|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Class** | **International** **Travel** **Personal** **Accident** | **Policy** **No.** |  | **1350604250000108** |  |  |
| **Insured** **Name****Address** | **BERTVINCEL** **SEVILLE** **SANTILLAN**LOT 6 BLK 6, THE RIDGES SUBDIVISION, | **Date** **of** **Issuance** **Period** **of** **Insurance** | **FROM** | 8 October 202526 December 2025 | 00:00 AM |
|  | GUADALUPECEBU CITY, CEBU 6000 |  | **TO** | 05 January 2026 | 11:59 PM |  |
| **Type** **of** **Product** | Travel Plus International 2.0 - Basic Plan |  |  |  |  |  |
| **Date** **of** **Birth** | 22 July 1981 (44) | **PREMIUM** |  |  |  |  |
| **Itinerary** | CEBU-AUSTRIA-CEBU | **DOCUMENTARY** **STAMP** |  |  |  |  |
|  |  | **LOCAL** **TAX** |  |  |  |  |
|  |  | **PREMIUM** **TAX** |  |  |  |  |
|  |  | **TOTAL** **AMOUNT** **DUE** |  |  |  |  |

**SCHEDULE** **OF** **BENEFITS**

|  |  |
| --- | --- |
| **BENEFITS** | **BASIC** **PLAN** **(in** **PHP)** |
| **PERSONAL** **ACCIDENT** **BENEFIT** |
| Accidental Death & Disablement Benefit | 500,000 |
| **EMERGENCY** **MEDICAL** **ASSISTANCE** |
| Emergency Accident and Illness Medical expenses | Up to 500,000 |
| Automatic Extension of Period of Insurance | 10 days |
| First Medical Assistance (in case of Pre Existing Illness) | Up to 20,000 |
| **EMERGENCY** **TRAVEL** **ASSISTANCE** |
| Medical Evacuation and Repatriation | Actual Expense |
| Repatriation of Mortal Remains | Actual Expense |
| Care of minor Child/ren | Actual Expense |
| Transport of a family member traveling with the Insured | Actual Expense |
| Compassionate Visit | Airfare |
| **TRAVEL** **INCONVENIENCE** **BENEFITS** |
| Trip Delay (Outbound/Inbound) | 2,000 per 6 hrs / max of 10,000 |
| Trip Cancellation | Up to 100,000 |
| Trip Interruption/Curtailment | Up to 100,000 |
| Missed Connecting Flight | 2,500 per 6 hrs / max of 10,000 |
| Flight Overbooked | 2,000 per 6 hrs / max of 8,000 |
| Diversion of Trip (Outbound and Inbound) | Up to 15,000 |
| Baggage Delay (Outbound) | Up to 5,000 |
| Loss or Damage of Checked-In Baggage | 30,000, Sub-limit 7,500 per item / pair / set of articles |
| Loss of Travel Documents | Up to 50,000 |
| Loss of Personal Money | 25% of loss amount maximum of 10,000 limit |
| Emergency Communication Expenses | Up to 5,000 |
| **PERSONAL** **AND** **PROPERTY** **BENEFITS** |
| Hospital Daily Allowance (Accident and Illness) max of 10 days | 500 per day, max. of 10 days (Accident and Sickness) |
| Emergency Dental Care | Up to 25,000 |
| Loss or Damage of Gadgets | 5,000.00 (Damage); 10,000 (Loss) |
| Hijack (max of 10 days) | 2,500 per day, maximum of 15,000 |
| Car Rental Excess Protection | Up to 5,000 |
| Accidental Burial Benefit | Up to 25,000 |
| Personal liability | Up to 1,000,000 |

**Insured** **Name** **BERTVINCEL** **SEVILLE** **SANTILLAN** **Policy** **No.** **1350604250000108**

|  |  |
| --- | --- |
| Home Contents | Up to 25,000 |
| **24-HOUR** **EMERGENCY** **ASSISTANCE** |
| Delivery of Medicines | Included |
| Relay of Urgent Messages | Included |
| Foreign Hospital Admission Assistance | Included |
| Legal and Interpreter Referrals | Included |
| Lost Luggage and Document Assistance | Included |
| Medical Consultation, Evaluation and Referrals | Included |
| Medical Monitoring | Included |
| Prescription Assistance | Included |
| **ADD-ON** **PROTECTION** **BENEFITS** |
| COVID-19 | Included |

**GEOGRAPHICAL** **LIMIT** **(Asia** **&** **Worldwide)** **-** **This** **Insurance** **provides** **Worldwide** **coverage** **but** **excluding** **the** **Philippines**

**(Schengen)** **-** **This** **Insurance** **provides** **Worldwide** **coverage** **(including** **Schengen** **States** **as** **enumerated** **below)** **but** **excluding** **the** **Philippines**

***For*** ***EMERGENCY*** ***ASSISTANCE,*** ***please*** ***call*** ***our*** ***hotline*** ***at*** ***+632*** ***8811*** ***2521,*** ***or*** ***contact*** ***us*** ***via*** ***Viber/WhatsApp*** ***at*** ***+639175622100.*** ***You*** ***can*** ***also*** ***email*** ***us*** ***at*** ***medservicesphils@assistamerica.com***

**(Subject** **to** **the** **terms,** **conditions,** **warranties** **and** **clauses** **of** **the** **FPG** **INSURANCE** **CO.,** **INC.** **Travel** **Plus** **International** **Insuring** **Agreement)**

In Witness Whereof, the Company has caused this Policy to be signed by its duly authorized officer in Makati City , Philippines.

**Schengen** **States:** **Austria,** **Belgium,** **Czech** **Republic,** **Denmark,** **Estonia,** **Finland,** **France,** **Monaco,** **Germany,** **Greece,** **Hungary,** **Iceland,** **Italy,** **Latvia,** **Lithuania,** **Luxemburg,** **Malta,** **Netherlands,** **Norway,** **Poland,** **Portugal,** **Slovakia,** **Spain,** **Sweden,** **Switzerland**

Documentary Stamps to the value stated above have been affixed to the Policy.

It is understood that upon the issuance of the Policy, no payment for Documentary Stamp Tax will be refunded as a result of the cancellation or endorsement of the policy or a reduction in the premium due for whatever reason.

P665016 / P673001

8 October 2025 - 1:49 PM

**SCAN** **THE** **QR** **CODE**

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**TO** **DOWNLOAD** **THE**

**ASSIST** **AMERICA** **TRAVEL** **APP**

**REFERENCE** **NO.:** **63-AL-FPG-11241T**