



## About This Product

Please note:

- This policy only covers expenses as shown in the [Table of Benefits](#) for COVID-19 related losses.
- A **Claim** will only be settled directly with the provider of medical services and no payment will be made to the **Insured Person**. If an **Insured Person** pays **Claim** costs directly to the provider, **We** will not reimburse the **Insured Person**.
- Terms shown in bold in this policy have defined meanings given to them in the [General Definitions](#) section of this document.

This group policy is evidence of the contract between Shangri-La International Hotel Management Pte. Ltd (the **Policyholder**) and AIG Asia Pacific Insurance Pte. Ltd. (the **Insurance Provider**). The **Policyholder** will pay the agreed premium for the benefits as stated in this policy, for COVID-19 related losses incurred by an **Insured Person (You)**. Coverage will attach to a hotel booking an **Insured Person** has purchased from the **Policyholder**.

This policy is effective for overseas **Hotel Stay** sold by the **Policyholder** which are taken between 16 May 2022 and 31 December 2022; see [Period of Coverage](#) for details on the coverage period applicable to each **Insured Person**.

Assistance Services are provided by AIG Travel Asia Pacific Pte Ltd (**Assistance Company**).

**You** or someone acting on **Your** behalf must contact the **Assistance Company** as soon as reasonably possible to notify **Us** of a **Claim**. A **Claim** will only be settled by **Us** directly with the provider and no payment will be made to **You**.

## Period of Coverage

Please note: **You** are only covered during the following periods for each benefit:

1. [Section A1 - Emergency Medical Expenses](#), [Section A2 – Repatriation of Mortal Remains](#) and [Section A3 - Out-of-country COVID-19 Diagnosis Quarantine Expenses](#)
  - Cover commences 00:00 a.m. on the check-in date to a **Shangri-La Group Property** as shown in **Your** pre-booked travel itinerary or the time when **You** arrive at **Your Overseas** destination, whichever is later.
  - And ends at the earlier of:
    - a. 23:59 p.m. on the date **You** check-out of a **Shangri-La Group Property**;
    - b. At the time of departure from **Your Overseas** destination; or
    - c. 15 consecutive days after this cover started.
2. [Section B - Emergency Travel Assistance](#)
  - Cover commences 00:00 a.m. on the check-in date to a **Shangri-La Group Property** as shown in **Your** pre-booked travel itinerary or the time when **You** arrive at **Your Overseas** destination, whichever is later.
  - And ends at the earlier of:
    - a. 23:59 p.m. on the date **You** check-out of a **Shangri-La Group Property**;
    - b. At the time of departure from **Your Overseas** destination; or
    - c. 15 consecutive days after this cover started.

If treatment for COVID-19 is initiated within the 15 day coverage period, cover under [Section A1 - Emergency Medical Expenses](#), [Section A2 - Repatriation of Mortal Remains](#) and [Section A3 - Out-of-country COVID-19 Diagnosis Quarantine Expenses](#) will continue beyond the 15 consecutive days (as set out in 1c above) until **You** leave **Your Overseas** destination, subject to the limits stated in the [Table of Benefits](#) and the other terms and conditions of this policy.

Coverage under this policy is provided for each **Insured Person**. It is important that **You** refer to the individual sections of cover for full details of what **You** are entitled to should **You** need to make a **Claim**.

Please note:

### Sanctions Exclusions:

**We** will not be deemed to provide cover and **We** will not be liable to pay any **Claim** or provide any benefit hereunder if **We** determine that the provision of such cover, payment of such **Claim** or provision of such benefit would expose **Us**, **Our** parent company or **Our** ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions laws or regulations of the European Union, the United Kingdom, or the United States of America. **We** will not provide any cover in, or make any payments to any person or provider entity located in any country or region that is

subject to comprehensive sanctions, which as of the effective date of this Policy include Iran, Cuba, Syria, North Korea, and the Crimea Region of the Ukraine.

This policy will not: cover any loss, injury, damage or legal liability sustained directly or indirectly by any individual or entity identified on any applicable government watch list as a supporter of terrorism, narcotics or human trafficking, piracy, proliferation of weapons of mass destruction, organized crime, malicious cyber activity, or human rights abuses; or pay any **Claim**, loss, or expense involving any service provider who is on any such list.

