tr>
<td>Fracture of 8 or more ribs caused by chest injury</td>
<td>Grade 9</td>
</tr>
<tr>
<td>Loss of 4 or more ribs caused by chest injury</td>
<td>Grade 9</td>
</tr>
<tr>
<td>Fracture of 4 or more ribs caused by chest injury</td>
<td>Grade 10</td>
</tr>
<tr>
<td>Loss of 2 or more ribs caused by chest injury</td>
<td>Grade 10</td>
</tr>
</tbody>
</table>

9 Related structure and function of the digestive, metabolic and endocrine systems

9.1 Chewing and swallowing dysfunction

Chewing refers to the function of crushing, grinding or chewing food with posterior teeth (e.g., molars). Swallowing refers to the function of sending food and beverages at an appropriate frequency and speed into the stomach through the mouth, pharynx and esophagus.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total loss of chewing and swallowing function</td>
<td>Grade 1</td>
</tr>
</tbody>
</table>

Note: Loss of chewing and swallowing function refers to a state of inability to ingest or swallow foods other than liquid food as a result of the incapableness of chewing and swallowing caused by organic disorders or dysfunction due to reasons other than the teeth.

9.2 Intestinal structural damage

<table>
<thead>
<tr>
<th>Condition</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal injury leads to small bowel resection of greater than or equal to 90%</td>
<td>Grade 1</td>
</tr>
<tr>
<td>Abdominal injury leads to small bowel resection of greater than or equal to 75%, associated with short bowel syndrome</td>
<td>Grade 2</td>
</tr>
<tr>
<td>Abdominal injury leads to small bowel resection of greater than or equal to 75%</td>
<td>Grade 4</td>
</tr>
<tr>
<td>Abdominal or pelvic injury leads to resection of the entire colon, rectum and anus structure, as well as ileostomy</td>
<td>Grade 4</td>
</tr>
<tr>
<td>Abdominal or pelvic injury leads to resection of the rectum and anus structure, as well as partial resection of the colon and colostomy</td>
<td>Grade 5</td>
</tr>
<tr>
<td>Abdominal injury leads to small bowel resection of greater than or equal to 50%, including ileocecal resection</td>
<td>Grade 6</td>
</tr>
<tr>
<td>Abdominal injury leads to small bowel resection of greater than or equal to 50%</td>
<td>Grade 7</td>
</tr>
<tr>
<td>Abdominal injury leads to small bowel resection of greater than or equal to 50%</td>
<td>Grade 7</td>
</tr>
<tr>
<td>Abdominal injury leads to partial resection of the colon</td>
<td>Grade 8</td>
</tr>
<tr>
<td>Pelvic injury leads to rectum and anus damage, leaving permanent sigmoid colostomy</td>
<td>Grade 9</td>
</tr>
<tr>
<td>Pelvic injury leads to rectum and anus damage, as well as scarring</td>
<td>Grade 10</td>
</tr>
</tbody>
</table>

9.3 Stomach structural damage
### 9.4 Pancreatic structural damage or metabolic dysfunction

Metabolic dysfunction in this Standard refers to dependence on insulin.

<table>
<thead>
<tr>
<th>Description</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal injury leads to total pancreatectomy</td>
<td>1</td>
</tr>
<tr>
<td>Abdominal injury leads to pancreatectomy of greater than or equal to 50% associated with dependence on insulin</td>
<td>3</td>
</tr>
<tr>
<td>Abdominal injury leads to pancreatic and duodenal resection</td>
<td>4</td>
</tr>
<tr>
<td>Abdominal injury leads to pancreatectomy of greater than or equal to 50%</td>
<td>6</td>
</tr>
<tr>
<td>Abdominal injury leads to partial pancreatectomy</td>
<td>8</td>
</tr>
</tbody>
</table>

### 9.5 Liver structural damage

<table>
<thead>
<tr>
<th>Description</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal injury leads to hepatectomy of greater than or equal to 75%</td>
<td>2</td>
</tr>
<tr>
<td>Abdominal injury leads to hepatectomy of greater than or equal to 50%</td>
<td>5</td>
</tr>
<tr>
<td>Abdominal injury leads to partial hepatectomy</td>
<td>8</td>
</tr>
</tbody>
</table>

### 10 Related structure and function of the urinary and reproductive systems

#### 10.1 Structural damage to the urinary system

<table>
<thead>
<tr>
<th>Description</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal injury leads to bilateral nephrectomy</td>
<td>1</td>
</tr>
<tr>
<td>Abdominal injury leads to unilateral nephrectomy</td>
<td>1</td>
</tr>
<tr>
<td>Pelvic injury leads to loss of bilateral ureter</td>
<td>5</td>
</tr>
<tr>
<td>Pelvic injury leads to bilateral ureteral atresia</td>
<td>5</td>
</tr>
<tr>
<td>Pelvic injury leads to loss of one ureter and atresia of the other</td>
<td>5</td>
</tr>
<tr>
<td>Pelvic injury leads to cystectomy</td>
<td>5</td>
</tr>
<tr>
<td>Pelvic injury leads to urethral atresia</td>
<td>5</td>
</tr>
<tr>
<td>Pelvic injury leads to loss of one ureter and severe stenosis of the other</td>
<td>7</td>
</tr>
<tr>
<td>Pelvic injury leads to atresia of one ureter and severe stenosis of the other</td>
<td>7</td>
</tr>
<tr>
<td>Abdominal injury leads to unilateral nephrectomy</td>
<td>8</td>
</tr>
<tr>
<td>Pelvic injury leads to severe stenosis of both ureters</td>
<td>8</td>
</tr>
<tr>
<td>Pelvic injury leads to loss of one ureter and stenosis of the other</td>
<td>8</td>
</tr>
<tr>
<td>Pelvic injury leads to atresia of one ureter and stenosis of the other</td>
<td>8</td>
</tr>
<tr>
<td>Abdominal injury leads to unilateral partial nephrectomy</td>
<td>9</td>
</tr>
<tr>
<td>Pelvic injury leads to loss of one ureter</td>
<td>9</td>
</tr>
<tr>
<td>Pelvic injury leads to atresia of one ureter</td>
<td>9</td>
</tr>
<tr>
<td>Pelvic injury leads to urethral stricture</td>
<td>9</td>
</tr>
<tr>
<td>Pelvic injury leads to partial cystectomy</td>
<td>9</td>
</tr>
<tr>
<td>Abdominal injury leads to kidney rupture repair</td>
<td>10</td>
</tr>
<tr>
<td>Pelvic injury leads to severe stenosis of one ureter</td>
<td>10</td>
</tr>
<tr>
<td>Pelvic injury leads to bladder rupture repair</td>
<td>10</td>
</tr>
</tbody>
</table>

#### 10.2 Structural damage to the reproductive system

<table>
<thead>
<tr>
<th>Description</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perineal injury leads to loss of bilateral testicles</td>
<td>3</td>
</tr>
<tr>
<td>Perineal injury leads to complete atrophy of bilateral testicles</td>
<td>3</td>
</tr>
<tr>
<td>Perineal injury leads to loss of one testicle and complete atrophy of the other</td>
<td>3</td>
</tr>
<tr>
<td>Perineal injury leads to total loss of penis</td>
<td>4</td>
</tr>
<tr>
<td>Perineal injury leads to vaginal atresia</td>
<td>5</td>
</tr>
<tr>
<td>Perineal injury leads to loss of penis by more than 50%</td>
<td>5</td>
</tr>
<tr>
<td>Perineal injury leads to bilateral loss of the vas deferens</td>
<td>6</td>
</tr>
</tbody>
</table>
Perineal injury leads to bilateral atresia of the vas deferens  Grade 6
Perineal injury leads to loss of the vas deferens on one side, and atresia on the other side  Grade 6
Chest injury leads to loss of both breasts in women  Grade 6
Pelvic injury leads to hysterectomy  Grade 7
Chest injury leads to loss of one breast and partial loss of the other in women  Grade 8
Chest injury leads to loss of one breast in women  Grade 9
Pelvic injury leads to partial resection of the uterus  Grade 9
Pelvic injury leads to uterine rupture repair  Grade 10
Perineal injury leads to loss of one testicle  Grade 10
Perineal injury leads to complete atrophy of one testicle  Grade 10
Perineal injury leads to loss of the vas deferens on one side  Grade 10
Perineal injury leads to atresia of the vas deferens on one side  Grade 10

11 Neuromusculoskeletal and movement-related structures and functions

11.1 Structural damage to the head and neck

<table>
<thead>
<tr>
<th>Description</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total loss of bilateral maxillary bones</td>
<td>Grade 2</td>
</tr>
<tr>
<td>Total loss of bilateral inferior maxillary bones</td>
<td>Grade 2</td>
</tr>
<tr>
<td>Total loss of maxillary bone on one side and inferior maxillary bone on the other side</td>
<td>Grade 2</td>
</tr>
<tr>
<td>Total loss of maxillary bone and inferior maxillary bone on the same side</td>
<td>Grade 3</td>
</tr>
<tr>
<td>Loss of maxillary bones and inferior maxillary bone, and loss of 24 or more teeth</td>
<td>Grade 3</td>
</tr>
<tr>
<td>Total loss of unilateral maxillary bone</td>
<td>Grade 3</td>
</tr>
<tr>
<td>Total loss of unilateral inferior maxillary bone</td>
<td>Grade 3</td>
</tr>
<tr>
<td>Loss of unilateral maxillary bone is greater than or equal to 50%, and defect of oral and facial soft tissue is greater than 20cm²</td>
<td>Grade 4</td>
</tr>
<tr>
<td>Loss of unilateral inferior maxillary bone is greater than or equal to 6cm, and defect of oral and facial soft tissue is greater than 20cm²</td>
<td>Grade 4</td>
</tr>
<tr>
<td>Penetrating defect of the face is greater than 20cm²</td>
<td>Grade 4</td>
</tr>
<tr>
<td>Loss of maxillary bones and inferior maxillary bone, and loss of 20 or more teeth</td>
<td>Grade 5</td>
</tr>
<tr>
<td>Loss of unilateral maxillary bone is greater than 25% yet less than 50%, and defect of oral and facial soft tissue is greater than 10cm²</td>
<td>Grade 5</td>
</tr>
<tr>
<td>Loss of unilateral inferior maxillary bone is greater than or equal to 4cm, and defect of oral and facial soft tissue is greater than 10cm²</td>
<td>Grade 5</td>
</tr>
<tr>
<td>Loss of unilateral maxillary bone is equal to 25%, and defect of oral and facial soft tissue is greater than 10cm²</td>
<td>Grade 6</td>
</tr>
<tr>
<td>Defect of facial soft tissue is greater than 20cm², associated with salivary fistula</td>
<td>Grade 6</td>
</tr>
<tr>
<td>Loss of maxillary bones and inferior maxillary bone, and loss of 16 or more teeth</td>
<td>Grade 7</td>
</tr>
<tr>
<td>Loss of maxillary bones and inferior maxillary bone, and loss of 12 or more teeth</td>
<td>Grade 8</td>
</tr>
<tr>
<td>Loss of maxillary bones and inferior maxillary bone, and loss of 8 or more teeth</td>
<td>Grade 9</td>
</tr>
<tr>
<td>Loss of maxillary bones and inferior maxillary bone, and loss of 4 or more teeth</td>
<td>Grade 10</td>
</tr>
<tr>
<td>Skull defect is greater than or equal to 6cm²</td>
<td>Grade 10</td>
</tr>
</tbody>
</table>

11.2 Head and neck joint dysfunction

<table>
<thead>
<tr>
<th>Description</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unilateral temporomandibular joint stiffness, and Grade III difficulty in opening mouth</td>
<td>Grade 6</td>
</tr>
<tr>
<td>Bilateral temporomandibular joint stiffness, and Grade III difficulty in opening mouth</td>
<td>Grade 6</td>
</tr>
<tr>
<td>Bilateral temporomandibular joint stiffness, and Grade II difficulty in opening mouth</td>
<td>Grade 8</td>
</tr>
<tr>
<td>Unilateral temporomandibular joint stiffness, and Grade I difficulty in opening mouth</td>
<td>Grade 10</td>
</tr>
</tbody>
</table>
Note: The method for determination and measurement of difficulty in opening mouth is to place the patient’s own index finger, middle finger and ring finger in parallel vertically in the middle of the upper and lower central incisors for measurement. Normal mouth opening means that the abovementioned three fingers can be vertically placed between the upper and lower incisors (equivalent to about 4.5cm); Grade I difficulty in opening mouth means when the mouth is wide open, only the index and middle fingers can be vertically placed (equivalent to about 3cm); Grade II difficulty in opening mouth means when the mouth is wide open, only the index finger can be vertically placed (equivalent to about 1.7cm); Grade III difficulty in opening mouth means when the mouth is wide open, the spacing between the upper and lower incisors is less than the transverse diameter of the index finger.

