

# BON VOYAGE

## TRAVEL INSURANCE



# Bon Voyage Travel Insurance

## offers 3 insurance packages to suit your itinerary and budget

### BENEFITS

UP TO US\$

PLAN A	PLAN B	PLAN C
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<p><b>(1) PERSONAL ACCIDENT</b> Accidental death or permanent disability including loss of one or more limbs or loss of sight in one or both eyes. Maximum coverage is doubled when the Insured Person is travelling as a fare-paying passenger on a public conveyance. The limit of cover for children under 18 and persons over 75 years old is US\$20,000. Doubling benefit is not applicable to children under age 18 and persons over age 75.</p>	100,000	65,000	35,000
<p><b>(2) MEDICAL EXPENSES &amp; EMERGENCY ASSISTANCE</b> The cost of medical treatment arising from illness or accidental injury. Maximum limit for persons over age 75 is US\$50,000.</p> <p><b>Medical Expenses</b> – Fees for hospitalization, surgery, ambulance, medicine and tests with a maximum of US\$300 per day for hospital room and board, and US\$1,000 if the room fee includes the fees for all professional services.</p> <p><b>Follow-up Care</b> – Medical expenses reasonably incurred immediately following discharge from hospital within 90 days of return to home country.</p> <p><b>Emergency Evacuation</b> – Emergency evacuation to the nearest facility capable of providing adequate medical care.</p> <p><b>Repatriation</b> – Repatriation to the country of origin when the Company and attending physician determine that it is necessary.</p> <p><b>Hospital Expenses Guarantee</b> – Guarantee eligible medical expenses when hospital bills exceed US\$2,500.</p> <p><b>Additional Costs of Travel &amp; Accommodation</b> – Additional travelling costs of the Insured Person for returning to the country of origin and additional costs of accommodation incurred by the Insured Person and an insured family member or travelling companion when such costs arise from hospitalization due to a covered disability necessitating medical treatment of the Insured Person.</p> <p><b>Family Member Visit</b> – Travelling costs for 2 immediate family members to join the Insured Person who is confined in hospital for more than 3 days or is dead abroad.</p> <p><b>Return of Children</b> – Reasonable additional accommodation and travelling expenses for unattended insured children (age below 14) return to the country of origin.</p> <p><b>Burial and Funeral</b> – Transportation charges for repatriation of the mortal remains to the country of origin.</p> <p><b>Referral Services</b> – All referral services such as legal assistance, interpreter, obtaining replacement of lost travel document or air ticket, etc.</p>	100,000	75,000	50,000
<p><b>(3) HOSPITAL CASH ALLOWANCE</b> US\$50 for each complete day the Insured Person is hospitalized over 24 hours as a result of a covered disability.</p>	6,500	6,500	6,500
<p><b>(4) BAGGAGE &amp; PERSONAL EFFECTS</b> Loss or damage directly resulting from accident, theft, burglary, robbery or mishandling by carriers to the Insured Person's baggage or personal items carried. The limit is US\$250 per item and US\$500 per pair or set. Loss of laptop computer is limited to US\$500.</p>	Unlimited	Unlimited	Unlimited
<p><b>(5) BAGGAGE DELAY</b> Emergency purchases of essential items of toiletries and clothing up to a maximum of US\$65 per article when the checked baggage is delayed for at least 12 hours from the time of arrival at destination.</p>	Unlimited	Unlimited	Unlimited
<p><b>(6) LOSS OF TRAVEL DOCUMENT</b> Cost of obtaining replacements of passport, air tickets, travel expenses and accommodation incurred to obtain such replacement arising from theft, burglary, robbery and accidental loss. Maximum limit per day for travel and accommodation expenses is US\$200 for Plan A, US\$150 for Plan B and US\$100 for Plan C.</p>	5,000	3,500	2,000
<p><b>(7) PERSONAL MONEY</b> Loss of cash, bank notes and travellers checks arising from theft, burglary or robbery.</p>	5,000	3,500	2,000
<p><b>(8) TRAVEL DELAY</b> <b>Additional Travel Cost</b> – Transportation expenses necessarily incurred as a direct consequence of travel delay resulting from serious weather conditions, industrial action, hijack, mechanical derangement only if the Insured Person has to re-route his trip due to cancellation of a prior confirmed booking.</p> <p><b>Cash Allowance</b> – If the Insured Person need not pay additional travelling cost in the event of travel delay, the Insured Person will be indemnified at US\$25 for each full 12 hours delay.</p>	3,000	2,000	1,000
<p><b>(9) CURTAILMENT OF TRIP &amp; CANCELLATION CHARGES</b> Reimbursement of irrecoverable prepaid travel arrangement deposits and any increased cost of travel in the event of death, serious injury or illness of the Insured Person, immediate family members, close business partner or travel companion of the Insured Person, witness summons, jury service, compulsory quarantine, natural disasters at the planned destination or complete destruction of the Insured Person's principal residence.</p>	1,000	750	500
<p><b>(10) PERSONAL LIABILITY</b> Indemnity against legal liability to a third party as a result of accidental injury or loss or damage to property during the Period of Insurance. (This benefit does not apply to the use or hire of motor vehicles.)</p>	1,500	800	500
<p><b>(11) INCIDENTAL HOME COUNTRY COVER</b> An Insured Person may return to the country of origin for incidental visits for a consecutive period up to 14 days provided that the Period of Insurance is not less than 31 days.</p>	250	125	65
<p><b>(12) OPTIONAL RENTAL CAR PROTECTION (for adult between 23 and 75)</b> Loss or damage occurs to a rental car result directly from fire, theft, collision or vandalism. Deductible: US\$250</p>	2,000	1,500	1,000
	400	260	130
	800	500	300
	175	125	75
	6,500	4,500	3,500
	100,000	65,000	35,000
	Included	Included	Included

