

Limits of Liability and Premium List

Plan for insured up to 69 years old

Coverage Type Code(31days and less)	9A4	9A3	9A2	1A2
Accidental Death	¥30,000,000	¥20,000,000	¥10,000,000	¥10,000,000
Physical Impediment (depending on degree of impediment)	¥900,000~ ¥30,000,000	¥600,000~ ¥20,000,000	¥300,000~ ¥10,000,000	¥300,000~ ¥10,000,000
Medical&Rescuer's Expenses(indemnity limit)	Unlimited*1 Emergency Treatment & Rescuer Expenses on illness (indemnity limit: ¥3,000,000)			¥20,000,000
Emergency Dental Treatment*2(indemnity limit)	¥100,000	¥100,000	¥100,000	¥100,000
Sickness Death	¥10,000,000	¥5,000,000	¥5,000,000	¥5,000,000
Personal Liability (indemnity limit/per accident)	¥100,000,000	¥100,000,000	¥100,000,000	¥100,000,000
Baggage*3(indemnity limit per piece of baggage: ¥100,000)(indemnity limit for train/air tickets:¥50,000)	¥300,000	¥300,000	¥300,000	¥200,000
Travel Emergency Expenses*4	¥50,000	¥50,000	¥50,000	¥50,000
Coverage				
Up to 1 day	¥2,370	¥2,230	¥2,130	¥1,960
Up to 2 days	¥3,360	¥3,130	¥2,970	¥2,720
Up to 3 days	¥4,350	¥3,990	¥3,740	¥3,410
Up to 4 days	¥5,170	¥4,710	¥4,400	¥4,000
Up to 5 days	¥6,350	¥5,770	¥5,380	¥4,900
Up to 6 days	¥7,380	¥6,700	¥6,240	¥5,680
Up to 7 days	¥8,740	¥7,960	¥7,440	¥6,740
Up to 8 days	¥9,750	¥8,850	¥8,240	¥7,470
Up to 9 days	¥10,520	¥9,550	¥8,910	¥8,070
Up to 10 days	¥11,480	¥10,390	¥9,660	¥8,750
Up to 11 days	¥13,320	¥12,140	¥11,350	¥10,230
Up to 12 days	¥14,280	¥12,990	¥12,130	¥10,950
Up to 13 days	¥15,230	¥13,850	¥12,940	¥11,670
Up to 14 days	¥16,050	¥14,600	¥13,650	¥12,310
Up to 15 days	¥16,840	¥15,310	¥14,310	¥12,900
Up to 17 days	¥18,070	¥16,380	¥15,270	¥13,770
Up to 19 days	¥19,780	¥17,930	¥16,720	¥15,080
Up to 21 days	¥21,430	¥19,440	¥18,150	¥16,360
Up to 23 days	¥23,100	¥20,910	¥19,500	¥17,580
Up to 25 days	¥24,710	¥22,370	¥20,870	¥18,810
Up to 27 days	¥26,480	¥23,980	¥22,380	¥20,180
Up to 29 days	¥28,210	¥25,510	¥23,790	¥21,440
Up to 31 days	¥30,010	¥27,140	¥25,300	¥22,800
Premium				

*1 Unlimited does not mean lifetime coverage, and the exclusions and other restrictions may apply.

*2 Emergency Dental Treatment is only covered for policies with insurance period of 31 days or less. Emergency dental treatments received during a trip will be covered up to ¥100,000.

*3 If the baggage benefit coverage amount exceeds ¥300,000, the maximum limit of coverage to be paid during the coverage period shall be ¥300,000 for damages caused by theft, burglary, or non-arrival of flight baggage.

*4 Transportation expense, room charge of hotels, meal expense, communication expense, trip arrangement expense, service cancellation fee at destination locations incurred due to an unexpected accident will be reimbursed up to the total sum of ¥50,000 during a trip. However, meal expense will be limited to a total of ¥5,000 and purchase fee of personal effects will be limited to a total of ¥100,000 during a trip.

Applicant who wish to apply an insurance duration longer than 31 days will have different Type code, so please contact our insurance agent, producer or AIG General Insurance Co., Ltd.



AIG General Insurance Co., Ltd.

WORLDWIDE PROTECTION

OVERSEAS TRAVEL INSURANCE



AGENT

4M1-131 (B-150527 2020-01) 18-1 1M (TF)

Issued. in Jan 2018

How to complete application form of Overseas Travel Insurance

This sheet is a quick reference for the application form. Please complete the form as shown below and retain the third page for your records and submit the rest to insurance agent. The Overseas Travel Insurance policy is written in Japanese language and licensed under Japanese Insurance Law. This material and other English texts are prepared for reference purpose only. While we endeavor to maintain the accuracy of such texts, payment and other decisions would be determined solely by original Japanese policy wording. AIG General Insurance Co., Ltd. is not responsible for preparing translation of policy or other materials. This Overseas Travel Insurance policy is for residents of Japan leaving for foreign countries to return to Japan. Misrepresentation in declaration may result in non-payment of claims.