11.3 Structural damage to the upper extremities, hand dysfunction or joint dysfunction

<table>
<thead>
<tr>
<th>Condition</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total loss of both hands</td>
<td>Grade 4</td>
</tr>
<tr>
<td>Total loss of functioning of both hands</td>
<td>Grade 4</td>
</tr>
<tr>
<td>Total loss of one hand, and total loss of functioning of the other</td>
<td>Grade 4</td>
</tr>
<tr>
<td>Loss (or loss of functioning) of both hands is greater than or equal to 90%</td>
<td>Grade 5</td>
</tr>
<tr>
<td>Loss (or loss of functioning) of both hands is greater than or equal to 70%</td>
<td>Grade 6</td>
</tr>
<tr>
<td>Loss (or loss of functioning) of both hands is greater than or equal to 50%</td>
<td>Grade 7</td>
</tr>
<tr>
<td>Total loss of functioning of two of the three major joints of one upper extremity</td>
<td>Grade 7</td>
</tr>
<tr>
<td>Total loss of functioning of one of the three major joints of one upper extremity</td>
<td>Grade 8</td>
</tr>
<tr>
<td>Loss (or loss of functioning) of both hands is greater than or equal to 30%</td>
<td>Grade 8</td>
</tr>
<tr>
<td>Loss (or loss of functioning) of both hands is greater than or equal to 10%</td>
<td>Grade 9</td>
</tr>
<tr>
<td>Difference between the lengths of the two upper extremities is greater than or equal to 10cm</td>
<td>Grade 9</td>
</tr>
<tr>
<td>Difference between the lengths of the two upper extremities is greater than or equal to 4cm</td>
<td>Grade 10</td>
</tr>
<tr>
<td>Partial loss of functioning of one of the three major joints of one upper extremity due to fracture involving the articular surface</td>
<td>Grade 10</td>
</tr>
</tbody>
</table>

Note: Calculation of loss of hand and loss of functioning: the thumb accounts for 36% of the functioning of a hand, in which the distal knuckle and proximal knuckle each accounts for 18%; the forefinger and middle finger each accounts for 18% of the functioning of a hand, in which the distal knuckle, middle knuckle and proximal knuckle account for 8%, 7% and 3%, respectively; the ring finger and little finger each accounts for 9% of the functioning of a hand, in which the distal knuckle, middle knuckle and proximal knuckle account for 4%, 3% and 2%, respectively; the palm accounts for 10% of the functioning of a hand, in which the first, second and third metacarpals each accounts for 4%, 2% and 2%, while the fourth and fifth metacarpals each accounts for 1%. In this Standard, the degree of loss of hands or loss of functioning is the result of cumulative calculation by the method described above.

11.4 Pelvic structural damage

<table>
<thead>
<tr>
<th>Condition</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pelvic ring fracture, and the difference between the relevant lengths of the two lower extremities is greater than or equal to 8cm</td>
<td>Grade 7</td>
</tr>
<tr>
<td>Acetabular fracture, and the difference between the relevant lengths of the two lower extremities is greater than or equal to 8cm</td>
<td>Grade 7</td>
</tr>
<tr>
<td>Pelvic ring fracture, and the difference between the relevant lengths of the two lower extremities is greater than or equal to 6cm</td>
<td>Grade 8</td>
</tr>
<tr>
<td>Acetabular fracture, and the difference between the relevant lengths of the two lower extremities is greater than or equal to 6cm</td>
<td>Grade 8</td>
</tr>
<tr>
<td>Pelvic ring fracture, and the difference between the relevant lengths of the two lower extremities is greater than or equal to 4cm</td>
<td>Grade 9</td>
</tr>
<tr>
<td>Acetabular fracture, and the difference between the relevant lengths of the two lower extremities is greater than or equal to 4cm</td>
<td>Grade 9</td>
</tr>
</tbody>
</table>
Pelvic ring fracture, and the difference between the relevant lengths of the two lower extremities is greater than or equal to 2cm  
Acetabular fracture, and the difference between the relevant lengths of the two lower extremities is greater than or equal to 2cm

11.5 Structural damage to the lower extremities, foot dysfunction or joint dysfunction

<table>
<thead>
<tr>
<th>Condition</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of the part above the tarsometatarsal joint of both feet</td>
<td>6</td>
</tr>
<tr>
<td>Difference between the lengths of the two lower extremities is greater than or equal to 8cm</td>
<td>7</td>
</tr>
<tr>
<td>Total loss of functioning of two of the three major joints of one lower extremity</td>
<td>7</td>
</tr>
<tr>
<td>Complete destruction of the articular surface of both feet</td>
<td>7</td>
</tr>
<tr>
<td>Loss of the part above the tarsometatarsal joint of one foot</td>
<td>7</td>
</tr>
<tr>
<td>Difference between the lengths of the two lower extremities is greater than or equal to 6cm</td>
<td>8</td>
</tr>
<tr>
<td>The arch structure of one foot is completely destroyed, and destruction of the arch structure of the other foot is greater than or equal to 1/3</td>
<td>8</td>
</tr>
<tr>
<td>Total loss of ten toes of both feet</td>
<td>8</td>
</tr>
<tr>
<td>Total loss of functioning of one of the three major joints of one lower extremity</td>
<td>8</td>
</tr>
<tr>
<td>Total loss of functioning of ten toes of both feet</td>
<td>8</td>
</tr>
<tr>
<td>Difference between the lengths of the two lower extremities is greater than or equal to 4cm</td>
<td>9</td>
</tr>
<tr>
<td>Complete destruction of the arch structure of one foot</td>
<td>9</td>
</tr>
<tr>
<td>Loss of five or more of the ten toes of both feet</td>
<td>9</td>
</tr>
<tr>
<td>Total loss of functioning of five toes of one foot</td>
<td>9</td>
</tr>
<tr>
<td>Destruction of the arch structure of one foot is greater than or equal to 1/3</td>
<td>10</td>
</tr>
<tr>
<td>Loss of two or more of the ten toes of both feet</td>
<td>10</td>
</tr>
<tr>
<td>Difference between the lengths of the two lower extremities is greater than or equal to 2cm</td>
<td>10</td>
</tr>
<tr>
<td>Total loss of functioning of one of the three major joints of one lower extremity due to fracture involving the articular surface</td>
<td>10</td>
</tr>
</tbody>
</table>

Note: 
① Destruction of the arch structure: Refers to loss of the arch structure or loss of functioning caused by accidental injury.
② Complete destruction of the arch structure: Refers to complete destruction of inner and outer longitudinal arch and transverse arch structure of the foot, including loss and loss of functioning; destruction of 1/3 of the arch structure refers to destruction of any of the three arches of the foot.
③ Toe loss: Refers to complete cut-off of the part above the toe joint.

11.6 Limbs structural damage, limb dysfunction or joint dysfunction

<table>
<thead>
<tr>
<th>Condition</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of more than three limbs (the part above the wrist for arms and above the ankle for legs)</td>
<td>1</td>
</tr>
<tr>
<td>Total loss of functioning of more than three limbs</td>
<td>1</td>
</tr>
<tr>
<td>Loss of two limbs (the part above the wrist for arms and above the ankle for legs), and total loss of functioning of another limb</td>
<td>1</td>
</tr>
<tr>
<td>Loss of one limb (the part above the wrist for arms and above the ankle for legs), and total loss of functioning of another limb</td>
<td>1</td>
</tr>
<tr>
<td>Loss of two limbs (the part above the elbow for arms and above the knee for legs)</td>
<td>2</td>
</tr>
<tr>
<td>Loss of one limb (the part above the elbow for arms and above the knee for legs), and total loss of functioning of another limb</td>
<td>2</td>
</tr>
<tr>
<td>Total loss of functioning of two limbs</td>
<td>2</td>
</tr>
<tr>
<td>Loss of one limb (the part above the wrist for arms and above the ankle for legs), and total loss of functioning of the other limb</td>
<td>3</td>
</tr>
<tr>
<td>Loss of two limbs (the part above the wrist for arms and above the ankle for legs)</td>
<td>3</td>
</tr>
</tbody>
</table>
Total loss of functioning of two of the three major joints of the two upper extremities or lower extremities, or one upper extremity and one lower extremity | Grade 4
---|---
Loss of one limb (the part above the elbow for arms and above the knee for legs) | Grade 5
Total loss of functioning of one limb | Grade 5
Loss of one limb (the part above the wrist for arms and above the ankle for legs) | Grade 6
Comminuted fracture of the part above the long bone-epiphyseal plate of four limbs | Grade 9

Note: ① Epiphyseal plate: The definition of epiphyseal plate only applies to children. Fracture of long bone-epiphyseal plate of four limbs may affect limb development; in the presence of limb developmental disorders, the grade of injury and disability should be assessed separately.
② Loss of limb functioning refers to loss of functioning of the three major joints of limbs (wrist, elbow and shoulder joints of arms or ankle, knee and hip joints of legs)
③ Loss of joint functioning refers to permanent complete stiffness or paralysis of the joints, or the inability to move joints with consciousness.

11.7 Spinal structural damage and dysfunction of joint mobility
Spinal structural damage in this Standard refers to cervical or lumbar fracture and dislocation.
Dysfunction of joint mobility in this Standard refers to the loss of activity of the neck or waist.

| Spinal fracture and dislocation leads to cervical or lumbar malunion, and loss of neck or waist mobility is greater than or equal to 75% | Grade 7 |
| Spinal fracture and dislocation leads to cervical or lumbar malunion, and loss of neck or waist mobility is greater than or equal to 50% | Grade 8 |
| Spinal fracture and dislocation leads to cervical or lumbar malunion, and loss of neck or waist mobility is greater than or equal to 25% | Grade 9 |

11.8 Muscle strength dysfunction
Muscle strength function refers to the function related to the strength generated by muscle or muscle group contraction. Muscle strength dysfunction in this Standard refers to quadriplegia, hemiplegia, paraplegia or monoplegia.

| Quadriplegia (muscle strength of more than three limbs is lower than or equal to Grade 3) | Grade 1 |
| Paraplegia (muscle strength is lower than or equal to Grade 2) and fecal and urinary incontinence | Grade 1 |
| Quadriplegia (muscle strength of more than two limbs is lower than or equal to Grade 2) | Grade 2 |
| Hemiplegia (muscle strength is lower than or equal to Grade 2) | Grade 2 |
| Paraplegia (muscle strength is lower than or equal to Grade 2) | Grade 2 |
| Quadriplegia (muscle strength of more than two limbs is lower than or equal to Grade 3) | Grade 3 |
| Hemiplegia (muscle strength is lower than or equal to Grade 3) | Grade 3 |
| Paraplegia (muscle strength is lower than or equal to Grade 3) | Grade 3 |
| Quadriplegia (muscle strength of more than two limbs is lower than or equal to Grade 4) | Grade 4 |
| Hemiplegia (muscle strength of one limb is lower than or equal to Grade 2) | Grade 5 |
| Paraplegia (muscle strength of one limb is lower than or equal to Grade 2) | Grade 5 |
| Monoplegia (muscle strength is lower than or equal to Grade 2) | Grade 5 |
| Hemiplegia (muscle strength of one limb is lower than or equal to Grade 3) | Grade 6 |
| Paraplegia (muscle strength of one limb is lower than or equal to Grade 3) | Grade 6 |
| Monoplegia (muscle strength is lower than or equal to Grade 3) | Grade 6 |
| Hemiplegia (muscle strength of one limb is lower than or equal to Grade 4) | Grade 7 |
Paraplegia (muscle strength of one limb is lower than or equal to Grade 4) Grade 7
Monoplegia (muscle strength is lower than or equal to Grade 4) Grade 8

Note: ① Hemiplegia refers to paralysis of one side of the upper and lower extremities.
② Paraplegia refers to a disease featuring disappearance of senses, motor and reflexes of bilateral limbs below the injured plane after spinal cord injury, and loss of functioning of the bladder and anal sphincter.
③ Monoplegia refers to paralysis of a limb or a part of a limb.
④ Muscle strength: To determine the degree of paralysis of limbs, muscle strength is divided into 6 grades from Grade 0 to Grade 5.
   Grade 0: The muscles are completely paralyzed with no contraction.
   Grade 1: Mild muscle contraction can be seen or touched, but no action can be produced.
   Grade 2: The muscles can move without the influence of gravity, meaning that the limbs can move on the bed surface, but cannot be lifted.
   Grade 3: Actions can be completed in a direction opposite to gravity, and the patient is capable of fighting against externally applied resistance.
   Grade 4: The patient can fight against some resistance, but the resistance is lower than that of normal people.
   Grade 5: Normal muscle strength.