## Table Of Benefits

Section	Core Benefit(s)	Sum insured up to:
<b>A1</b>	Emergency Medical Expenses - if <b>You</b> test positive for COVID-19	USD 184,000
<b>A2</b>	Repatriation of Mortal Remains in the event of death from COVID-19	USD 110,000 (Sub-limit of A1)
<b>A3</b>	Out-of-country COVID-19 Diagnosis Quarantine Expenses	USD 100 / day up to 7 days
Section	Assistance Service	Sum insured up to:
<b>B</b>	Emergency Travel Assistance	Included

## How To Make A Claim

### Please note:

**You** or someone acting on **Your** behalf must contact the **Assistance Company** as soon as reasonably possible to notify **Us** of a **Claim**. A **Claim** will only be settled by **Us** directly with the provider and no payment will be made to the **Insured Person**. If an **Insured Person** pays **Claim** costs directly to the provider, **We** will not reimburse the **Insured Person**.

All supporting **Claim** documents must be submitted to **Us** / **Our** office as soon as reasonably possible from the date of the event happening which causes **You** to submit **Your Claim**. Late notification of a **Claim** may affect **Our** acceptance of a **Claim**.

**You** have to provide at **Your** own expense all reasonable and necessary evidence **We** require to support a **Claim**. If the information supplied is insufficient, **We** will identify the further information which is required. If **We** do not receive the information **We** need, **We** may reject the **Claim**.

The **Assistance Company** will provide help during **Your Hotel Stay**. They provide twenty-four (24) hour emergency service, 365 days a year. The contact details are as follows:

AIG Travel Asia Pacific Pte Ltd  
Phone number: +65 6419 3075  
Email: [SGAssistance@aig.com](mailto:SGAssistance@aig.com)

Please have the following information available when **You** (or someone on **Your** behalf) contact the **Assistance Company** so that **Your** case can be dealt with efficiently:

- **Your** name and address;
- **Your** contact phone number;
- **Your Travel Itinerary**;
- Passport / Identification and
- The name, address and contact phone number of **Your Medical Practitioner**.

For further details about claims, please refer to [General Conditions](#).

## General Definitions

Wherever the following words or phrases appear in bold in this policy, they will have the following meanings:

**Assistance Company** means AIG Travel Asia Pacific Pte Ltd referenced in this document.

**Claim** means a request by **You** to **Us** to avail of the range of benefits that are available under this policy.

**Country of Residence** means the country in which **You** have lived for the past six (6) months or have been granted unrestricted right of re-entry by the Government Authority.

**Flight** means an air journey in a commercial, scheduled aircraft in which **You** are a fare paying passenger.

**Home** means an **Insured Person's** usual place of residence within **Your Country of Residence**.

**Hospital** means an establishment constituted and registered as a facility for the care and treatment of sick and injured persons and which:

1. has full facilities for diagnosis and surgical procedures;
2. provides twenty-four (24) hour a day nursing services by registered graduate nurses;
3. is supervised by a staff of **Medical Practitioners**; and
4. is not primarily a clinic, nursing, rest or convalescent home, a home for the aged, a place for the treatment of alcoholism or drug addiction or an institution for mental or behavioural disorder.

**Hotel Stay** or **Stay** means **Your** reserved stay in a **Shangri-La Group Property** for a fee for the purposes of leisure travel only. It does not include stays in a **Shangri-La Group Property** for the purposes of serving out **Quarantine** or isolation orders.

**Illness** means a physical condition marked by a pathological deviation from the normal healthy state.

**Insured Person** means a person who:

1. Is a short term visitor travelling **Overseas** who intends to return to their **Country of Residence** on completion of their travel;
2. Is not a resident of the **Overseas** destination that the person is travelling to;
3. Meets all prevailing entry and visa requirement of Your Overseas destination; and
4. Has a pre-booked and confirmed accommodation at an **Overseas Shangri-La Group Property** before leaving their **Country of Residence**.

**Medical Practitioner** means a registered and properly qualified medical specialist licensed under applicable laws and acting within the scope of his/her license and training. The attending **Medical Practitioner** cannot be **You**, **Your Relative**, business associate, employer or employee.

