**众惠财产相互保险社**

**附加旅行运送和送返保险条款**

**总则**

**Public Mutual Insurance Corporation(PMIC)**

**Extend travel and return insurance clauses**

**General**

**第一条 附加保险合同构成**

本附加保险合同须附加于意外伤害保险合同、短期健康保险合同（以下简称“主保险合同”）项下。

主保险合同所附条款、投保单、保险单、保险凭证以及批单等构成主保险合同的全部书面文件，凡与本附加保险合同相关者，均为本附加保险合同的构成部分。

本附加保险合同与主保险合同相抵触之处，以本附加保险合同为准。本附加保险合同未约定事项，以主保险合同为准。**主保险合同效力终止，本附加保险合同效力亦同时终止；主保险合同无效，本附加保险合同亦无效。**

凡涉及本附加保险合同的约定，均应采用书面形式。

Article 1 Composition of additional insurance contract

This additional insurance contract must be attached to the accident insurance contract and short-term health insurance contract (hereinafter referred to as the "main insurance contract").

The clauses, application forms, insurance policies, insurance certificates and endorsements attached to the main insurance contract constitute all the written documents of the main insurance contract, and all those related to this additional insurance contract are an integral part of this additional insurance contract.

In case of any conflict between this additional insurance contract and the main insurance contract, this additional insurance contract shall prevail. Matters not agreed in this additional insurance contract shall be subject to the main insurance contract. The validity of the main insurance contract shall be terminated, and the validity of this additional insurance contract shall also be terminated; The main insurance contract is invalid, and this additional insurance contract is also invalid.

Any agreement involving this additional insurance contract shall be in writing.

**第二条 受益人**

除另有约定外，本附加保险合同的受益人为被保险人本人。

Article 2 Beneficiary

Unless otherwise agreed, the beneficiary of this additional insurance contract is the insured himself.

**保险责任**

**第三条** **保险责任**

在本附加保险合同的保险期间内，若被保险人于旅行期间遭受主保险合同约定的意外伤害事故或罹患疾病，经本社指定的支援服务机构或其授权代表从医疗角度认定为有运送必要的，则将该被保险人送至当地或其他就近地区符合治疗条件的医院；经本社指定的支援服务机构或其授权代表从医疗角度认定为有送返必要的，则将被保险人送返至其合法有效证件所载的住所地。

本社指定的支援服务机构或其授权代表根据该被保险人身体状况或治疗需要，并参考**医生（释义一）**建议，有权决定运送和送返手段和运送目的地。运送和送返手段包括配备专业医生、**护士（释义二）**和必要的运输工具，运输工具可能包括空中救护机、救护车、普通民航班机、火车或其他适合的运输工具。

运送和送返费用包括本社指定的支援服务机构或其授权代表安排的运输、运输途中医疗护理及医疗设备和用品之费用。**运送和送返所需的费用经本社核实确认后直接支付给本社指定的支援服务机构，费用总数最高以保险单所载本附加保险合同项下该被保险人相应的保险金额为限。倘若实际费用超过该保险金额，则超出部分的费用由被保险人负责支付。**

**任何未经本社指定的支援服务机构或其授权代表批准并安排的费用，本社不负责赔偿；倘若在紧急医疗情况下，该被保险人出于某种原因无法通知本社指定的支援服务机构，本社将有权根据投保人所选择的保险计划，以及在相同情况下由本社指定的支援服务机构提供或安排服务所需要的合理的费用进行赔偿。**

**若该被保险人为同一旅行自愿投保由本社承保的多种保障产品（不包括团体保险），且在不同保障产品中有相同保险利益的，则本社仅按其中保险金额最高者做出赔偿，并退还其它保险项下已收取的相应保险利益的保险费。**

**Insurance liability**

**Article 3 Insurance liability**

**During the insurance period of this additional insurance contract, if the insured suffers from accidental injury or illness as agreed in the main insurance contract during the travel, and the support service agency designated by PMIC or its authorized representative deems it necessary from the medical point of view, the insured shall be sent to the local or other nearby hospitals eligible for treatment; If the support service agency designated by PMIC or its authorized representative deems it necessary from the medical point of view, the insured shall be returned to the place of residence specified in his legal and valid certificate.**

**The support service agency designated by PMIC or its authorized representative has the right to determine the means and destination of transportation and return according to the physical condition or treatment needs of the insured and the advice of the doctor (Interpretation 1). The means of transportation and return include the provision of professional doctors, nurses (interpretation 2) and necessary means of transportation, which may include air ambulance, ambulance, ordinary civil aviation flight, train or other suitable means of transportation.**

