



PACIFIC CROSS

2024

Bon Voyage
SINGLE TRIP

More than just insurance. Pacific Cross provides peace of mind



BENEFIT (IN US\$)

Bon Voyage Travel plans are ideal for the traveler who needs flexibility on their travel insurance benefits and length of insurance required. From 5 days to 180 days of cover, Pacific Cross provides peace of mind for your next international trip.

Benefit (in US\$)	Plan A	Plan B	Plan C
1. PERSONAL ACCIDENT			
Accident 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.	\$100,000	\$65,000	\$35,000
2. MEDICAL EXPENSE & EMERGENCY ASSISTANCE (The cost of medical treatment arising from illness or accidental injury. Maximum limit for person over age 75 is US\$50,000)			
Medical Expense 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.	\$100,000	\$75,000	\$50,000
Follow-up Care Medical expenses reasonably incurred immediately following discharge from hospital within 90 days of return to Country of Origin.	\$6,500	\$6,500	\$6,500
Emergency Evacuation Emergency evacuation to the nearest facility capable of providing adequate medical care.	Included	Included	Included
Repatriation Repatriation to the Country of Origin when the Company and attending physician determine that it is necessary.	Included	Included	Included
Hospital Expenses Guarantee Guarantee eligible medical expenses when hospital bills exceed US\$2,500.	Included	Included	Included
Additional Cost of Travel & Accommodation 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 a hospital confinement due to a covered Disability necessitating medical treatment of the Insured Person.	\$5,000	\$3,500	\$2,000
Family Member visit Travelling cost for 2 immediate members to join the insured person who is confined in the hospital for more than 3 days or is dead abroad	\$5,000	\$3,500	\$2,000
Return of Children Reasonable additional accommodation and travelling expenses for unattended insured children (age below 14) return to the Country of Origin	\$5,000	\$3,500	\$2,000
Burial and Funeral Transportation charges for repatriation of the mortal remains to the Country of Origin or residence.	\$3,000	\$2,000	\$1,000
Referral Services All referral services such as legal assistance, interpreter, obtaining replacement of lost travel document or air ticket, etc.	Included	Included	Included
3. HOSPITAL CASH ALLOWANCE			
US\$50 for each complete day the Insured Person is hospitalized over 24 hours as a result of a covered Disability.	\$1,000	\$750	\$500

4. BAGGAGE & PERSONAL EFFECTS

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.

\$1,500**\$800****\$500**

Loss of laptop computer or tablet computer (of screen size 7 inches or above measured diagonally) is limited to US\$500.

5. BAGGAGE DELAY

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 6 hours from the time of arrival at destination.

\$250**\$125****\$65****6. LOSS OF TRAVEL DOCUMENT**

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.

\$2,000**\$1,500****\$1,000****7. PERSONAL MONEY**

Loss of cash, bank notes and travelers checks arising from theft, burglary or robbery.

\$400**\$260****\$130****8. TRAVEL DELAY****Additional Travel Cost**

Transportation expenses necessarily incurred as a direct consequence of travel delay resulting from serious weather conditions, nature disasters (earthquake, flood, hurricane, tornado, tsunami, etc.), industrial action, hijack, mechanical derangement only if the Insured Person has to re-route his trip due to cancellation of a prior confirmed booking.

\$800**\$500****\$300****Cash Allowance**

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 6 hours delay.

\$175**\$125****\$75****9. CURTAILMENT OF TRIP & CANCELLATION CHARGES**

Reimbursement of irrecoverable prepaid travel arrangement deposits or 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.

\$6,500**\$4,500****\$3,500****10. PERSONAL LIABILITY**

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).

\$100,000**\$65,000****\$35,000****11. INCIDENTAL HOME COUNTRY COVER**

As 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.

Included**Included****Included**

Individual Coverage

Plans	Up to 5 Days	Up to 8 Days	Up to 11 Days	Up to 15 Days	Up to 24 Days	Up to 31 Days	Up to 38 Days
Plan A	\$28	\$40	\$46	\$51	\$61	\$75	\$89
Plan B	\$22	\$30	\$34	\$37	\$41	\$51	\$61
Plan C	\$19	\$25	\$29	\$31	\$34	\$37	\$44

Plans	Up to 45 Days	Up to 52 Days	Up to 59 Days	Up to 66 Days	Up to 73 Days	Up to 80 Days	Up to 87 Days
Plan A	\$103	\$117	\$131	\$145	\$159	\$173	\$187
Plan B	\$71	\$81	\$91	\$101	\$111	\$121	\$131
Plan C	\$51	\$58	\$65	\$72	\$79	\$86	\$93