**Medically Necessary** means a medical service provided by a **Medical Practitioner** which is:

1. consistent with the diagnosis and is a customary medical treatment for the covered **Illness**;
2. in accordance with standards of good medical practice, consistent with current standards of professional medical care and of proven medical benefits;
3. not for the convenience of **You** or the **Medical Practitioner**;
4. unable to be rendered out of a **Hospital** (if admitted as an inpatient);
5. not experimental, investigational, research, preventive or screening in nature; and
6. for which charges are reasonable, customary and do not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individuals of the same sex and of comparable age for a similar **Illness** in accordance with accepted medical standards and practice that could not have been omitted without adversely affecting **Your Illness**.

**Overseas** means beyond the territorial limits of **Your Country of Residence** where the **Shangri-La Group Property** is based in.

**Pre-existing Medical Condition** means a COVID-19 diagnosis prior to the start of **Your** cover under this policy.

**Quarantine** means a restriction on movement or travel placed by a medical or governmental authority, in order to stop the spread of a communicable disease.

**Shangri-La Group Property** means any hotel that is owned and/or managed by Shangri-La Asia Ltd. or its subsidiaries.

**War** means military action, either between nations or resulting from civil war or revolution.

**We, Us, Our** means AIG Asia Pacific Insurance Pte. Ltd.

**You, Your, Yourself** means the **Insured Person**.

## General Conditions

**General Conditions** apply to all sections of this policy.

1. **You** or someone acting on **Your** behalf must contact the **Assistance Company** as soon as reasonably possible to notify **Us** of a **Claim**.
2. **You** must take all reasonable steps to avoid or reduce any loss that may mean **You** have to make a **Claim** under this insurance.
3. To have full protection of this policy **You** must comply with the conditions outlined in the **How To Make A Claim** section, which are conditions of the policy. Failure to comply with these conditions may determine whether **We** pay to the **Insured Person** in the event of a **Claim**.
4. **You** must give **Our** claims department all the documents they request to deal with any **Claim**. **You** will be responsible for the costs involved in doing this.
5. **You** must help **Us** get back any money **We** have paid if another insurer or other party may be obligated to pay such amounts. This may include providing **Us** with information and filling out related forms.
6. An **Insured Person** seeking payment of a **Claim** must give **Us** permission to obtain any medical reports or records needed from any **Medical Practitioner** who has treated the **Insured Person**; otherwise **We** may not pay any **Claim**.
7. **We** may ask the **Insured Person** to attend one (1) or more medical examinations. If **We** do, **We** will pay the cost of the examination(s), any medical reports and records, and reasonable travelling expenses of the **Insured Person** and any person required to travel with the **Insured Person** to attend the examination, if these expenses are agreed by **Us** in advance. If the **Insured Person** fails to attend without reasonable cause, **We** may reject the **Claim**.
8. If an **Insured Person** dies, **We** have the right to ask for a post mortem examination at **Our** expense.
9. **You** must pay **Us** back any amounts that **We** have paid that are not covered by the insurance. This could include any overpayments and payments to which **You** are not entitled.
10. If **We** have paid a **Claim** under this policy and it has been accepted as full and final payment of the **Claim**, then **We** will not have to make any further payments for the same **Claim**.
11. Any fraud, deliberate dishonesty or deliberate hiding of information by an **Insured Person** at any time will make this policy invalid so far as concerns cover for that **Insured Person**. If this occurs, **We** will not refund any premiums in respect of that **Insured Person**.
12. **We** will not pay any interest on any amount payable under this policy.
13. This policy will be governed by the **AIG** issuing office's jurisdiction law without giving effect to its conflicts of law provisions, and the **Policyholder**, **Insured Persons** and **We** agree to submit to the courts of said jurisdiction to determine any dispute arising under or in connection with it.
14. The terms and conditions of this policy will be available in English and all communication relating to this policy will be in English.
15. If a **Claim** is deemed eligible under the policy **We** will make **Claims** payments directly with the provider only and no payment will be made to the **Insured Person**.
16. **We** may also contact third parties who have or who were to provide services to the **Insured Person** (for example, an airline, travel company or hotel) to verify the information provided.
17. The premiums are to be paid by the **Policyholder**, as agreed and information will be supplied to **Us** in the form and at the frequency reasonably required by **Us** for the cover to remain in force.
18. This group policy may not be assigned or transferred unless agreed by **Us** in writing.
19. Only the **Policyholder**, **Insured Person** and **Us** may enforce the terms of this policy.
20. **We** reserve the right to modify the terms and conditions of the policy by giving the **Policyholder** 10 days' notice in writing.
21. This policy may be cancelled at any time by **Us**, by giving the **Policyholder** 30 days' notice in writing.