12 Skin and related structures and functions
12.1 Structural damage to the head and neck skin and restoration dysfunction
Skin restoration function refers to the function of restoring skin damage or other injuries. Skin restoration dysfunction in this Standard refers to scarring.

| Grade III burns of the head and neck, and the area is greater than or equal to 8% of the total body surface area | Grade 2 |
| Facial skin damage leads to scarring, and the scar area is greater than or equal to 90% of the facial skin area | Grade 2 |
| Neck skin damage leads to scarring and total loss of neck mobility | Grade 3 |
| Facial skin damage leads to scarring, and the scar area is greater than or equal to 80% of the facial skin area | Grade 3 |
| Neck skin damage leads to scarring, and loss of neck mobility is greater than or equal to 75% | Grade 4 |
| Facial skin damage leads to scarring, and the scar area is greater than or equal to 60% of the facial skin area | Grade 4 |
| Grade III burns of the head and neck, and the area is greater than or equal to 5% and less than 8% of the total body surface area | Grade 5 |
| Neck skin damage leads to scarring, and loss of neck mobility is greater than or equal to 50% | Grade 5 |
| Facial skin damage leads to scarring, and the scar area is greater than or equal to 40% of the facial skin area | Grade 5 |
| Facial skin damage leads to scarring, and the scar area is greater than or equal to 20% of the facial skin area | Grade 6 |
| Head avulsion leads to scalp loss, and the area is greater than or equal to 20% of the scalp area | Grade 6 |
| Neck skin damage leads to scarring of the anterior triangle of neck, and the scar area is greater than or equal to 75% of area of the anterior triangle of neck | Grade 7 |
| Facial skin damage leads to scarring, and the scar area is greater than or equal to 24cm² | Grade 7 |
| Grade III burns of the head and neck, and the area is greater than or equal to 2% and less than 5% of the total body surface area | Grade 8 |
| Neck skin damage leads to scarring of the anterior triangle of neck, and the scar area is greater than or equal to 50% of area of the anterior triangle of neck | Grade 8 |
| Facial skin damage leads to scarring, and the scar area is greater than or equal to | Grade 8 |
18cm²
Facial skin damage leads to scarring, and the scar area is greater than or equal to 12cm² or facial line-like scar is longer than or equal to 20cm
Grade 9

Facial skin damage leads to scarring, and the scar area is greater than or equal to 6cm² or facial line-like scar is longer than or equal to 10cm
Grade 10

Note: ① Scar: Refers to hypertrophic scar after wound healing, excluding atrophic scars whose skin is smooth with no significant changes in the texture.
② Calculation of facial range and scar area: Facial range refers to the region up to the hair line, down to the lower edge of the lower jaw, and two sides to the rear edge to the mandibular ramus, including the forehead, eye, eye socket, nose, mouth and lips, chin, cheekbone, cheek and parotidomasseteric region. Full face, 5-equal-partition method and actual scar area measurement are adopted for the calculation of facial scar area to respectively calculate scar areas. If there are multiple facial scars, the areas can be cumulatively added.
③ Anterior triangle of neck: The two sides are the front edge of the sternocleidomastoid, and the bottom is the upper edge of the hyoid body and the lower edge of the mandible.

12.2 Structural damage to the skin of all parts and restoration dysfunction

| Skin damage leads to scarring, and scar area is greater than or equal to 90% of the total body surface area | Grade 1 |
| Grade III burns of the trunk and limbs, whose area is greater than or equal to 60% of the total skin area | Grade 1 |
| Skin damage leads to scarring, and scar area is greater than or equal to 80% of the total body surface area | Grade 2 |
| Skin damage leads to scarring, and scar area is greater than or equal to 70% of the total body surface area | Grade 3 |
| Grade III burns of the trunk and limbs, whose area is greater than or equal to 40% of the total skin area | Grade 3 |
| Skin damage leads to scarring, and scar area is greater than or equal to 60% of the total body surface area | Grade 4 |
| Skin damage leads to scarring, and scar area is greater than or equal to 50% of the total body surface area | Grade 5 |
| Grade III burns of the trunk and limbs, whose area is greater than or equal to 20% of the total skin area | Grade 5 |
| Skin damage leads to scarring, and scar area is greater than or equal to 40% of the total body surface area | Grade 6 |
| Area of abdominal wall defect caused by abdominal injury is greater than or equal to 25% of the abdominal wall area | Grade 6 |
| Skin damage leads to scarring, and scar area is greater than or equal to 30% of the total body surface area | Grade 7 |
| Grade III burns of the trunk and limbs, whose area is greater than or equal to 10% of the total skin area | Grade 7 |
| Skin damage leads to scarring, and scar area is greater than or equal to 20% of the total body surface area | Grade 8 |
| Skin damage leads to scaring, and scar area is greater than or equal to 5% of the total body surface area | Grade 9 |

Note: ① Calculation of total skin scar area: It is calculated by the percentage of the skin scar area in the total body surface area, namely China’s new nine division method: in the 100% body surface area, the head and neck accounts for 9% (9×1) (head, face and neck each accounts for 3%); two upper extremities account for 18% (9×2) (two arms 7%, two forearms6%, two hands 5%); the front and back of the torso including perineum account for 27% (9×3) (forequarters 13%, hindquarters 13%, perineum 1%); two lower extremities (including hip) account for 46% (two buttocks 5%, two thighs 21%, two legs 13%, two feet 7%) (9×5 +1) (female feet and buttocks each account for 6%).

② Burn area and burn depth: Burn area is calculated by China’s new nine division method while burn depth by three-grade and four-division method. Grade III burn means that the burn is deep through the skin and reaches beneath the skin, muscles and bones. **Burn accident does not include frostbite burns, inhalation injury (also known as respiratory burns) and electrical injury.** After burns, the grade of injury and disability can be assessed according to the burn area and depth; after medical treatment terminates, the grade of injury and disability can be assessed according to the consequential degree of dysfunction and the size of skin scar area, whichever is severer shall prevail as the final grade of injury and disability.
General Provisions

Article 1 This supplementary insurance is a rider of various Accident Insurances (hereinafter referred to as “main insurance”). The Insurance Clauses, Proposal Form, Policy, Certificate, Endorsements (if any), and etc. attached with the main contract and relevant to this insurance contract shall be an integral part of this rider. Any agreement concerning this rider shall be made in written form.

In case of any conflict between the provisions of the main insurance and the rider, the provisions of the rider shall be paramount. As to other matters not referred to in the rider, the main insurance shall be paramount.

Insuring Agreement

Article 2 The Insurer shall bear the liabilities based on the following agreements:

(1) Overseas medical expenses benefit due to accidental injury or acute disease

During the period of this Rider, in the event that the Insured suffers any accidental injury or acute disease, once it is confirmed that the Insured needs medical treatment overseas, the Insurer shall indemnify the Insured “overseas medical expenses benefit due to accidental injury” or “Overseas medical expenses benefit due to acute disease” for the actually incurred medical expenses at the rate approved by the local government if the Insured is treated overseas as the needs completed or requested by the attending doctor according to the agreements in this Rider. The amount payable shall not exceed the limit of indemnity stated in the policy.

The aforementioned “medical expenses” include:

A. Hospitalization costs, including surgical fees.
B. Out-patient treatment, doctor diagnosis, prescription costs.
C. Prescription drugs, inspection and testing (including X-ray examination), nursing, medical supplies (such as bandages) and other expenses.
D. Limb auxiliary device (such as crutch, wheelchair) costs (provided that the Insured uses such device for the first time due to the insured event), the compensation for these costs per occurrence shall not exceed the limit of indemnity stated in the policy.

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 forty-five (45) days from the date of occurrence.

(2) Domestic hospitalization benefit due to accidental injury or acute disease

In the event that the Insured still needs to be treated in hospital after being transferred to the People's Republic of China, the Insurer shall indemnify the Insured “Domestic hospitalization benefit due to accidental injury” or “Domestic hospitalization benefit due to acute disease” for hospitalization expenses as a result of the same disease or the same accident suffered overseas, actually occurred within the territory of the People's Republic and covered under local social basic medical insurance. The period of indemnity shall be subject to thirty (30) days from the date of being transferred to China.

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.

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.

(3) Accidental dental care services benefit

In the event that the Insured is arranged for any dental care service in order to ease the pain after his/her case of accidental injury during the period of overseas travel, the Insurer shall pay "Accident dental care services benefit" for reasonable and necessary expenses (including first visit and subsequent visit) actually spent simple or temporary fill or repair treatment so as to restore the functions of dentures or succession teeth according to the agreements in this Rider, but shall not exceed the relevant insurance amount stated in the policy.

The Insured shall be liable for the amount by the Insured him/herself within the agreed deductible for each dental care service.

Exclusions

Article 3 The exclusions under the main insurance also apply to this rider.

Article 4 The Insurer shall not be liable for any loss and expense caused by or arising from:

(1) Treatment of pre-existing illness, chronic, mental illness, venereal disease, infected with HIV or afflicted with AIDS, transmissible disease, congenital illness or defect, congenital malformation, deformation or chromosome abnormality;

(2) The deprivation of the existing illness that the Insured may predict prior to travel;

(3) Pregnancy, childbirth, abortion, acyesis, contraception and sterilization;

(4) Drug allergies or injury caused by other medical treatments;

(5) Illness arising from mental illness or unconsciousness as a result of consuming alcohol, drugs, intoxicants or sedatives, soporific or other narcotic substances;

(6) The intentional acts of the Insurance Applicant;

(7) The Insured’s commits self-hurt, suicide, crime or resists arrests.

Article 5 The Insurer shall not be liable to pay the loss and expense incurred under the following situations:

(1) The Insured insists in traveling abroad even though his/her doctor tells not to do so;

(2) Medical treatment which was the reason for going on the trip;

(3) Prior to travel, the Insured has known that for medical reason he/she must receive medical treatment required by the doctor or other treatments (such as dialysis) during the travel;

(4) The Insured stays in the country or area where he/she has nationality or permanent residence qualification.
Article 6 The Insurer shall not be liable for the following loss and expense:

(1) Any expense caused by dental treatment or surgery not resulting from accidental injury, and tooth repairing fees or tooth cosmetic fees for any reason;

(2) Any expense caused by eyesight correction not resulting from accidental injury, and optometry examination fees for the purpose of eyesight correction;

(3) The expenses incurred for purchasing or repairing cardiac pacemaker, artificial limb, eyesight auxiliary appliance;

(4) General health examinations, preventative treatments, acupuncture and vaccinations, massage, fango;

(5) The expenses for surgery not requiring emergent treatment, such as cosmetic surgery, plastic operation or preventive surgery;

(6) According to the Assistance Organization’s advice, the Insured's treatment can be reasonably extended to the time after the Insured returns to China;

(7) Any non-emergent hospitalization, or expense for hospitalization that can be reasonably extended to the time after the Insured returns to China according to the Assistance Organization’s advice;

(8) Nursing expense;

(9) Psychoanalytical and psychotherapeutic treatment and hypnosis.

Insurance Amount and Deductible

Article 7 The maximum amount payable by the Insurer shall not exceed the Insurance Amount specified in the Policy.

The Insured shall undertake the loss within the specified deductible.

Obligations of the Applicant and/or the Insured

Article 8 Upon occurrence of an insured event, the Insured is obligated to immediately contact the Assistance Organization through the call center provided by the Insurer and receive treatment in a hospital that is appointed by the Assistance Organization or under the Assistance Organization’s arrangement. Under an extreme emergency situation, where the Insured is not able to contact the Assistance Organization due to bad health status, the Insured is obligated to report to the Assistance Organization after recovering the ability of movement.

