

Insurance Certificate No : GH/00004

BON VOYAGE TRAVEL INSURANCE CERTIFICATE

This certificate provides the main benefits and limits applicable to your Bon Voyage Travel Insurance. Please read this certificate in conjunction with the Insurance Policy to which it is attached.

POLICY HOLDER NAME : aa

RESIDENTIAL ADDRESS : aaa

COUNTRY OF ORIGIN : VIETNAM **PREMIUM TYPE :** Individual

COVERAGE SELECTED : PLAN B **PERIOD OF INSURANCE :** From 09/24/2009 to 10/09/2009
(MM/DD/YY) (Both days inclusive)

GEOGRAPHICAL LIMIT: WORLDWIDE INCLUDING ALL SCHENGEN COUNTRIES

OPTIONAL RENTAL CAR PROTECTION : NO **PERIOD OF INSURANCE :** From to
(MM/DD/YY) (Both days inclusive)

<u>NAME OF INSURED PERSON(S)</u>	<u>SEX</u>	<u>DATE OF BIRTH</u>	<u>AGE</u>	<u>PREMIUM (US\$)</u>
AAAAAA AAAA	F	10/09/1973	35	37.00

Total 37.00 USD

MAXIMUM BENEFIT LIMIT PER INSURED PERSON

The aggregate limit of Personal Accident benefit under this Policy is limited to US\$ 3,000,000 for any one event. All claims occurring directly as a result of such event shall be aggregated for the purpose of this limitation, and the benefits shall be paid pro-rata as required.

BENEFITS (IN US\$)	PLAN A	PLAN B	PLAN C
PERSONAL ACCIDENT	US\$100,000	US\$65,000	US\$35,000
MEDICAL EXPENSES & EMERGENCY ASSISTANCE	100,000	75,000	50,000
HOSPITAL CASH ALLOWANCE	1000	750	500
BAGGAGE & PERSONAL EFFECTS	1,500	800	500
BAGGAGE DELAY	250	125	65
LOSS OF TRAVEL DOCUMENT	2,000	1,500	1,000
PERSONAL MONEY	400	260	130
EMERGENCY EVACUATION	UNLIMITED	UNLIMITED	UNLIMITED
REPATRIATION	UNLIMITED	UNLIMITED	UNLIMITED
TRAVEL DELAY	800	500	300
CURTAILMENT OF TRIP & CANCELLATION CHARGES	6,500	4,500	3,500
PERSONAL LIABILITY	100,000	65,000	35,000
INCIDENTAL HOME COUNTRY COVER	INCLUDED	INCLUDED	INCLUDED

For emergency medical assistance or advice, call collect to **INTERNATIONAL SOS 24-hour number at (852)31222573. Pre-authorization is required for any treatment exceeding US\$2,500. Failure to comply may reduce benefits. Hospital or Medical Provider in the U.S. must call collect at (852) 3122 2573** seven working days prior to admission for elective / non-emergency admission, and the next working day after an emergency admission for any treatment exceeding USD\$2,500.

When calling, please quote your full name, Insurance Certificate, location, nature of the problem and the name and number of contact person.

For any claims matter, please contact the claims department, Blue Cross Vietnam (during office hours) at Floor 8, River View Tower, 7A Thai Van Lung Street, District 1, Ho Chi Minh City, Vietnam.

Tel:(84-8)38219 908 Fax:(84-8) 38219 847, Email:inquiry@bluecross.com.vn

In consideration of the payment of the above premium and subject to the terms, conditions and exclusions contained herein, the Company agrees to indemnify each Insured Person named herein to indemnify each against losses covered by this Policy which occur within the Period of Insurance shown above.

For and on behalf of **HUNG VUONG INSURANCE CORPORATION**

Date of Issue: 08/24/2009