## General Exclusions

**General Exclusions** apply to all sections of this policy. In addition to these **General Exclusions**, please also refer to 'What **You** are not covered for' under each policy section as this sets out further exclusions which apply to that policy section.

**We** will not be liable under any section of the policy for any **Claim** arising out of, based upon, relating to or attributable to:

1. Any costs not related to COVID-19.
2. Any **Pre-Existing Medical Condition** or any complication arising from it.
3. **You** travelling against the advice of a **Medical Practitioner** or travelling against the advice of **Your** government guidelines or for the purpose of obtaining medical advice or treatment.
4. **War**, civil war, invasion, revolution or any similar event.
5. Loss, expense, liability or damage to any property, arising from ionising radiation or contamination by radioactivity from
  - a. any nuclear fuel or
  - b. any nuclear waste from
    - (i) burning nuclear fuel or
    - (ii) radioactive, toxic, explosive or
    - (iii) other dangerous properties of any explosive nuclear equipment
6. The dispersal, application or release of pathogenic or poisonous biological or chemical materials.
7. Travel to a specific country or area if **Your Country of Residence's** government or health authority has issued a travel ban against travel to that country or area.
8. **Your** involvement in any deliberate, malicious, reckless, illegal or criminal act.
9. **Your** suicide or attempted suicide.
10. **Your** deliberately or putting **Yourself** in danger (unless **You** are trying to save a human life).
11. **Your** use of alcohol or drugs unless the drugs have been prescribed by a **Medical Practitioner** (whether the **Claim** arises directly or indirectly from **Your** use of alcohol or drugs).
12. **Your** failure to get the inoculations and vaccinations that **You** need in relation to **Your Hotel Stay**.
13. Any costs relating to a staycation in **Your Country of Residence**.

Additionally:

14. This policy does not cover expense for pre-**Hotel Stay** COVID-19 testing, COVID-19 testing at a departure or arrival airport, or mandatory COVID-19 testing required by an official government or health authority.
15. Where permissible under local law, any loss or expense or event or liability which is covered under any other insurance policy or plan or act of government or is payable by any other source. **We**, however, will pay the difference between what is payable under the other insurance policy or scheme or act of government or such other source and what **You** otherwise would be entitled to recover under this policy.
16. This policy does not provide coverage for any indirect losses, costs, charges or expenses (meaning losses, costs, charges or expenses that are not listed under the headings 'What **You** are covered for' in **Your Benefits Under this Policy** section (for example, loss of earnings if **You** cannot work after **You** have been ill).
17. This policy does not provide coverage for any costs which **You** would have had to pay had the reason for the **Claim** not occurred (for example, the cost of food which **You** would have paid for in any case).
18. **We** will not be deemed to provide cover and **We** will not be liable to pay any **Claim** or provide any benefit hereunder if **We** determine that the provision of such cover, payment of such **Claim** or provision of such benefit would expose **Us**, **Our** parent company or **Our** ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions laws or regulations of the European Union, the United Kingdom, or the United States of America.
19. **We** will not provide any cover in, or make any payments to any person or provider entity located in any country or region that is subject to comprehensive sanctions, which as of the effective date of this Policy include Iran, Cuba Syria, North Korea, and the Crimea Region of the Ukraine.
20. This policy will not: cover any loss, injury, damage or legal liability sustained directly or indirectly by any individual or entity identified on any applicable government watch list as a supporter of terrorism, narcotics or human trafficking, piracy, proliferation of weapons of mass destruction, organized crime, malicious cyber activity, or human rights abuses; or pay any **Claim**, loss, or expense involving any service provider who is on any such list.