Plans	Up to 94 Days	Up to 101 Days	Up to 108 Days	Up to 115 Days	Up to 122 Days	Up to 129 Days	Up to 136 Days
Plan A	\$201	\$215	\$229	\$243	\$257	\$271	\$285
Plan B	\$141	\$151	\$161	\$171	\$181	\$191	\$201
Plan C	\$100	\$107	\$114	\$121	\$128	\$135	\$142

Plans	Up to 143 Days	Up to 150 Days	Up to 157 Days	Up to 164 Days	Up to 171 Days	Up to 178 Days	Up to 180 Days
Plan A	\$299	\$313	\$327	\$341	\$355	\$369	\$383
Plan B	\$211	\$221	\$231	\$241	\$251	\$261	\$271
Plan C	\$149	\$156	\$163	\$170	\$177	\$184	\$191

Family Coverage

(included Policyholder, spouse, and/or Dependent children below age 18)

Plans	Up to 5 Days	Up to 8 Days	Up to 11 Days	Up to 15 Days	Up to 24 Days	Up to 31 Days	Up to 38 Days
Plan A	\$56	\$80	\$92	\$102	\$122	\$150	\$178
Plan B	\$44	\$60	\$68	\$74	\$82	\$102	\$122
Plan C	\$38	\$50	\$58	\$62	\$68	\$74	\$88

Plans	Up to 45 Days	Up to 52 Days	Up to 59 Days	Up to 66 Days	Up to 73 Days	Up to 80 Days	Up to 87 Days
Plan A	\$206	\$234	\$262	\$290	\$318	\$346	\$374
Plan B	\$142	\$162	\$182	\$202	\$222	\$242	\$262
Plan C	\$102	\$116	\$130	\$144	\$158	\$172	\$186

Plans	Up to 94 Days	Up to 101 Days	Up to 108 Days	Up to 115 Days	Up to 122 Days	Up to 129 Days	Up to 136 Days
Plan A	\$402	\$430	\$458	\$486	\$514	\$542	\$570
Plan B	\$282	\$302	\$322	\$342	\$362	\$382	\$402
Plan C	\$200	\$214	\$228	\$242	\$256	\$270	\$284

Plans	Up to 143 Days	Up to 150 Days	Up to 157 Days	Up to 164 Days	Up to 171 Days	Up to 178 Days	Up to 180 Days
Plan A	\$598	\$626	\$654	\$682	\$710	\$738	\$766
Plan B	\$422	\$442	\$462	\$482	\$502	\$522	\$542
Plan C	\$298	\$312	\$326	\$340	\$354	\$368	\$382

KEY FEATURE

- Maximum period of insurance up to 180 days
- No deductible for all benefits (except Optional Rental Car Protection).
- Provided cover for winter sports, trekking, scuba diving, rafting, bungy-jumping and various aquatic sports without additional premium.
- One way trip is allowed, please inquiry for premium.
- Nomads travelers can be covered, please inquiry for premium.
- Baggage & Personal Effects cover extends to laptop computer or tablet computer.
- The policy can be extended 10 days for free of the conditions under Travel Delay are fulfilled.
- All plans are Schengen Approved.

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

- 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.
- Any pre-existing conditions or excluded illness.
- 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

- Losses not reported to police within 24 hours, and/or to the carrier immediately as appropriate.
- No proof is provided for relevant expenses/loss.
- 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

- Driving whilst intoxicated or under the influence of drugs or narcotics.
- 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, airline or other responsible authority.

Important Note

- The policy is valid for the purpose of leisure travel or business travel outside Country of Origin (limited to administrative and non-manual works only).
- 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.

If you have any questions relating to this application, please forward them to Pacific Cross Insurance Company Limited
Business Development Team at
E-mail: inquiry@pacificcross.com
Website: <http://www.pacificcross.com>

BON VOYAGE APPLICATION



Policyholder: _____ Tel: _____
Address: _____ Fax: _____
Country(ies) to be visited: _____ Country of Origin: _____
(if different from home address)

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

Period of Insurance: From _____ / _____ TO _____ / _____ (month/day/year) for _____ days

Name of Insured Person (Last Name / First Name)	Sex	Date of Birth (month/day/year)	Passport No.	Premium US\$
Total premium of this policy:				

Payment will be made through a secure online link. You will receive the link via email to complete the payment.

Name of Cardholder: _____ Relationship to Policyholder: _____ 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. I further authorize the Company to provide my personal data including but not limited to health and details of the claims incurred to reinsurance companies with whom the Company has or proposes to have dealings or to any agent, contractor or third party service provider who provides services to the Company in connection with the operation of its business.

Policyholder's Signature: _____ Date (month/day/year): _____ Broker: _____