**The cost of transportation and return includes the cost of transportation, medical care and medical equipment and supplies arranged by the support service agency designated by CCS or its authorized representative. The expenses for transportation and return shall be directly paid to the support service organization designated by PMIC after verification and confirmation by PMIC. The maximum amount of the expenses shall be limited to the corresponding insurance amount of the insured under this additional insurance contract contained in the insurance policy. If the actual expenses exceed the insured amount, the excess expenses shall be paid by the insured.**

**PMIC will not be responsible for any expenses not approved and arranged by the support service agency designated by PMIC or its authorized representative; If the insured is unable to notify the support service organization designated by PMIC for some reason in case of emergency medical treatment, PMIC will have the right to make compensation according to the insurance plan selected by the insured and the reasonable expenses required by the support service organization designated by PMIC to provide or arrange services under the same circumstances.**

**If the insured voluntarily buys multiple insurance products (excluding group insurance) for the same travel, and has the same insurance interest in different insurance products, we will only make compensation according to the highest insurance amount, and return the premium of corresponding insurance interest received under other insurance items.**

**责任免除**

**第四条 任何直接或间接由于下列情形引起的，与之有关的，或可归因于之的运送或送返费用，本社不负任何赔偿责任：**

**（一）任何因第三方提供服务而被保险人不需负责给付的费用或任何已包含在旅行收费中的费用；**

**（二）非因意外事故而进行的牙科治疗、牙科手术、牙齿修复、植种或牙齿整形；对非自然牙进行的任何治疗；**

**（三）非因意外事故而进行的视力矫正或因矫正视力而作的眼科验光检查、屈光不正；**

**（四）美容手术、外科整形手术或者任何非必要的手术；**

**（五）脊椎病；**

**（六）先天性疾病和先天性畸形、变形或染色体异常（释义三）（依据世界卫生组织《疾病和有关健康问题的国际统计分类》第十次修订版（ICD-10）确定）；**

**（七）受保前已存在的疾病（释义四）及其并发症；**

**（八）被保险人存在精神和行为障碍（依据世界卫生组织《疾病和有关健康问题的国际统计分类》第十次修订版（ICD-10）确定）期间；被保险人受酒精、毒品、管制药物（即麻醉药品、精神药品、医疗用毒性药品、放射性药品）影响期间；**

**（九）妊娠、流产、分娩、不孕不育症、避孕及绝育手术；性传播疾病；**

**（十）一般身体检查、疗养、特别护理或静养、康复性治疗或心理治疗；**

**（十一）药物过敏或其他医疗导致的伤害；**

**（十二）扁桃腺、腺样体肥大、疝气、女性生殖器官疾病的治疗与外科手术；**

**（十三）根据被保险人的主治医生的意见，可以被合理延迟至被保险人返回境内后进行而被保险人坚持在境外进行的治疗或手术；**

**（十四）未能取得医院或医生证明；**

**（十五）被保险人旅行的目的之一是为了进行治疗或该旅行违背医嘱；**

**（十六）属于主保险合同的责任免除事项（但若该事项与本附加保险条款有相抵触之处，以本附加保险条款为准）。**

**Exemption from liability**

**Article 4 CCS shall not be liable for any transportation or return costs directly or indirectly caused by, related to or attributable to the following circumstances:**

**（1） Any expenses that the insured is not responsible for due to the services provided by a third party or any expenses that have been included in the travel fee;**

**（2） Dental treatment, dental surgery, dental restoration, seed implantation or dental plastic surgery not due to accidents; Any treatment of unnatural teeth;**

**（3） Vision correction not due to accidents or ophthalmic optometry and refractive error due to correction of vision;**

**（4） Cosmetic surgery, plastic surgery or any unnecessary operation;**

**（5） Spinal disease;**

**（6） Congenital diseases and congenital malformations, deformations or chromosomal abnormalities (definition 3) (determined according to the tenth revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) of the World Health Organization);**

**（7） Existing diseases (interpretation 4) and their complications before being insured;**

**（8） During the period when the insured has mental and behavioral disorders (determined according to the tenth revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) of the World Health Organization); During the period when the insured is affected by alcohol, drugs and controlled drugs (i.e. narcotic drugs, psychotropic drugs, toxic drugs for medical use, radioactive drugs);**

**（9） Pregnancy, abortion, childbirth, infertility, contraception and sterilization; Sexually transmitted diseases;**

**（10） General physical examination, convalescence, special care or rest, rehabilitation treatment or psychological treatment;**

**（11） Injury caused by drug allergy or other medical treatment;**

**（12） Treatment and surgical operation of tonsil, adenoid hypertrophy, hernia, female genital diseases;**

**（13） According to the opinion of the attending doctor of the insured, the treatment or surgery can be reasonably delayed until the insured returns to China and the insured insists on being carried out abroad;**

**（14） Failure to obtain hospital or doctor's certificate;**

**（15） One of the purposes of the insured's travel is to carry out treatment or the travel violates medical advice;**

**（16） It is a liability exemption item of the main insurance contract (but in case of any conflict between this item and this additional insurance clause, this additional insurance clause shall prevail).**

**保险金额**

1. 本附加保险合同的运送和送返费用保险金额由投保人、保险人双方约定，并在保险单中载明。

insurance amount

Article 5 The insured amount of the transportation and return expenses of this additional insurance contract shall be agreed by the applicant and the insurer, and shall be stated in the insurance policy.