## Your Benefits Under this Policy

### Section A1– Emergency Medical Expenses

**Please note:**

1. **You** or someone acting on **Your** behalf must contact the **Assistance Company** as soon as reasonably possible
2. If **You** are entitled to receive payment of all or any part of the medical expenses from any other source, **We** will pay the difference.

**What You are covered for under Section A1**

**We** will pay up to the amount shown in the **Table of Benefits** for **Medically Necessary** and reasonable costs as a result of **You** testing positive for COVID-19 during **Your Hotel Stay**. This includes:

1. Emergency medical, surgical and **Hospital** treatment and ambulance costs.
2. If **You** cannot return to **Your Country of Residence** as **You** originally planned and the **Assistance Company** agrees **Your** extended stay is **Medically Necessary**, **We** will pay for extra accommodation (room only) and travel expenses (economy class, unless a higher grade of travel is confirmed as **Medically Necessary** and authorised in advance by the **Assistance Company**) to allow **You** to return to **Your Country of Residence**.

**What You are not covered for under this Section A1 and under Section A2**

In addition to the exclusions set out in the **General Exclusions** section, this policy does not cover loss or damage arising out of, based upon or attributable to:

1. Any treatment or surgery which the **Assistance Company** thinks is not immediately necessary and can wait until **You** return to **Your Country of Residence**. The decision of the **Assistance Company** is final.
2. The extra cost of a single or private **Hospital** room, unless shared rooms are not available or unless a single or private **Hospital** room is **Medically Necessary**.
3. Any costs for medical conditions not related to being diagnosed with COVID-19 on **Your Hotel Stay**.
4. Any costs related to any mutation, variation or related strain of the coronavirus that causes COVID-19 on **Your Hotel Stay**.
5. Any search and rescue costs charged to **You** by a government, regulated authority or private organisation connected with finding and rescuing **You**. This does not include medical evacuation costs by the most appropriate transport.
6. Any costs that **You** settle directly with the service provider.
7. Any costs **You** have to pay when **You** have refused to return to **Your Country of Residence** and the **Assistance Company** considered **You** fit to return.
8. Any costs for additional accommodation or travel expenses if **You** are not receiving emergency medical, surgical or **Hospital** treatment in relation to **Your** COVID-19 diagnosis or if **You** are not receiving treatment that is **Medically Necessary**.
9. Any costs for and related to **Quarantine**.
10. Any treatment or medication of any kind that **You** receive after **You** return to **Your Country of Residence**.
11. Costs that have not been incurred by or on behalf of **You**.

Please note that the conditions set out in the **General Conditions** section apply to all benefit sections.

**Claims evidence required for Section A1 may include**

- Proof of a positive COVID-19 test
- Proof of travel (confirmation invoice, travel tickets)
- Invoices for medical expenses
- An official letter from the treating **Medical Practitioner** to confirm the expenses were **Medically Necessary**

**Please note:** **We** may require other evidence to support **Your Claim** depending on the circumstances, in which case **We** will request this from **You**.



## Section A2 – Repatriation of Mortal Remains

### What You are covered for under Section A2

We will pay up to the amount shown in the [Table of Benefits](#) for the necessary and reasonable repatriation costs as a result of **Your** diagnosis of COVID-19 during **Your Hotel Stay**. In the event of death, the cost of returning **Your** body or ashes to **Your Country of Residence**, up to the specific amounts shown in the [Table of Benefits](#).

### What You are not covered for under Section A2

Please refer to the exclusions outlined in [Section A1](#) and the [General Exclusions](#) of this policy wording for details of what is not covered.

Please note that the conditions set out in the [General Conditions](#) section apply to all benefit sections.

#### Claims evidence required for Section A2 may include

- Proof of a positive COVID-19 test
- Proof of travel (confirmation invoice, travel tickets)

**Please note:** We may require other evidence to support **Your Claim** depending on the circumstances, in which case **We** will request this from **You**.

## Section A3 – Out-of-country COVID-19 Diagnosis Quarantine Expenses

### What You are covered for under Section A3

We will pay up to the amount shown in the [Table of Benefits](#) for necessary and reasonable additional accommodation costs, meals or other expenses directly related to **You** testing positive for COVID-19 during **Your Hotel Stay** and being unexpectedly placed into mandatory **Quarantine** at a **Shangri-La Group Property**.