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 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 be liable for the increased loss if the Insured fails to fulfill the aforesaid obligations.

Article 9 The Insured is obligated to allow the Insurer to reasonably investigate the cause, course and loss degree of the insured event, provide all relevant information and material honestly and accurately, and, when necessary, authorize or permit its attending doctor to provide information asked by the Insurer, Assistance Organization or authorized doctor. Otherwise, the Insurer will not indemnify or pay on behalf of the Insured for loss that is unable to be verified.

Article 10 When making claims under this Policy, the benefits applicant shall submit the following proof and documentary materials:
(1) Benefit application form;
(2) Original policy;
(3) The identification certificate of the benefits applicant;
(4) Medical case record, diagnosing documents and original expense bills that are issued by hospital;
(5) Other insurance's policy or certificate if applicable;
(6) All other certificates and documents concerning the verification of the nature, cause and extent of the insured event that can be provided by the benefits applicant.

If the benefits applicant fails to comply with his/her obligation of providing the proof and documents aforementioned, which makes the Insurer be not able to verify the loss, the Insurer shall not indemnify the Insured in respect of the uncertain part of the Loss.

Claims Handling

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 liabilities 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 for the same travel, the insurer will make the payment only under the Policy that has the highest insurance amount.

Definition

Article 12

[Acute Illness] Refers to any disease that is never be diagnosed or treated before policy effective date, but happens during the oversea travel and need immediate cure to avoid injury to body or loss to life, excluding pre-existing illness, chronic, mental illness, schiz, AIDS, venereal disease, transmissible disease, congenital illness or defect, congenital malformation, dental treatment (excluding necessary dental treatment directly resulting from an insured accident), preventive operation and other non-emergency operation or organ transplant.

[Pre-existing illness] Previous disease refers to the disease having been diagnosed or not yet diagnosed but having shown typical symptoms or having been treated before effectiveness of the Contract or the disease having been diagnosed after effectiveness of the Contract, which can not be formed a disease or symptoms within a short term after the inception of this Insurance Contract according to relevant diagnosis and treatment materials or in medicine.

[infected with HIV or afflicted with AIDS] [HIV]: Human Immunodeficiency Virus, [AIDS]: refers to Acquired Immune Deficiency Syndrome. If HIV or its antibody is found in the blood sample of the Insured, without clinic symptom or sign, it's HIV infected, or with obvious clinic symptom or sign, it's AIDS afflicted.
Ping An Property & Casualty Insurance Company of China, Ltd.

Ping An Rider of Oversea Medical Traffic Allowance and Ambulance Fare Insurance Clause

Registered No.: C00001731922017030107632

General Provisions

Article 1 This rider shall be added to accident insurance contract or health 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 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.

Article 2 Unless otherwise agreed, the beneficiary of benefits under this insurance contract shall be the Insured himself/herself.

Scope of Cover

Article 3 During the period of insurance, if the Insured suffers from the insured event under the main insurance contract, the Insurer shall indemnify the Insured for transport costs or ambulance fare caused by the insured event in according with the following provisions:

1. Oversea medical transport allowance

During the period of insurance, if the Insured suffers from the insured event under the main insurance contract, the Insurer shall indemnify the Insured in a lump sum for additional oversea transport costs caused by the insured event according to oversea medical transport allowance specified in the policy.

2. Oversea ambulance fare

During the period of insurance, if the Insured suffers from the insured event under the main insurance contract, the Insurer shall pay oversea ambulance fare according to the deductible and indemnify proportion specified in the policy for reasonable and necessary oversea ambulance fare incurred in 24 hours (including) upon occurrence of the accident, which may not exceed the sum insured for oversea ambulance fare specified in the policy.

The Insurer shall only pay the benefit under Paragraph 1 or Paragraph 2.

Exclusions

Article 4 The exclusions under the main insurance shall still be applicable to this rider.

Sum Insured

Article 5 The sum insured for oversea medical transport allowance and ambulance fare under this rider shall be determined by the Applicant and the Insurer, and specified in the policy.
Benefits Application

Article 6  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. Benefit application form;
2. Original policy;
3. Identification document of the Insured;
4. Medical certificates such as medical records, diagnosis and so on issued by the medical institution approved by the Insurer;
5. If an ambulance is used, original voucher of ambulance fare shall be provided;
6. Any other evidences and materials provided by the benefit applicant to identify the nature and cause and the extent of loss of the insured accident;
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.

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

[Ambulance fare] refers to ambulance vehicle use fee, excluding physician fee, examination fee, medicine fee, treatment fee, stretcher fee and other expenses

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

Article 1  This supplementary insurance is a rider of various Accident Insurances (hereinafter referred to as “main insurance”). The Insurance Clauses, Proposal Form, Policy, Certificate, Endorsements (if any), and etc. attached with the main contract and relevant to this insurance contract shall be an integral part of this rider. Any agreement concerning this rider shall be made in written form.

In case of any conflict between the provisions of the main insurance and the rider, the provisions of the rider shall be paramount. As to other matters not referred to in the rider, the main insurance shall be paramount.

Insuring Agreement

Article 2  During the period of insurance, if the Insured suffers an accidental injury or acute illness during the course of oversea travel, he/she is obligated to immediately contact the Insurer’s authorized Assistance Organization through the call center, thus the Assistance Organization and its authorized doctors will provide the following emergency assistances and the Insurer will undertake relevant expenses arising therefrom within the Insurance Amount:

1. Emergency medical transfer and repatriation
In the event that the Insured suffers from an accidental injury or acute illness when travelling overseas (specific information refers to the declaration by the Insured), proceeding to the destination or returning therefrom to China, and receives medical treatment in a hospital, once the authorized doctor confirms that the hospital is unable to provide adequate treatment and the Insured needs further treatment, the Assistance Organization will arrange appropriate means of aid and medical escort team to transfer the Insured to a proper hospital, and repatriate the Insured back to his/her Place of Usual Residence by suitable means of communication and attenders according to the Insured’s status. All of the transfer and repatriation services should be subject to the prior written approval and arrangement of the Assistance Organization and the maximum payment shall not exceed the Insurance Amount specified in the Policy.

2. Body/Cremains Repatriation
If the Insured dies overseas due to an accidental injury or acute illness, the Assistance Organization will arrange to repatriate the Insured’s body or cremains to his/her Place of Usual Residence without violation of the local overseas laws. The Insurer will be liable for the repatriation cost that is subject to the Insurance Amount specified in the Policy.

3. Repatriation of the minor children of the Insured
In the event that any minor children under 16 years of age who are travelling together are unattended due to the accidental injury or acute disease suffered by the Insured, the Assistance Organization will repatriate the minor children to his/her Place of Usual Residence and the Insurer shall be liable for such repatriation cost. When necessary, the Assistance Organization will arrange an eligible escort for the minor children. The Insurer will exert itself to use the original return ticket and will take back the ticket for handling if it is invalid. The maximum payment for such service is RBM 40,000.

4. Burial/ Funeral Abroad Benefit
If the Insured dies overseas due to an accidental injury 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 or encoffin the deceased locally overseas,
and the Insurer will undertake relevant funeral costs or the cost of the standard coffin (in case of body), subject to RMB 30,000.

5. 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 7 days (not including 7 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 that shall not exceed 5 days to the Insured’s place of hospitalisation, and the Insurer will undertake the normal economic air ticket or hard sleeper train ticket for such trip and the accommodation fees not exceeding RMB 1500 /day.

6. Delivery of Required Medicine and Medical Equipment

The Insurer will provide the medicine and medical equipment that are short and required by the Insured in case of non-violation of the local laws. The Insurer only undertakes the delivery cost that is subject to RMB 20,000 and the cost of the medicine and medical equipment shall be borne by the Insured himself/herself.

7. Emergent Medical Consultation Service

If Insured feels unwell and needs relevant medical consultation, he/she can call service number to obtain such medical consultation.

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Exclusions

Article 3 The Insurer shall not bear the following expenses caused by or resulting from:

1. The Insured’s pre-existing illness;

2. Injury caused by the Insured’s self-injury, mental disorder, unconsciousness, drug addiction or abuse, alcohol abuse, alcoholic intoxication; long-term recreation or recuperate; infectious disease that shall be isolated according to the local laws;

3. Congenital illness or abnormality;

4. The Insured’s pregnancy or delivery;

5. Injury directly or indirectly due to the Insured’s involving in the following items: any professional sport or contest; aquatic sport, winter ice and snow sports, racing, gig, horse race, cave exploration, rock climbing, various mountain climbing by using guide or rope, sky diving, bungee jumping, wushu and etc.;

6. Any assistance expenses caused by the Insured’s involving in illegal acts;

7. Any assistance services not arranged or confirmed by the Assistance Organization;

8. Assistance expenses occurred under such a case that the Insured does not appear serious medical symptoms or the Insured can continue the trip after appropriate medical treatment according to the Assistance Organization’s advice;

9. Expenses caused by the Insured’s insisting on the assistance for the normal travel which is no need to the Insured according to the Assistance Organization’s advice;

10. Any assistance expenses caused by the Insured's emotional, intellectual or mental illness;

11. Any assistance expenses caused by the Insured’s aerial flight with the identity not as a passenger of regular commercial flight or licensed rented aircraft flying via approved line;

12. The various assistance expenses directly caused by nuclear reaction or nuclear radiation;

13. Strike, war (whether or not announced), invasion, enemy action, confrontation
whether or not announced), in war, rebellion, insurrection, terrorism, coup d’état, riot, civil strife, administrative or political barriers, radiation, or any other force majeure. In the aforementioned cases, if the Assistance Company fails to provide or delay in providing assistance services, either the Assistance Company or the Insurer is not required to bear any liability;

14. Any assistance service running counter to local laws, regulations and practices;

15. Insured event that occurs when the Insured stays in the country or area where he/she has nationality or permanent residence qualification;

16. The Insured suffers any accidental injury or acute disease within: Algeria, Cabinda, the Gambia, Burundi, Central African Republic, Congo, Democratic Republic of Congo, Eritrea, Ethiopia, Côte d'Ivoire (Ivory Coast), Liberia, Nigeria, Sierra Leone, Somalia, Sudan, Colombia, Ecuador, Peru, Afghanistan, Chechnya / Ingushetia Republic, Nagorno-Karabakh, Pakistan, Yemen, Jammu and Kashmir, Nepal, Sri Lanka, Iran, Iraq and any other countries subject to sanctions by the United Nations.

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

1. Expenses to be borne by the Insured specified in the provisions or the Policy;

2. Expenses to be charged by any other third party other than the Assistance Organization;

3. Other expenses for services otherwise agreed between the Insured and the Assistance Organization.

Insurance Amount

Article 5 The amount payable by the Insurer for the assistance services covered hereinto shall be subject to the Insurance Amount specified in the provisions or the Policy.

Obligations of the Insured

Article 6 Upon occurrence of an 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 and so on 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 observe the obligations aforesaid, the Assistance Organization has the right to suspend service and the Insurer will not be liable for any expense.

Article 7 When making claims under this Policy, the benefits applicant shall submit the following proof and documentary materials:

(1) Benefit application form;

(2) Original policy;

(3) The identification certificate of the benefits applicant;

(4) Expense bills or receipts (such as traffic expense, accommodation expense, funeral expense and so on);

(5) Accident proof, 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;

(6) All other certificates and documents concerning the verification of the nature, cause and extent of the insured event that can be provided by the benefits applicant.
If the benefits applicant fails to comply with his/her obligation of providing the proof and documents aforementioned, which makes the Insurer be not able to verify the loss, the Insurer shall not indemnify the Insured in respect of the uncertain part of the Loss.

Definition

Article 8

[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.

[Within the territory/Within the territory of the P.R.China] refers to area within the territory of the P.R.China, excluding Hong Kong, Macau and Taiwan of China.

[Outside the territory/Outside the territory of the P.R.China] refers to any country or area outside the territory of the P.R.China, including Hong Kong, Macau and Taiwan of China.

[Place of Residence] refers to the city finally decided by the Insured and confirmed by the Insurer within the territory of the P.R.China (excluding Hong Kong, Macau and Taiwan of China) where the Insured resides. If not designated, refers to the city where the policy is issued.