(Notes)

- There are cases we cannot accept the coverage you request or underwrite the policy.
- Expense for chiropractic, acupuncture and moxa cautery is not covered.
- We do not underwrite policy including Mountain climbing (using tools such as pickel, climbing irons, climbing rope, and hammer.) rock climbing, and free climbing(except for bouldering when the climbing wall height is 5 m or less.), luge, bobsleighting, skeleton, flying aircrafts excluding a glider and an airship(except for occupational use), skydiving, hang-gliding, ultra light-power plane boarding (e.g. motor hang-glider, micro light plane, ultra-light plane excluding a parachute type of ultra light-power plane such as Para-plane.), gyroplane boarding or any other dangerous sports similar thereto.
- We do not underwrite people who have permanent residency in foreign country and live in foreign country.
- We do not underwrite policy if you travel in, to, or through Iran, Sudan, Syria, Crimea region of Ukraine and Cuba or other restricted destinations that is shown in application form.
- The above notes are for reference purpose only and will not override the original policy language.

Declaration: Please answer the following questions		
Only applicable to those traveling over 31 days	1. Are you currently receiving medical treatment by physician for any disease /bodily injury, or do you suffer from any condition which restricts normal daily/social activity? <input type="checkbox"/> No / <input type="checkbox"/> Yes (Details: _____)	5. Circle trip destination Asia Europe Oceania N. America Hawai Guam/Saipan S. America Africa Middle East Other (_____)
	2. Have you ever been treated for experienced serious brain/heart disease including stroke, cancer or any other serious injury or disease including arthritis and been hospitalized continuously more than 1 month? <input type="checkbox"/> No / <input type="checkbox"/> Yes (Details: _____)	6. Will you travel in, to, or through Iran, Sudan, Syria, Crimea region of Ukraine and Cuba? <input type="checkbox"/> No / <input type="checkbox"/> Yes We can not accept the coverage We do not underwrite policy if you travel in, to, or through countries specified above. The policy will not provide any coverage whatsoever for any situation that occurs in the said countries, including but not limited to cases when traveling in, to, or through the countries was not scheduled at the time of entering into the insurance contract.
	3. Have you previously filed travel insurance claims or received baggage benefits over 5 times in the past 3 years? <input type="checkbox"/> No / <input type="checkbox"/> Yes → we can not accept the coverage	7. Will your travel involve any of the high-risk sports shown on the previous page? <input type="checkbox"/> No / <input type="checkbox"/> Yes We can not accept the coverage
	4. Do you have any other insurance to cover similar risk? <input type="checkbox"/> No / <input type="checkbox"/> Yes (Details: Type of insurance, Insurance Company Name, Amount of Accidental Death(_____))	8. Will your travel involve occupational activities, e.g., construction work, merchandising? <input type="checkbox"/> No / <input type="checkbox"/> Yes (Details: _____)

AIG損害保険株式会社 海外旅行保険申込書 (保険会社提出用)

① 申込人(保険契約者)についてご記入ください。

② 旅行者(被保険者(保険の対象となる方))についてご記入ください。

③ 告知事項

④ 旅行目的

⑤ 死亡保険金

⑥ 旅行目的

⑦ 旅行目的

⑧ 旅行目的

⑨ 旅行目的

⑩ 旅行目的

⑪ 旅行目的

⑫ 旅行目的

⑬ 旅行目的

⑭ 旅行目的

- Applicant Name
Individual applicant, sign here.
(Corporate applicant, enter company name, representative title and name, and affix seal)
Please also fill in applicant's address and telephone number.
- Print in alphabet Last/Middle name, First name.
Please also fill in the insured's address and telephone number, if the applicant and the insured are not the same.
- Your age on the date of departure, and date of birth (YYYY/MM/DD).
- If the applicant and the traveler (insured) are different parties, the traveler's (insured's) signature giving consent to this insurance contract is required. If the traveler (insured) is under 15 on the date of departure, a signature of consent is not required and maximum coverage for Accidental Death and Sickness Death is 10 million yen each.
- Declaration: Complete this section. (Required in order to underwrite the policy. Please see above for translation of each declaration.)
(Note) Please fill in the declaration section. Any misrepresentation or omission in declaration section may result in cancellation of this insurance contract or non-payment of claim.

- Complete questions 1 and 2 in the declaration, only if your travel period exceeds 31 days.
- Enter departure date and return date.
- Complete this section only if you wish to designate a death benefit beneficiary. Enter beneficiary name here.
- The traveler's (insured's) signature of consent is required if you wish to designate a death benefit beneficiary.
- Enter total insurance period. Make sure to include departure date when counting. For insurance period of 53 days or less, enter number of days. For insurance period over 53 days, enter number of months.
- Choose coverage type from the coverage type list, and enter corresponding code here.
- Enter total premium. (If you choose to have optional coverage as in ⑭, make sure to include premium for optional coverage in the total.)
- In case of business travel or overseas assignment, enter the name of the dispatching company and destination.
- If you choose to have optional coverage, circle the corresponding reference code.