### What You are not covered for under Section A3

In addition to the exclusions set out in the [General Exclusions](#) section, this policy does not cover loss or damage arising out of, based upon or attributable to:

1. **Quarantine** measures that are mandatory for all arriving passengers or **Quarantine** mandates that exist for all passengers from a particular country/region of origin.
2. Any costs which **You** would have paid or had contracted to pay had **You** not been placed into **Quarantine** (for example, the cost of accommodation or travel expenses for the period or **Your** original **Hotel Stay**).
3. Any costs for medical conditions not related to being diagnosed with COVID-19 **Your Hotel Stay**.
4. Any costs related to any mutation, variation or related strain of the coronavirus that causes COVID-19 on **Your Hotel Stay**.
5. Any costs that **You** settle directly with the service provider.
6. Any costs **You** have to pay when **You** have refused to return to **Your Country of Residence** and the **Assistance Company** considered **You** fit to return.
7. Costs that have not been incurred by or on behalf of **You**.

Please note that the conditions set out in the [General Conditions](#) section apply to all benefit sections.

#### Claims evidence required for Section A3 may include

- Proof of a positive COVID-19 test
- Proof of travel (confirmation invoice, travel tickets)

**Please note:** We may require other evidence to support **Your Claim** depending on the circumstances, in which case **We** will request this from **You**.

## Section B– Emergency Travel Assistance

The **Assistance Company** will provide twenty-four (24) hour worldwide trip and emergency assistance services if the following occurs on **Your Hotel Stay**;

- **You** are denied boarding on a **Flight** due to fever or other medical concern
- **You** are denied entry to a country due to fever or other medical concerns.
- Feel ill while travelling.

If **You** require medical treatment that necessitates admittance to **Hospital** as an in-patient, emergency transportation services, or to return **Home** for any reason covered by this policy, **You** must contact the **Assistance Company** and follow their advice or instruction. Failure to do so may prejudice **Your Claim** under this policy.

The **Assistance Company** operates a network of service centres that will provide **You** with 24/7 travel assistance before and

during **Your Hotel Stay**.

Depending on **Your** specific needs, **We** can:

1. when medical care is needed, direct **You** to suitable medical facilities, monitor **Your** condition and treatment, and keep **Your** family and friends at **Home** informed;
2. confer with **Your** treating **Medical Practitioner** to evaluate if and when repatriation is necessary, and coordinate all services; and

**We** will try to get **You** medical attention when **You** travel, but the **Assistance Company** cannot guarantee that appropriate medical facilities will always be available. The **Assistance Company** is only provided to monitor **Your** condition remotely and cannot take over the running of **Your** medical treatment. Please note that where **Your Claim** is not covered under the policy, the provision of emergency assistance will not in itself be an admission of liability of **Your Claim**.

See the contact information provided in the [Important Contact Details](#) section for details of how to contact the **Assistance Company**.

**Important Note** – This section provides for assistance services only and does not provide cover for emergency medical expenses or any other expenses unless they are covered elsewhere in this policy.



## Important Contact Details

### EMERGENCY MEDICAL AND TRAVEL ASSISTANCE

Phone number: +65 6419 3075

Email: SGAssistance@aig.com

**Open 24 hours a day, 7 days a week.**

American International Group, Inc. (AIG) is a leading global insurance organisation. Founded in 1919, today AIG member companies provide a wide range of property casualty insurance, life insurance, retirement products, and other financial services to customers in more than 80 countries and jurisdictions. These diverse offerings include products and services that help businesses and individuals protect their assets, manage risks and provide for retirement security. AIG common stock is listed on the New York Stock Exchange and the Tokyo Stock Exchange.

Additional information about AIG can be found at [www.aig.com](http://www.aig.com) and [www.aig.com/strategyupdate](http://www.aig.com/strategyupdate) | YouTube: [www.youtube.com/aig](http://www.youtube.com/aig) | Twitter: @AIGinsurance | LinkedIn: <http://www.linkedin.com/company/aig>.

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