[Insuring amount] refers to the maximum amount that the Insurer will pay for the service fees charged by the Assistance Organization who will provide one or several services to the Insured in case of the occurrence of the insured event.

[Serious medical symptoms] refers to a state of an illness that needs to be taken emergency assistance measures in order to avoid the death of the Insured or direct or long-term damage to the health of the Insured according to the Assistance Organization’s advice. In determining whether there is a serious medical symptom, the Assistance Organization will consider the Insured’s geographic location, medical emergency nature and possibilities that the locality of the accident assists in the provision of appropriate medical services or medical facilities.

[Accident] refers to external, sudden, unintentional and non-disease objective event resulting in bodily injury.

[Acute Illness] Refers to any disease that is never be diagnosed or treated before policy effective date, but happens during the overseas travel and need immediate cure to avoid injury to body or loss to life, excluding pre-existing illness, chronic, mental illness, schiz, AIDS, venereal disease, transmissible disease, congenital illness or defect, congenital malformation, dental treatment (excluding necessary dental treatment directly resulting from an insured accident), preventive operation and other non-emergency operation or organ transplant.

[Pre-existing illness] Previous disease refers to the disease having been diagnosed or not yet diagnosed but having shown typical symptoms or having been treated before effectiveness of the Contract or the disease having been diagnosed after effectiveness of the Contract, which can not be formed a disease or symptoms within a short term after the inception of this Insurance Contract according to relevant diagnosis and treatment materials or in medicine.
General Provisions

**Article 1** This supplementary insurance is a rider of various Accident Insurances (hereinafter referred to as “main insurance”). The Insurance Clauses, Proposal Form, Policy, Certificate, Endorsements (if any), and etc. attached with the main contract and relevant to this insurance contract shall be an integral part of this rider. Any agreement concerning this rider shall be made in written form.

In case of any conflict between the provisions of the main insurance and the rider, the provisions of the rider shall be paramount. As to other matters not referred to in the rider, the main insurance shall be paramount.

Insuring Agreement

**Article 2** During the period of insurance, if the Insured’s travel ticket and certificate (refers to passport, travel traffic ticket and other necessary certificates for this trip) suffer a loss due to plunder or theft during the oversea travel, the Insurer shall indemnify the Insured for the official charges to obtain a same new certificate and extra reasonable and necessary traffic fee and hotel expense incurred by the Insured for obtaining such same new certificate as per the agreement of this rider, subject to the Insurance Amount specified in the Policy.

Exclusions

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

1. The expenses incurred in the traffic ticket and certificate that are not necessary for this trip;
2. The ticket and certificate are lost due to an unknown reason;
3. The ticket and certificate are lost while they are in the custody of the tourist guide or leader of the travel agency;
4. The loss incurred when the Insured commits contraband, illegal trade or transportation;
5. The loss incurred when the Insured stays in the country or area where he/she has nationality or permanent residence qualification.

Insurance Amount and Deductible

**Article 4** The maximum amount payable by the Insurer shall not exceed the Insurance Amount specified in the Policy.

The Insured shall undertake the loss within the specified deductible.

Obligations of the Applicant and/or Insured

**Article 5** The Insured shall take all reasonable and necessary measures to take good care of the ticket and certificate during the trip. After finding the ticket and certificate are lost, the Insured is obligated to take measures to search, protect or save the ticket and certificate to mitigate the loss. **The Insurer shall not be liable for the increased loss if the Insured fails**
to fulfill the aforesaid obligations.

**Article 6** When finding the ticket and certificate are lost, the Insured is obligated to inform the Insurer or its representative party immediately, report to the nearest public security department or police office, and obtain the case certificate in writing issued by the policy. The Insurer will take the liability provided that the Insured can provide such written certificate. **If the Insured fails to notify the Insurer in time due to his 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.**

**Article 7** When making claims under this Policy, the benefits applicant shall submit the following proof and documentary materials:

1. Benefit application form;
2. Original policy;
3. The identification certificate of the benefits applicant;
4. The report certificate, written certificate issued by the local public security department or police office, or judgment on the third party who commits the theft by the court;
5. The original bills or receipts for obtaining a same new certificate;
6. The original bills or receipts for the extra traffic fees and hotel expenses;
7. All other certificates and documents concerning the verification of the nature, cause and extent of the insured event that can be provided by the benefits applicant.

**If the benefits applicant fails to comply with his/her obligation of providing the proof and documents aforementioned, which makes the Insurer be not able to verify the loss, the Insurer shall not indemnify the Insured in respect of the uncertain part of the Loss.**

**Claims Handling**

**Article 8** 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 liabilities 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 for the same travel, the Insurer will make the payment only under the Policy that has the highest insurance amount.

**Definition**

**Article 9**

[Travel traffic ticket] refers to the passenger ship ticket or civil air ticket that owned by the Insured but has not yet been used during the travel.
Ping An Property & Casualty Insurance Company of China, Ltd.

Ping An Personal Travel Flight Delay 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 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).

Article 3  The beneficiary under this insurance contract shall be the Insured himself/herself.

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 fixed 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, which means that the insurance period is one year, the Insured can commence several trips during the insurance period. If the policy is a single insurance contract, which means the insurance period is less than one year, 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 13, 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** 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.**

**Article 14** 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 15** 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 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, 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.

**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 cancelled 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

[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-\(\frac{\text{passed days}}{\text{total policy period days}}\)) * (1-35%). One day applies if the passing period is less than 24 hours.

[Waiting time] refers to the time during which the Insured is waiting for the departure of alternative flight when the Insured fails to take the scheduled flight and has to take an alternative flight due to the flight delay, excluding the delayed time of such alternative flight.
General Provisions

Article 1 This supplementary insurance is a rider of various Accident Insurances (hereinafter referred to as “main insurance”). The Insurance Clauses, Proposal Form, Policy, Certificate, Endorsements (if any), and etc. attached with the main contract and relevant to this insurance contract shall be an integral part of this rider. Any agreement concerning this rider shall be made in written form.

In case of any conflict between the provisions of the main insurance and the rider, the provisions of the rider shall be paramount. As to other matters not referred to in the rider, the main insurance shall be paramount.

Insuring Agreement

Article 2 During the period of insurance, if the Insured’s checked baggage during the overseas travel does not arrive within the specified time after the carrying conveyance has arrived the destination, according to the Policy, the Insurer will make the payment as per the corresponding specified Insurance Amount.

Exclusions

Article 3 The Insurer shall not be liable for the delay resulting from or caused by:

(1) Administrative act or executive act, including the Insured’s checked baggage is confiscated, detained, insulated, checked or destroyed by the custom or other government department;

(2) war, civil war, military operations, terrorism, strike, armed rebellion, nuclear explosion, nuclear radiation or nuclear pollution or contamination;

(3) Willful act or gross negligence of the Insured.

Article 4 The Insurer shall not be liable for the losses and expenses under the following situations:

(1) The baggage does not go through the checking formalities;

(2) The loss incurred when the Insured stays in the country or area where he/she has nationality or permanent residence qualification.

Article 5 The Insurer shall not be liable for the baggage that is not checked before or at the inception of the insured trip.

Insurance Amount and Deductible

Article 6 The maximum amount payable by the Insurer shall not exceed the Insurance Amount specified in the Policy.

The Insured shall undertake the loss within the specified deductible.
Obligations of the Applicant and/or Insured

**Article 7** The Insured is obligated to request the carrier to issue a written certificate about the delayed time and cause of the checked baggage. The Insurer will take the liability provided that the Insured can provide the aforesaid written certificate.

**Article 8** When making claims under this Policy, the benefits applicant shall submit the following proof and documentary materials:

1. Benefit application form;
2. Original policy;
3. The identification certificate of the benefits applicant;
4. Original traffic bills of the Insured, including air ticket, boarding check, ship ticket and so on;
5. Proof of the checking formalities issued by the carrier;
6. Written certificate about the delayed time and cause issued by the carrier;
7. All other certificates and documents concerning the verification of the nature, cause and extent of the insured event that can be provided by the benefits applicant.

If the benefits applicant fails to comply with his/her obligation of providing the proof and documents aforementioned, which makes the Insurer be not able to verify the loss, the Insurer shall not indemnify the Insured in respect of the uncertain part of the Loss.

Claims Handling

**Article 9** The Insured shall not have double indemnity under this rider and “Rider of Ping An Oversea Travel Loss of Checked Baggage Insurance”, namely, if the Insured’s checked baggage can be or has been indemnified by the Insurer for the occurrence of the insured event covered under the “Rider of Ping An Oversea Travel Loss of Checked Baggage Insurance”, then the Insurer shall not make payment under this rider.

Definition

**Article 10**

[Public Traffic Vehicle] refers to passenger toll ship, fixed-wing aircraft 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. The rented car, taxi and conveyance for the purpose of sighting and the air sighting vehicle do not belong to the public traffic vehicle hereunder.

[Check] refers to the act of consigning the baggage to the carrier. When checking the baggage, the consigner shall provide the shipping order and other necessary relevant certificate (such as custom, quarantine, sanitation, ratepaying), and the baggage shall be shipped according to the procedure after acceptance by the carrier.

[Checked baggage] refers to the bag that the Insured hands over the carrier to check, including all articles packed inside. Such checked baggage must be legally owned by the Insured.
平安旅行附加旅行变更保险条款

Rider of Travel Insurance Clause for Travel Change of Ping An

Insured Event

Article 2 The insured events referred in this Rider include:

1. The Insured or its relative is dead, or has to be hospitalized due to the occurrence of accident after the doctor's diagnosis or suffering from a sudden acute disease;

2. The Insured suffers hijacking;

3. The place of departure or destination takes place riots, storm wind, rainstorm, flood, debris flow, landslide, cliff, volcanic eruption, earthquake, tsunami or Sudden infectious disease or the employees of the public vehicle carrier are on strike one week before departure;

4. The travel destination takes place riots, storm wind, rainstorm, flood, debris flow, landslide, cliff, volcanic eruption, earthquake, tsunami or Sudden infectious disease or the employees of the public vehicle carrier are on strike after departure;

5. Severe losses of the Insured's family property were caused by natural disaster or third party crime, provided that the Insured must cooperate with the police to investigate or assess the loss on the site

Scope of Cover

Article 3 During the period of insurance, the Insurer shall indemnify the Insured for the travel fares having been paid by the Insured but unused and not refundable and the reasonable and necessary travel expenses additionally spent by the Insured in order to go to the travel destination or return daily residence or daily work place after deducting the deductibles within the insured amount for this Rider according to the policy if the Insured has to change the scheduled journey due to occurrence of an insured event.
Exclusions

Article 4 The exclusions under the main insurance shall still be applicable to this Rider.

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

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. Aggravation of disease existed before applying the insurance, which can be predicted before travel;

3. Pregnancy, childbirth, abortion, infertility, contraception and sterilization operation;

4. Impairment caused by drug allergies or other medical behaviors;

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

6. The Insurance Applicant or the beneficiary intentionally murders or hurts the Insured;

7. The Insured’s self-injury, suicide, crime or resisting arrest;

8. Psychological reaction or fear to war, civil unrest, acts of terrorism and flight accidents;

9. Adverse reaction to the donated organ or other auxiliary medical facilities;

10. Governmental or judicial acts;

11. The scheduled travel can not be carried on normally due to the fault
12. The Insured decline to participate in tours or is incapable to travel for economic reasons;

13. The losses caused by the government laws and regulations, or caused by the scheduled travel which can not be carried on normally due to the fault, negligence or bankruptcy of the travel agency or the public vehicle carrier;

Article 6 The Insurer is not liable for the losses or damage due to the following cases:

1. The purpose for the Insured's travel is to seek or receive medical treatment or the travel does not comply with medical advice;

2. 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;

3. Other expenses spent by the Insured on booking hotel, public vehicles for the travel, or the Insured has known or should know through reasonable assumption that the insured event has taken place or will take place at the time of applying for insurance, including but not limited to the strike or other labour protests having been announced or having taken place, natural disaster having taken place, travel destination authorities having announced the outbreak of sudden infectious disease at the time of applying for insurance;

4. The Insured does not book return ticket at the time of applying for insurance;

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

6. Handling charge collected by the travel agency for cancellation;

7. Aggravated loss due to the Insured's failure to timely notify the travel agency, tour guide, the carrier or the hotel of changing the travel;
8. Any refund or compensation available from other insurance contract, government projects, hotels, airlines, travel agencies and other travel service agencies.