(25,000 option)

# BON VOYAGE APPLICATION

Applicant: \_\_\_\_\_ Tel: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Country of Origin: \_\_\_\_\_

**Coverage Selected:** (please  appropriate box):  Plan A  Plan B  Plan C **Premium Type Selected:** (please  appropriate box):  Individual  Family

Period of Insurance: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/YY) for \_\_\_\_\_ days

Name of Insured Person (Last Name/First Name)	Sex	Date of Birth (MM/DD/YY)	Passport No.	Optional Rental Car Protection Period of Insurance (MM/DD/YY)	Premium US\$
				From / / for days	
				From / / for days	
				From / / for days	
				From / / for days	
Total premium of this policy:					

I enclose my check for US\$ \_\_\_\_\_ payable to "**Pacific Cross Insurance Company Limited**".

Please charge:  American Express  Visa  MasterCard Card No.: \_\_\_\_\_ Expiry Date (MM/YY): \_\_\_\_\_ / \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_

**Declaration:** I hereby apply for a Bon Voyage Travel Insurance Policy to be based on the above statements, and warrant that to the best of my knowledge and belief that no Insured Person is travelling contrary to the advice of a medical practitioner or for the purpose of obtaining medical treatment and that I understand treatment of any pre-existing, existing, recurring or congenital medical conditions is not insured. I further warrant that I am not aware of any condition, cause or circumstances that may necessitate the cancellation or curtailment of the journey as planned.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Broker: \_\_\_\_\_

## PREMIUM (IN US\$)

	PLAN A	PLAN B	PLAN C
<b>Individual Coverage</b>			
Up to 5 Days	\$25	\$20	\$17
Up to 8 Days	\$36	\$27	\$23
Up to 11 Days	\$42	\$31	\$26
Up to 15 Days	\$46	\$34	\$28
Up to 24 Days	\$55	\$37	\$31
Up to 31 Days	\$68	\$46	\$34
For Each Additional Week Maximum 180 Days	\$13	\$9	\$6

### Family Coverage

(Applicant, Spouse, and/or Dependent Children below age 18)

Up to 5 Days	\$50	\$40	\$34
Up to 8 Days	\$72	\$54	\$46
Up to 11 Days	\$84	\$62	\$52
Up to 15 Days	\$92	\$68	\$56
Up to 24 Days	\$110	\$74	\$62
Up to 31 Days	\$136	\$92	\$68
For Each Additional Week Maximum 180 Days	\$26	\$18	\$12

**Optional Rental Car Protection: \$5 per day**

## ■ KEY FEATURES

- Maximum period of insurance up to 180 days.
- No deductible for all benefits (except Optional Rental Car Protection).
- Provides cover for winter sports, trekking, scuba diving, rafting, bungee-jumping and various aquatic sports without additional premium.
- Baggage & Personal Effects cover extends to laptop computers.

## ■ AGE LIMIT

A minimum age of 6 weeks to a maximum age of 85 years and children under 7 must be accompanied by an adult who is also insured under the same policy.

## ■ MAIN EXCLUSIONS

### For benefit section 1, 2 & 3

1. Suicide, self-inflicted injury, childbirth, miscarriage, dental treatment (except as necessitated by accidental injuries to sound and natural teeth), psychiatric and mental disorders, insanity, alcoholism or drug addiction, self-exposure to needless peril, venereal disease, AIDS or AIDS related complex.
2. Any pre-existing conditions or excluded illness.
3. Any professional sport, racing and competitions of any kind, skydiving, rock or mountain climbing normally involving the use of ropes or other equipment, hang gliding, or parachuting.

### For benefit section 4, 5, 6, 7, 8 & 9

1. Losses not reported to police within 24 hours, and/or to the carrier immediately as appropriate.
2. No proof is provided for relevant expenses/loss.
3. Normal wear and tear, breakage or damage to fragile article.

### For benefit section 10

Liability arising out of the use of motorized vehicles, aircraft, water craft; willful, malicious or unlawful act; any cost resulting from criminal proceedings.

### For benefit section 12

1. Driving whilst intoxicated or under the influence of drugs or narcotics.
2. Intentional loss or damage, use of the car rental in violation of the car rental agreement.
3. Liability or damage whether or not the Insured Person is responsible under the car rental agreement.

## ■ CLAIMS PROCEDURE

Notice of any claims must be submitted to the address noted below within 30 days of the expiry of this insurance. All claims shall be made together with proof satisfactory including reports from hospital, physician, police, airlines or other responsible authority.

### *Important Note*

1. *The policy is valid for the purpose of leisure travel or business travel (limited to administrative and non-manual works only).*
2. *No refund of premium will be made once the policy has been issued.*

*This brochure is not a contract. For exact wording and complete details of the cover, terms, conditions and exclusions of the policy, please refer to the policy itself.*

**Please send the completed application and payment to**

**[E-InsureThailand.com](http://E-InsureThailand.com)**

**Preuksa Village 9, Soi 3, 9/38 Moo 2, Rangsit, Bueng Yitho, Thanyaburi, Pathum Thani 12130**

**Tel: 081-927-0829 (Eng.), 02-990-8355 (Thai/Eng.) Fax: 02-990-8356**

**E-mail: [insure@e-insurethailand.com](mailto:insure@e-insurethailand.com)**

**Website: [www.e-insurethailand.com](http://www.e-insurethailand.com)**