**保险期间**

1. 本附加保险合同的保险期间同主保险合同一致，最长不超过一年。

Insurance period

Article 6 The insurance period of this additional insurance contract shall be the same as that of the main insurance contract, and the maximum period shall not exceed one year.

**保险费支付方式**

第七条 本附加保险合同保险费支付方式分为一次性支付全部保险费或分期支付保险费，由投保人、保险人双方约定，并在附加保险合同中载明。

约定一次性支付全部保险费的，投保人应当在附加保险合同成立时一次性支付全部保险费。投保人未按约定全额支付应缴保险费的，附加保险合同不生效，对附加保险合同生效前发生的保险事故，保险人不承担保险责任。

约定分期支付保险费的，每期缴费金额应一致，投保人在投保时支付首期保险费，并应于附加保险合同约定的各分期缴费之日前及时并足额支付当期应缴保险费。投保人未按约定支付首期保险费的，附加保险合同不生效，对附加保险合同生效前发生的保险事故，保险人不承担保险责任。若投保人未按约定支付当期应缴保险费，保险人允许投保人在缴费延长期内补缴保险费，如果被保险人在此缴费延长期内发生保险事故，保险人按照附加保险合同约定给付保险金，但有权先从给付的保险金中扣除投保人欠缴的当期应缴的保险费。缴费延长期由投保人、保险人双方约定，并在附加保险合同中载明。

若投保人在缴费延长期内未补缴当期应缴保险费，本附加保险合同在上期保险费对应的保障期满日24时终止，终止之日后（含缴费延长期内）发生的保险事故，保险人不承担保险责任。

Payment method of insurance premium

Article 7 The premium payment method of this additional insurance contract is divided into one-time payment of all premium or installment payment of premium, which shall be agreed by both the applicant and the insurer, and shall be specified in the additional insurance contract.

If it is agreed to pay all the insurance premiums at one time, the applicant shall pay all the insurance premiums at one time when the additional insurance contract is established. If the applicant fails to pay the premium payable in full as agreed, the additional insurance contract will not come into force, and the insurer will not bear the insurance liability for the insurance accident that occurred before the additional insurance contract comes into force.

If the insurance premium is agreed to be paid in installments, the amount of each installment shall be the same. The applicant shall pay the first installment of the insurance premium when applying for insurance, and shall timely and fully pay the current payable insurance premium before the date of each installment agreed in the additional insurance contract. If the applicant fails to pay the initial premium as agreed, the additional insurance contract will not take effect, and the insurer will not bear the insurance liability for the insured accident that occurred before the additional insurance contract takes effect. If the applicant fails to pay the current payable premium as agreed, the insurer allows the applicant to make up the premium within the extended period of payment. If the insured has an insurance accident within the extended period of payment, the insurer shall pay the premium according to the additional insurance contract, but has the right to deduct the current payable premium that the applicant has not paid from the premium paid. The additional period of payment shall be agreed by both the applicant and the insurer, and shall be specified in the additional insurance contract.

If the applicant fails to pay the current premium within the additional period of payment, this additional insurance contract will be terminated at 24:00 on the expiry date of the corresponding guarantee period of the previous premium. The insurer will not be liable for any insurance accident occurring after the termination date (including the additional period of payment).