**Insured Amount**

**Article 7** The aggregate limit of indemnity under this Rider shall not exceed the insured amount specified in the policy.

**Obligations of the Insured**

**Article 8** The Insured shall be obligated to promptly contact with the travel agency, carrier or hotel to cancel the trip in order to minimize the loss upon occurrence of the insured event.

**Article 9** The Insured shall provide the following documents and 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. Copies of transportation vouchers (airline ticket, train or bus ticket), hotel accommodation vouchers, receipt of travel fares for the travel, as well as the originals for checking;
5. Originals of the documents evidencing travel change and expenses receipt; in case the expenses are not refundable, travel contract and certificate issued by the travel agency to proof such expenses having been paid but not refundable;
6. In case of occurrence of the insured event set out in Article 2.1, certificate of death issued by the police station or the hospital accredited by it or medical certificates such as medical records, diagnostic certificate issued by the hospital at or above the county level; in case of occurrence of the insured
event set out in Article 2.2 and 2.5, certificate issued by the local police station;
7. Other evidences and materials provided by the Insured to ascertain the nature, causes and extent of losses of the insured event;
8. The original power of attorney, identity documents of the authorizer and trustee and other documents if the Insured authorizes others to proceed.

Miscellaneous

**Article 10** In case the Insured’s losses can be indemnified under other insurance which has the same coverage as this Rider, the Insurer shall be liable for the portion that the other insurance contract does not cover.

**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 cancels this Rider.

Definition

**Article 12**

【Relatives】 refer to the spouse, children, parents, grandparents, siblings, (maternal) grandchildren, spouses’ parents, son-in-law, daughter-in-law, in-law brothers and sisters of the Insured.

【Sudden acute disease】 refers to the disease for which the Insured has never received treatment or diagnosis before the effectiveness of this insurance contract, but first suffers during the travel and must receive treatment within 72 hours of acute exacerbation in order to avoid body or life injury or death, not including previous diseases, chronic disease, mental illness, schizophrenia, AIDS, sexually transmitted diseases, genetic diseases, congenital disorders or defects, congenital malformations, dental treatment (but dental clinic treatment due to accidental injury shall be excepted), preventive surgery and
unnecessary emergency surgical intervention and organ transplantation

【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

【Public vehicles】 refer to motor vehicles (including public buses, long-distance coach buses, taxies), vessels (including ferries, hovercrafts, hydrofoils, steamships), railway trains (including trains, subway trains, streetcars, soft rail and magnetic suspension trains) and regular airplanes that are fully registered with a permit issued under the authority of a local government, and are authorized to carry passengers, not including the vehicles for rent and flight facilities for sightseeing.

【Riot】 refers to a number of persons illegally assembly to or threaten to engage in violent activities for the purpose of breach of the peace.

【Storm wind】 refers to the wind at or above grade 11, that is, the wind speed is up to 28.5 m/s or above, which is subject to the data released by the meteorological department.

【Rainstorm】 refers to the rain with a rainfall of more than 16 mm in an hour, or a rainfall of more than 30 mm in 12 consecutive hours, or a rainfall of more than 50 mm in 24 consecutive hours, which is subject to the data released by the meteorological department.

【Flood】 refers to flash flood, river overflow, tide overflow and flow backward. However, regular flood tide, water leakage of automatic fire extinguishers, seepage under perennial water level or underground and water pipes burst shall be excluded herein.

【Debris flow】 refers to flood current containing large amounts of sediments and stones on the mountain suddenly induced and flowing out with heavy rain or a large number of ice water.
【Collapse】refers to stone cliff and soil cliff collapse and fall apart due to natural weathering, rain erosion; or the sand soil drenched by the heavy rain collapses.

【Sudden infectious diseases】refer to one of the following situations: 1. Travel destination authorities officially announce the local outbreaks of infectious diseases;
2. The relevant authorities of the people's Republic of China release the exit announcement claiming an outbreak of an infectious disease has taken place in the travel destination and recommending not to travel to such place; 3. WHO announces an infectious disease with a warning level of 6 has taken place, or the travel destination authorities have closed the border even though the warning level is lower than 6.

【Travel expenses】refer to transportation and accommodation expenses for travel. The service charge paid to the travel agency shall be included if traveling with a team organized by the travel agency.
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 Insurance Applicant under this Rider shall be the Insured himself/herself who having full capacity for civil conduct and other natural individual who having an insurable interest on the Insured (excluding individual partners, rural contracting households and individual business entities).

Article 3  The beneficiary under this insurance contract shall be the Insured himself/herself.

Scope of Cover

Article 4  The Insurer shall indemnify the Insured according to the indemnity standard and insured amount specified in the policy if the fixed flight taken by the Insured suffers from alternate landing or forced landing.

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 alternate landing or forced landing caused by the Insured;

2. The Insured has known or shall have known the possible alternate landing or forced landing through reasonable conclusion when booking the flight or applying for the insurance.

Insured Amount and Premium

Article 6  The aggregate limit of indemnity payable by the Insurer shall not exceed the insured amount specified in the policy during the period of insurance.

The Insurance Applicant shall pay the premium in accordance with the insurance contract.

Obligations of the Insurer
Article 7 The Insurer shall issue the policy or other insurance certificates in a timely manner after the establishment of the insurance contract.

Article 8 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 9 The Insurer shall verify a claim in a timely manner upon reception of a claim from the Insured. 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 decision.

Article 10 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 Applicant and/or the Insured

Article 11 The Insured is obligated to require the carrier to issue an written certificate of flight alternate landing or forced landing and submit to the Insurer, otherwise, the Insurer shall not be liable for indemnity.

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

Article 13 When entering an insurance contract, the Applicant shall make true representations if the Insurer makes inquiries on 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 (30) days after knowing 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 no premium shall 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.
Insurance Benefits Application and Payment

**Article 14** The benefit applicant shall provide the following materials when applying for the insurance benefits to the Insurer. The claimant shall provide other valid materials if failing to provide the following materials due to special reasons. In the event that the Insurer is unable to ascertain the validity of the application as a result of the claimant’s failure to provide the relevant materials stipulated, the Insurer shall not assume the liability for the payment of insurance benefits for the unascertained part.

1. Insurance policy or other valid insurance certificates;
2. Application form correctly completed by the Insured;
3. Identity document of the Insured;
4. Formal written certificate of flight alternate landing or forced landing and submit to the Insurer;
5. Other evidences and materials provided by the benefit applicant to ascertain the nature and cause of the insured event and the extent of loss;
6. If the benefit applicant entrusts other individual to make the application, the original power of attorney, identity documents of the trustor and the trustee shall be provided.

**Article 15** The limitation period of actions of claiming for indemnity by the Insured against the Insurer is two years since the date when the Insured knows or should have known the occurrence of the insured event.

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 or 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 certificate, or issue an endorsement slip attached to the insurance contract or insurance certificate, or make a written agreement of amendment with the Insurance Applicant.

**Article 19** After the establishment of the insurance contract, the Insurance Applicant may notify the Insurer of termination of the insurance contract in writing, except that the Insurer has paid insurance benefits in accordance with the insurance contract.

The Insurance Applicant shall provide the following certificates and materials when terminating the insurance contract:

1. Application for termination of insurance contract;
2. Original policy;
3. Receipt of payment of benefits;

If the Insurance Applicant requests to terminate the insurance contract, the effect of the insurance contract shall be terminated when the Insurer receives the application for termination. The Insurer shall refund the net unearned premium under the policy within 30 days upon receipt of the above documents and materials.

Definitions

Article 20

[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 vehicle.
[Alternate landing] refers to the fixed-flight aircraft can not or is not suitable to fly to the planned destination airport or the destination airport is not suitable for landing but has to land at other airport due to air route traffic control, bad weather, refusal of landing by the scheduled landing airport, scheduled landing airport weather is not up to standard, aircraft fault, hijacking, airport or airline employees’ strike or sabotage, other air or shipping workers’ temporary protest, terrorist act during flight.
[Forced landing] refers to the fixed-flight aircraft can not continue to fly and is forced to land due to disorientation in flight, running out of fuel or mechanical failure.
[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.
Rider of Ping An Travel Insurance Clause for Kidnapping and Illegal Detention

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 has been 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 or criminal acts 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.

Insured Amount

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.

Settlement of Claim

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 time 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, 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.

**Miscellaneous**

**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 cancels this Rider.

**Definition**

**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.

【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.
Rider of Ping An Oversea Travel Loss of Checked Baggage Insurance Clause

General Provisions

Article 1 This supplementary insurance is a rider of various Accident Insurances (hereinafter referred to as “main insurance”). The Insurance Clauses, Proposal Form, Policy, Certificate, Endorsements (if any), and etc. attached with the main contract and relevant to this insurance contract shall be an integral part of this rider. Any agreement concerning this rider shall be made in written form.

In case of any conflict between the provisions of the main insurance and the rider, the provisions of the rider shall be paramount. As to other matters not referred to in the rider, the main insurance shall be paramount.

Insuring Agreement

Article 2 During the period of insurance, if the Insured’s checked baggage that is controlled by the carrier is lost or damaged due to the carrier’s or any other third parties’ liability during the Insured’s oversea travel, the Insurer will indemnify the actual value or repair costs of the baggage, whichever is lower, as per the agreement of this rider, subject to the Insurance Amount specified in the Policy.

For photo, film, video, audio or media data, the Insurer will only pay the value of the material carrying such photo, film, video, audio or media data, excluding the date itself.

Exclusions

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

(1) Loss directly or indirectly caused by Millennium Bug of the computer;

(2) Loss or damage caused by the delay, confiscation or detention by the Custom or other authorities;

(3) Loss of the frangible articles, such as glass or crustal;

(4) Natural wear and tear, depreciation, insects or vermin, mould, corrosion, gradual degeneration, ray action, loss caused during the course of heating, drying, cleaning, dyeing, replacing or repairing, or caused by scratch, indentation, mechanical or electrical failure, improper use, bad workmanship or design, use of defective material;

(5) Loss of cash, bond, bill, stamp, coupon, title deed, stock, travel certificate, token (including credit card, debit card), data transcribed on the tape, record card, disk or other similar equipment;

(6) Loss or damage of the checked baggage, mailed or shipped souvenir or other articles not in this trip;

(7) Any loss caused by an unknown cause or mysterious disappearance;

(8) Loss of or damage to Gold, silver, jewelry or accessories, mobile phone (or hand phone, cell phone), portable computer (portable laptop computers, notebook computer, tablet computer), games, mobile video device (including but not limited to i-pod, i-touch, MP3/MP4/MP5 player), GPS or personal business assistant device (or palm computer, PDA) and other business and entertainment electronic devices, stamp, document, articles or samples used for business activities, animal, plant or food, motor vehicle...
(and its auxiliaries), motorcycle, boats, motor or other transportation tools, furniture, antique, calligraphy and painting and other articles which are unable to determine the value, device leased from others by the Insured, glasses, contact lenses, hearing aids and artificial limb;

(9) The loss incurred when the Insured commits contraband, illegal trade or transportation;

(10) Loss of the baggage that can be used normally or returns to its normal functions after repair by the carrier or liable parties;

(11) Consequential loss, fine, late fee;

(12) The loss incurred when the Insured stays in the country or area where he/she has nationality or permanent residence qualification.

Insurance Amount and Deductible

Article 4 The maximum amount payable by the Insurer shall not exceed the Insurance Amount specified in the Policy, among which:

(1) For sporting equipment and its accessories, the maximum payment shall be the Insurance Amount;

(2) For gift and souvenir, the maximum payment shall be 10% of the Insurance Amount.

The Insured shall undertake the loss within the specified deductible.

Obligations of the Applicant and/or Insured

Article 5 The Insured shall take all reasonable and necessary measures to take good care of the baggage during the trip, make sure the baggage is placed or packed well to avoid the occurrence of loss. When finding the carry-on baggage is lost or damaged, the Insured is obligated to take measures to search, protect or save such baggage to mitigate the loss. The Insurer shall not be liable for the increased loss if the Insured fails to fulfill the aforesaid obligations.

Article 6 After finding the carry-on baggage is lost or damaged, the Insured is obligated to report to the carrier and obtain relevant written certificate issued by them. If loss or damage is not obvious from the appearance of the baggage, the Insured is obligated to require the carrier to provide relevant certificate in writing immediately after finding the loss or damage. The Insured must put forward such request as soon as possible in a reasonable time. The Insurer will take the liability provided that the Insured can provide the aforesaid written certificate.

Article 7 When making claims under this Policy, the benefits applicant shall submit the following proof and documentary materials:

(1) Benefit application form;

(2) Original policy;

(3) The identification certificate of the benefits applicant;

(4) List of the damaged property, original invoice of the baggage or other valid proof of purchase;

(5) Written document about the damage and loss issued by the carrier;

(6) All other certificates and documents concerning the verification of the nature, cause and
extent of the insured event that can be provided by the benefits applicant.

If the benefits applicant fails to comply with his/her obligation of providing the proof and documents aforementioned, which makes the Insurer be not able to verify the loss, the Insurer shall not indemnify the Insured in respect of the uncertain part of the Loss.

Claims Handling

Article 8 If the lost baggage is found or retrieved, or is reimbursed by any third party, the Insured is obligated to refund the amount paid by the Insurer.

Article 9 The ownership of the lost baggage is transferred to the Insurer after it has made the payment.

Article 10 If any third party is held liable for the loss or damage insured against hereby, the Insurer shall be entitled by subrogation to claim for indemnity against such third party from the date of payment subject to the limit of the payment, and the Insured shall provide the Insurer with all the necessary documents and relevant information known.

If the Insured has already been indemnified by third party liable for the loss, the Insurer may deduct a corresponding sum when calculating the amount of indemnity.

After the occurrence of insured event, if the Insured waive the right to claim against the third party liable before the Insurer makes payment of indemnity, the Insurer shall not be liable for such loss or damage; if the Insured waive the right to claim against the third party liable after the Insurer makes payment of indemnity, such waiver of right is invalid; if the Insurer cannot exercise the right of subrogation due to willful act or gross negligence of the Insured, the Insurer may deduct a corresponding sum when calculating the amount of indemnity or request refund of a corresponding sum from the indemnity paid to the Insured.

Article 11 If the Insured has been or can be indemnified by carrier, the Insurer will only be liable for the residual part.

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 liabilities 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 for the same travel, the Insurer will make the payment only under the Policy that has the highest insurance amount.

Definition

Article 12

[Check] refers to the act of consigning the baggage to the carrier. When checking the baggage, the consigner shall provide the shipping order and other necessary relevant certificate (such as custom, quarantine, sanitation, ratepaying ), and the baggage shall be shipped according to the procedure after acceptance by the carrier.

[Checked baggage] refers to the bag that the Insured hands over the carrier to check, including all articles packed inside. Such checked baggage must be legally owned by the Insured.

[Actual value] refers to the purchase price minus the depreciation of the article.
Scope of Cover

Article 2 During the period of insurance, in case the bank card or check carried by the Insured is lost, pilfered, robbed or grabbed, which results an unauthorized person to use the bank card or check in the following circumstances, the Insurer shall indemnify the Insured for the loss of funds caused by the same reason under the account opened in the card issuer within the limit of indemnity for this Rider specified in the policy after deducting the deductibles:
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.

However, the loss of funds must occur within 48 hours before reporting the loss of bank card or check during the valid period of this Rider and the Insured must report the loss of bank card or check within 24 hours after the bank card or check is lost, pilfered, robbed or grabbed.

Exclusions

Article 3 The Insurer is not liable for the losses of the Insured occurred during the following period or directly or indirectly caused by the following cases:
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. Input errors of computer hardware, software, instruction, including but
limited to the automatic teller machine (ATM) failure;

4. The Insured entrust the other person to use the bank card;

5. The Insured fails to comply with the bank card regulations;

6. Expenses for reporting the insured event, expenses for verifying the
payables under this insurance contract or other expenses;

7. Whole or partial un-payables or defaulted loans, or payments
constituting a loan to the Insured;

8. Mechanical failure, electrical failure, software faults or data errors,
including but not limited to power interruption, surge, lower voltage,
power cut, or telecommunications, satellite system failure;

9. The Insured fails to report to the bank issuer the loss of bank card in
time when the Insured's bank card is robbed or grabbed or the Insured
finds the bank card be lost or pilfered;

10. Loss of funds due to the bank card has been copied, the password is
peeped or leaked unintentionally or acquired through online virus and
other means;

11. Loss of funds caused online bank transfer or payment;

12. Loss of funds in bank card not in the name of the Insured;

13. Loss of funds in the Insured's account recovered by the public
security organ;

14. Any expenses related to the litigation;

15. Bank card is lost or pilfered during custody by the card issuer,
producer, courier or post office or during delivery.

16. The dealer's fraud;
17. Robbery or grabbing induced by fire, smoke, lightning, hurricanes, water logging, flood, earthquake, volcano eruption, tsunamis, landslides, hail, force majeure or any other natural events;

18. Any unexplained loss or mysterious disappearance.

Limit of Indemnity and Deducible

Article 4 The insured amount for this Rider shall be agreed between the Insurance Applicant and the Insurer and specified in the policy.

Article 5 The Insured shall be liable for the loss within the scope of deductibles specified in the policy.

Treatment of Claim

Article 6 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 7 The Insured shall provide the Insurer with the following materials at the time of lodging a claim:

1. Policy, identity of documents 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 8 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.
Definition

Article 10

【Bank card】 includes debit card and credit card.
General Provisions

Article 1 This supplementary insurance is a rider of various Accident Insurances (hereinafter referred to as “main insurance”). The Insurance Clauses, Proposal Form, Policy, Certificate, Endorsements (if any), and etc. attached with the main contract and relevant to this insurance contract shall be an integral part of this rider. Any agreement concerning this rider shall be made in written form.

In case of any conflict between the provisions of the main insurance and the rider, the provisions of the rider shall be paramount. As to other matters not referred to in the rider, the main insurance shall be paramount.

Item Insured

Article 2 This insurance can cover the following household property:

(1) Housing fitting;
(2) Household electric appliance;
(3) Furniture;
(4) Clothes, beddings.

The following property shall not be covered by this insurance:

(1) Gold and silver, jewelry, coin and currency, securities, bills, stamp, curio, documents, account books, technical data, chart, creature and plant, and other property whose value is incapable to be identified;
(2) Property in emergency;
(3) Property used for producing and operating activities;
(4) Motor vehicle (and its accessories), motorcycle, ship, engine or other conveyance;
(5) Mobile telephone (or called cell phone), portable computer (or called laptops, notebook) or personal digital assistant (or called palm computer, PDA);
(6) Other property beyond the list of the first paragraph of Article 2.

Insuring Agreement

Article 3 During the period of insurance, if the indoor insured property located at the Insured's place of usual residence within the territory and specified in the Policy is damaged by the following reasons during the Insured's oversea travel, the Insurer shall be liable for the direct loss or damage according the agreement of this rider. The Insurer will calculate the payment as per the insured property’s actual value at the time of loss or the repairing expenses, whichever is lower, subject to the Insurance Amount specified in the Policy:

(1) Fire and explosion;
(2) The falling of flying objects, collapse of external objects;
(3) Typhoon, windstorm, rainstorm, tornado, lightning strike, flood, hail, snow, cliff slide, icicle, mud-rock flow, and earth subsidence or sinking caused by natural disaster.
Exclusions

Article 4 The Insurer shall not be liable for any loss and expense caused by or arising from:

(1) Earthquakes, tsunamis;

(2) War, hostilities, military actions, armed conflicts, strikes, riots, civil commotion, terrorism, seizure and confiscation;

(3) Nuclear radiation, nuclear explosion and nuclear pollution or contamination;

(4) Governmental or judicial actions;

(5) Intentional act or gross negligence of the Insured or his/her family member, employee or visitors living for a short period with the family;

(6) Damage to the household electric appliance itself caused by its own overuse, over voltage, short, electric leakage, self-heating, and other similar reasons;

(7) The instinct defect, improper custody, deterioration, rottenness, dampness, insect bite, and natural wear and tear;

(8) Loss arising from the subsidence or sinking of the groundwork, the cracking or collapse of the building caused by any construction disobeying to standards;

(9) Loss resulted from wind and rain to the property placed on balcony, outdoor, or under the cover of a vile shed whose outer walls and roof are made of reed mat, straw, asphalt felt, wheat straw, reed, poles, canvas and other similar materials.

Article 5 The Insurer shall not be liable for the following loss and expense:

(1) Loss suffered under the situation when no one resides in the Insured’s place of usual residence within the territory for 30 days or above;

(2) Other loss or expense not covered under this Policy.

Insurance Amount, Insurance Value and Deductible

Article 6 The Insurance Amount of the insured property shall be determined by the Applicant as per its actual value or evaluation by other means, and specified in the Policy.

Article 7 The Insurance Value is the actual value of the insured property at the time of loss.

Article 8 The Insured shall undertake the loss within the specified deductible.

Obligations of the Applicant and/or Insured

Article 9 Prior to travel, the Insured shall take reasonable safe measures for his/her place of usual residence and the insured property to decrease the risk.

The Insurer has the right to inspect whether or not the Insured has fulfilled the aforementioned obligations, and make suggestions in writing to the Applicant or the Insured on eliminating unsafe factors and risks. The Applicant and/or the Insured shall implement such suggestions accordingly.

If the Applicant or the Insured fails to comply with obligations concerning the safety of the insured property, the Insurer has the right to charge additional premium or terminate the Policy.

Article 10 Once any insured property is transferred, the Insured or the Assignee shall notify the Insurer in time.
If the risk increases significantly due to that transfer, the Insurer may charge additional premium or terminate the Policy subject to the terms and conditions of the Policy within thirty days upon the Insurer’s reception of such notice.

If the Insured or Assignee fails to fulfill the obligation of notification, the Insurer shall not be liable for any Loss due to the substantial increase of risks resulted from the transfer of the insured property.

**Article 11** During the period of insurance, the Insured shall give the Insurer timely notice of any substantial increase of risk of the insured property, and the Insurer is entitled to increase the premium or terminate this Policy.

If the Insured fails to comply with the obligation of notification aforementioned, the Insurer shall not be liable for any Loss due to the substantial increase of risks.

**Article 12** Upon acknowledgement of any occurrence, the Insured shall:

(1) take all necessary and reasonable measures to prevent further damage or mitigate loss, otherwise the Insurer shall not indemnify the Insured in respect of the increased portion of the loss or damage caused hereby;

(2) notify the Insurer immediately and submit a written report on the cause, course and extent of the loss or damage. If the Insured fail to notify the Insurer in time due to his 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, except that the Insurer has known the occurrence timely by other means or should have known the occurrence timely;

(3) preserve the spot, permit and assist the Insurer to investigate the occurrence. If the cause of occurrence cannot be ascertained or the severity of the damage cannot be verified due to the refusal of or disturbance by the Insured, the Insurer shall not indemnify the Insured in respect of such uncertain part of the Loss.

**Article 13** When making claims under this Policy, the benefits applicant shall submit the following proof and documentary materials:

(1) Benefit application form;

(2) Original policy;

(3) The identification certificate of the benefits applicant;

(4) The proof of accident;

(5) List of the loss and invoice;

(6) All other certificates and documents concerning the verification of the nature, cause and extent of the insured event that can be provided by the benefits applicant.

If the benefits applicant fails to comply with his/her obligation of providing the proof and documents aforementioned, which makes the Insurer be not able to verify the loss, the Insurer shall not indemnify the Insured in respect of the uncertain part of the Loss.

**Claims Handling**

**Article 14** If any third party is held liable for the loss or damage insured against hereby, the Insurer shall be entitled by subrogation to claim for indemnity against such third party from the date of payment subject to the limit of the payment, and the Insured shall provide the Insurer with all the necessary documents and relevant information known.

If the Insured has already been indemnified by third party liable for the loss, the Insurer may deduct a corresponding sum when calculating the amount of indemnity.

After the occurrence of insured event, if the Insured waive the right to claim against the third party liable before the Insurer makes payment of indemnity, the Insurer shall not
be liable for such loss or damage; if the Insured waive the right to claim against the third party liable after the Insurer makes payment of indemnity, such waiver of right is invalid; if the Insurer cannot exercise the right of subrogation due to willful act or gross negligence of the Insured, the Insurer may deduct a corresponding sum when calculating the amount of indemnity or request refund of a corresponding sum from the indemnity paid to the Insured.