**保险金的申请**

**第八条 保险金申请人（释义五）向保险人申请给付保险金时，应提交以下材料：**

**（一）理赔申请书；**

**（二）保险单或其他保险凭证；**

**（三）保险金申请人的有效身份证件；**

**（四）运输途中医疗护理及医疗设备和用品等发生费用的正式发票或收据原件；交通工具购票凭证等；**

**（五）索赔申请人所能提供的与本项申请相关的其他材料；**

**（六）若保险金申请人委托他人申请的，还应提供授权委托书原件、委托人和受托人的身份证明等相关证明文件；**

**（七）保险金作为被保险人遗产时，须提供可证明合法继承权的相关权利文件；**

**（八）受益人或者继承人为无民事行为能力人或者限制民事行为能力人的，由其监护人代为申领保险金，并需要提供监护人的身份证明等资料。**

**如果被保险人本人作为保险金受益人已向保险人书面申领保险金，但在实际领取保险金前身故，保险金将作为其遗产，由保险人向其合法继承人给付。**

**保险金申请人未能提供有关材料，导致保险人无法核实该申请的真实性的，本社对无法核实部分不承担给付保险金的责任。**

**本社指定的支援服务机构免向被保险人收取与本社根据本附加保险合同本应向受益人给付的保险金，或保险人已承担相应费用的，保险金申请人不得就此向保险人申请保险金。其他情形，保险金申请人可根据本附加保险合同向保险人申请保险金。**

**Application for insurance benefits**

**Article 8 When applying for payment of insurance benefits to the insurer, the applicant for insurance benefits (Interpretation 5) shall submit the following materials:**

**（1） Claim settlement application;**

**（2） Insurance policy or other insurance certificate;**

**（3） The valid identity certificate of the insurance benefit applicant;**

**（4） Original official invoice or receipt for medical care and medical equipment and supplies during transportation; Ticket-purchasing vouchers for vehicles, etc;**

**（5） Other materials related to this application that the claimant can provide;**

**（6） If the insurance benefit applicant entrusts others to apply, it shall also provide the original power of attorney, the identity certificates of the principal and the trustee and other relevant supporting documents;**

**（7） When the insurance money is taken as the property of the insured, the relevant rights documents that can prove the legal inheritance rights must be provided;**

**（8） If the beneficiary or heir is a person without or with limited capacity for civil conduct, his guardian shall apply for the insurance benefits on his behalf and provide the guardian's identity certificate and other information.**

**If the insured, as the beneficiary of the insurance benefits, has applied for the insurance benefits in writing from the insurer, but died before the actual payment of the insurance benefits, the insurance benefits will be paid by the insurer to its legal successor as its heritage.**

**If the applicant for insurance benefits fails to provide relevant materials, resulting in the insurer being unable to verify the authenticity of the application, CCS will not be responsible for paying the insurance benefits for the part that cannot be verified.**

**The support service agency designated by CCS is exempt from charging the insured the insurance benefits that CCS should have paid to the beneficiary under this additional insurance contract, or if the insurer has borne the corresponding costs, the insurance benefit applicant shall not apply for the insurance benefits from the insurer. In other cases, the applicant for insurance benefits may apply for insurance benefits from the insurer according to this additional insurance contract.**

**释义**

**一、医生：**指在医院内行医并拥有处方权的医生，亦指在被保险人接受诊断、医疗、处方或手术的地区内合法注册且有行医资格的医生，**医生不能为该被保险人本人或其直系亲属。**

**二、护士：**指通过正规专业护理课程，获得专业资格证书，并在当地医院供职的专业护理人士。

**三、先天性畸形、变形或染色体异常：**指被保险人出生时就具有的畸形、变形或染色体异常。先天性畸形、变形和染色体异常依照世界卫生组织《疾病和有关健康问题的国际统计分类》第十次修订版（ICD-10）确定。

**四、受保前已存在的疾病：**指被保险人于其在本附加保险合同项下获保前两年内曾出现任何症状而引致一正常而审慎的人寻求诊断、医疗护理或医药治疗；或被保险人于其在本附加保险合同项下获保前曾经医生推荐接受医药治疗或医疗意见。

**五、保险金申请人**：指受益人或被保险人的继承人或依法享有保险金请求权的其他自然人。

**本附加保险合同的未释义名词，以本附加保险合同所附属的主保险合同条款中的释义为准。**

**interpretation**

**1、 Doctor: refers to the doctor who practices medicine in the hospital and has the prescription right, and also refers to the doctor who is legally registered and qualified to practice medicine in the area where the insured receives diagnosis, medical treatment, prescription or surgery. The doctor cannot be the insured himself or his immediate relatives.**

**2、 Nurse: refers to professional nursing personnel who have passed formal professional nursing courses, obtained professional qualification certificates and worked in local hospitals.**

**3、 Congenital malformation, deformation or chromosome abnormality: refers to the malformation, deformation or chromosome abnormality of the insured at birth. Congenital malformations, deformations and chromosomal abnormalities are determined in accordance with the tenth revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) of the World Health Organization.**

**4、 Pre-insurance disease: refers to any symptom of the insured within two years before being insured under this additional insurance contract, which causes a normal and prudent person to seek diagnosis, medical care or medical treatment; Or the insured has been recommended by a doctor for medical treatment or medical advice before being insured under this additional insurance contract.**

**5、 Insurance benefit applicant: refers to the beneficiary or the heirs of the insured or other natural persons who have the right to claim insurance benefits according to law.**

**The undefined terms in this additional insurance contract shall be subject to the interpretation in the main insurance contract attached to this additional insurance contract.**