**Article 15** If at the occurrence of the insured event there is any double insurance, the amount payable by the Insurer shall be limited to the proportion of the loss that the Sum Insured under the policy bears to the total sum insured under all these policies. 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 for the same travel, the Insurer will make the payment only under the Policy that has the highest insurance amount.

**Definition**

**Article 16**

[Family member]: herein means the members who are in kinship with the Insured by law and live together with the Insured.

[Visitors living for a short period with the family]: means the person who lives in the housing of the Insured more than 5 days.
Rider of Ping An Travel Insurance Clause for Hole-In-One in Golf

Scope of Cover

Article 2 Within the period of insurance, if the Insured successfully scores a “hole-in-one” in any regular golf course during the traveling, the Insurer shall indemnify the Insured for the expenses payable by the Insured for buying souvenirs, holding celebration and planting trees in that golf course within the insured amount under this Rider specified in the policy.

Insured Amount

Article 3 The amount insured for this Rider shall be agreed between the Insurance Applicant and the Insurer and specified in the policy.

Treatment of Claim

Article 4 The Insured shall provide the Insurer with the following documents in case of lodging a claim:

(1) Insurance policy, identification of the Insured and claim form;

(2) Certificate of “hole-in-one” issued by the gold club in writing;

(3) Other evidences and materials provided by the Insured to ascertain the nature, causes and extent of losses of the insured event, including but not limited to the relevant vouchers of the paid expenses.

Definition

Article 7 【Regular golf course】refers to a golf course designed with 65 pars or more than 65 pars.
平安旅行附加宠物犬交通意外死亡保险条款

Rider of Travel Insurance Clause for Pet Dog’s Traffic Accidental Death of Ping An

Article 2 The breeder of pet dogs who holds a Permit to Raise Pet Dogs and Immune Card approved and issued by the local public security department, health and epidemic prevention department and other relevant government departments after inspection may become the Insured under this Rider.

Scope of Cover

Article 3 During the period of insurance, the Insurer shall indemnify the Insured according to insured amount agreed in the contract if the pet dog owned and raised by the Insured and specified in the policy suffers from a traffic accident which results its death during the Insured’s travel. This Rider thus shall be terminated.

Insured Amount

Article 4 The amount insured for this Rider shall be agreed between the Insurance Applicant and the Insurer and specified in the policy.

Exclusions

Article 5 The Insurer shall not liable for the pet dog's death caused by the following reasons:

1. The intentional acts or gross negligence of the Insurance Applicant, the Insured or their representatives;

2. War, hostilities, military action, armed conflicts, strikes, riots, rebellion, terrorist activities;

3. Nuclear radiation, nuclear explosion, nuclear pollution and other radioactive pollution;

4. Administrative or judicial acts.
Article 6 The Insurer shall not be liable for the pet dog’s death caused by traffic accident if the pet dog is not raised by the Insured or even the pet dog is raised by the Insured but without approval issued by the relevant authorities.

Treatment of Claim

Article 7 The claimant shall provide the Insurer with the following materials at the time of lodging a claim:

1. Claim form;
2. Original insurance policy;
3. Identification of the Insured;
4. Permit to Raise Pet Dogs and Immune Card, certificate of the pet dog’s death;
5. Other evidences and materials provided by the Insured to ascertain the nature, causes and extent of losses of the insured event.
Rider of Ping An Oversea Travel Personal Liability Insurance Clause

General Provisions

Article 1 This supplementary insurance is a rider of various Accident Insurances (hereinafter referred to as “main insurance”). The Insurance Clauses, Proposal Form, Policy, Certificate, Endorsements (if any), and etc. attached with the main contract and relevant to this insurance contract shall be an integral part of this rider. Any agreement concerning this rider shall be made in written form.

In case of any conflict between the provisions of the main insurance and the rider, the provisions of the rider shall be paramount. As to other matters not referred to in the rider, the main insurance shall be paramount.

Insuring Agreement

Article 2 During the period of insurance, if the Insured’s negligence results in bodily injury of or direct property damage to a third party during the oversea travel, the Insurer will pay for the amount that the Insured is legally liable to pay to the third party according to the local laws, subject to the Insurance Amount specified in this rider.

Article 3 If the Insured is brought to suit or arbitration upon occurrence of an insured event, the Insurer shall also be liable for the arbitration or litigation costs payable by the Insured and any necessary and reasonable expenses (hereinafter referred to as “legal expenses”) which is subject to the prior written approval of the Insurer according to this insurance contract.

Exclusions

Article 4 The Insurer shall not be liable for any loss, expense and liability caused by or arising from:

(1) Intentional act, gross negligence, illegal act and crime act of the Insured;

(2) Production act, operational act, commercial act, professional act, functional act of the Insured, and product or service provided by the Insured.

Article 5 The Insurer shall not be liable for the following loss, liability and expense:

(1) Liability for bodily injury of or property damage to the Insured’s direct relative, the person who supports or is supported by the Insured, the Insured’s employer and employee;

(2) The bodily injury of or the property damage to a third party caused by the Insured in the state of mental disorder, obnubilation, unconsciousness or intellectual barrier no matter the state is caused by any reason (including but not limited to disease, taking medicine, drug or drinking alcohol and drunk);

(3) The bodily injury or the property damage caused by an animal which is possessed, raised or taken care of by the Insured;

(4) Contractual liabilities that shall be borne by the insured and/or the liability for breach of contract, except for the liability that shall still be borne by the Insured without the contract;

(5) The liability caused by the various motor vehicles, battery car, electric bicycle, ship, aircraft which is possessed, managed or used by the Insured;

(6) Liability or cost caused by any type of infectious disease;
(7) Loss and damage of the property which is owned, rented, kept or controlled by the Insured, except for the loss and damage of the hotel room or house rented by the Insured for the purpose of travel (excluding furniture and facility thereinto);

(8) Liability or cost caused by the Insured's doing high risk sports activities like diving, skiing, sliding board, gliding, surfing, bungee jumping, fire balloon, parachute jump, rock-climbing, drifting, adventure, acrobatics, horse racing, car racing, etc., or other fighting sports like wrestling, judo, boxing, martial art, free combat, karate, taekwondo and etc. and the warm-up activities before doing the foresaid activities;

(9) Penalties, overdue fines, or any indirect losses caused by the breakage of the articles in carry-on luggage;

(10) Salary, subsidy, medical treatment, welfare and other consequential losses;

(11) Other loss, expense or liability not covered under this Policy.

Article 6 The Insurer shall not be liable for any liability when the Insured stays in the country or area where he/she has nationality or permanent residence qualification.

Insurance Amount and Deductible

Article 7 The Insurance Amount of the rider is the maximum amount that shall be paid by the Insurer.

The Insured shall undertake the loss within the specified deductible.

Obligations of the Applicant and/or Insured

Article 8 The Insured shall try to know laws, custom and etc. of the tourist destination before travel, and proceeds with great caution during the travel to avoid the occurrence of the accident.

Article 9 Upon acknowledgement of any occurrence, the Insured shall:

(1) take all necessary and reasonable measures to prevent further damage or mitigate loss, otherwise the Insurer shall not indemnify the Insured in respect of the increased portion of the loss or damage caused hereby;

(2) notify the Insurer immediately and submit a written report on the cause, course and extent of the loss or damage. If the Insured fail to notify the Insurer in time due to his 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, except that the Insurer has known the occurrence timely by other means or should have known the occurrence timely;

(3) preserve the spot, permit and assist the Insurer to investigate the occurrence. If the cause of occurrence cannot be ascertained or the severity of the damage cannot be verified due to the refusal of or disturbance by the Insured, the Insurer shall not indemnify the Insured in respect of such uncertain part of the Loss;

(4) go to the police if the occurrence involved in violation of law or crime, otherwise the Insurer shall not indemnify the Insured in respect of the increased portion of the loss or damage caused hereby.

Article 10 The Insured should notify the Insurer promptly when it received the claim for indemnity from victim. Without the written permission of the Insurer, the Insurer is not restricted by any commitment, rejection, offer, agreement, payment or compensation that the Insured made to the victim. The Insurer has the right to re-check the insurance compensation voluntarily committed or paid by the Insured, and the Insurer is not liable for any indemnity exclusive from the scope of cover or exceed the limit of indemnity. During the settlement process of any claim whose ultimate liability shall be borne by the Insurer, the
Insurer has the right to handle independently. And the Insured is obliged to provide to the Insurer with any information and assistant with its best effort.

**Article 11** The Insured should immediately notify the Insurer about the possible arbitration, litigation in written form when it learned that there may be any Litigation or arbitration; and should promptly send relevant copies to the Insurer when it received a court summons or other legal documents. The Insurer has the right to deal with litigation or arbitration matter in the name of the Insured, and the Insured should provide the relevant documents and necessary assistance.

**The Insurer is not liable for indemnity of exaggerated losses caused by the delayed information or necessary assistance abovementioned.**

**Article 12** When making claims under this Policy, the benefits applicant shall submit the following proof and documentary materials:

1. Benefit application form;
2. Original policy;
3. The identification certificate of the benefits applicant;
4. Relevant material of claim submitted by the victim to the insured;
5. In case of causing bodily injury or death of the victim, the materials shall include: the original medical bills of document regarding the victim’s case history, certificate of diagnosis, medical fee and so on; the certificate concerning the victim’s bodily injury degree: in case the victim is disabled, the certificate concerning the disabled degree issued by medical institution based on relevant laws and regulations shall be presented; in case the victim is dead, the certificate of death issued by public security organ and medical institution shall be presented;
6. In case of causing property loss of the victim, the materials shall include: list of loss and expenses;
7. The Compensation Agreement or Settlement Agreement signed between the insured and the victim; in case that the case has been judged or arbitrated, the written judgment or arbitration award shall be presented;
8. all other certificates and documents concerning the verification of the nature, cause and extent of the loss that can be provided by the benefits applicant.

If the benefits applicant fails to comply with his/her obligation of providing the proof and documents abovementioned, which makes the Insurer be not able to verify the loss, the Insurer shall not indemnify the Insured in respect of the uncertain part of the Loss.

**Claim Handling**

**Article 13** If the Insurer wants to handle the claim from the third party by accepting the liability, out-of-court settlement or other means, which the Insured takes an objection to, then the Insurer shall not undertake all resulting extra expenses from the date of objection, including legal liability, legal expense and interests.

**Article 14** If the Insured caused damages to a third party and has not indemnified the third party, the insurer shall not pay to the Insured.

**Article 15** 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 liabilities 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 is not liable for advancement of the indemnity payable by other insurers.** In the event that the insurer pays more indemnity due to the fact that the insured fails to make a full and accurate disclosure, the insurer has the right to retrieve the overpaid amount from the
insured.

**Article 16** If any third party is held liable for the loss or damage insured against hereby, the Insurer shall be entitled by subrogation to claim for indemnity against such third party from the date of payment subject to the limit of the payment, and the Insured shall provide the Insurer with all the necessary documents and relevant information known.

If the Insured has already been indemnified by third party liable for the loss, the Insurer may deduct a corresponding sum when calculating the amount of indemnity.

**After the occurrence of insured event, if the Insured waive the right to claim against the third party liable before the Insurer makes payment of indemnity, the Insurer shall not be liable for such loss or damage**; if the Insured waive the right to claim against the third party liable after the Insurer makes payment of indemnity, such waiver of right is invalid; if the Insurer cannot exercise the right of subrogation due to willful act or gross negligence of the Insured, the Insurer may deduct a corresponding sum when calculating the amount of indemnity or request refund of a corresponding sum from the indemnity paid to the Insured.

**Article 17** The Insurer’s actions such as acceptance of report, spot investigation, claim verification, participation in litigation and/or provision of suggestions shall not be hold as admission to liability for indemnity.

**Definition**

**Article 18**

[Direct loss] refers to direct loss or damage of the tangible property.

[Intentional Act] refers to the behavior to wish or indulge the act to happen, even though knowing that such act will cause the other person's injury or damage.

[Punitive indemnity] refers to the indemnity which shall be paid to the victim by the Insured beside the amount of compensative indemnity according to the verdict of the court. Its intention is generally to show punishment and warning to the malicious act or nonfeasance of the Insured.