Inbound Travel Insurance General Policy Conditions

Chapter 1 Definitions of Terms

Article 1 (Definitions of Terms)
As used in these General Policy Conditions and Special Contracts attached to this insurance contract, the terms below shall be defined as follows.

Term	Definitions
Medical objective finding	Meaning abnormal findings recognized by physical diagnosis, neurological examination, clinical examination, imaging test and the like.
Medical doctor	Meaning a person who has a medical license in Japan. If the insured himself or herself is a medical doctor, then any medical doctor other than the insured.
Games, etc.	Meaning game, competition, performance (note 1) or test driving. (note 2) (note 1) Game, competition and performance. Including practices for these activities. (note 2) Test driving Meaning driving or maneuver for the purpose of performance testing.
Anamnestic disease	Meaning an illness that was developed before the start of the liability period and for which a doctor's treatment has been received.
Risk	Meaning the probability of occurrence of any loss or damage.
Matters to be notified	Among important matters involved in risks, items which the Company requests the policyholder to notify as items to enter in an application for the insurance policy or as items to input into an application screen for the insurance contract in case of applying for the policy contract by means of communication such as information processing equipment, including items relating to other insurance contracts, etc.
Illness	Meaning bodily disorder other than bodily injuries, with the exception of dental diseases, pregnancy, childbirth, premature delivery and miscarriage.
Automobiles, etc.	Meaning automobiles or motorized bicycles.
Amount of the payment liability	Meaning the amount of insurance benefits or mutual aid money payable, calculated on the condition that there are no other insurance contracts, etc.
Departure	Meaning departure from Japan being confirmed by an immigration inspector of Japan.
Injury	Meaning bodily injuries suffered by the insured resulting from any sudden and incidental external accident, including any symptom of poisoning (note) suddenly caused by accidental and temporary inhalation, absorption or ingestion of poisonous fume or any other poisonous substance externally. (note) Symptom of poisoning Excluding such symptom of poisoning as arising from continuous inhalation, absorption or ingestion of such substance.
Rapid deterioration of symptom	Meaning deterioration of symptom of which the occurrence during the liability period cannot be predicted by the insured in advance and which cannot be avoided even if the insured has exercised care that is deemed reasonable in light of common sense.
Traffic device	Meaning automobiles, etc., motorboat (note), go-cart, snowmobile and any other traffic devices similar to the foregoing. (note) Motorboat. Including wet bike.
Documents, etc.	Meaning means of communication such as writings or data processing equipment.
Relative	Meaning a blood relative within the sixth degree, a spouse, or a relative by

	marriage within the third degree.
Liability period	Meaning a period from the entry to Japan to the first departure from Japan during the insurance term.
Damage, etc.	Meaning damage, loss, injuries, illness, etc. for which the Company is liable to pay insurance benefits under the provisions of the General Policy Conditions and Special Contracts attached thereto.
Other insurance contracts, etc.	Meaning any other insurance policy contracts or mutual aid contracts with the same payment liability for the whole or part of this insurance contract.
Medical treatment	Meaning medical treatment given by a medical doctor in case the medical doctor finds it necessary to give such treatment.
Visit to a hospital or clinic	Meaning any cases where the insured regularly visits a hospital or clinic for medical treatment, including house calls by a medical doctor. However, any visit to a hospital or clinic without accompanying medical treatment solely for the purpose of receiving medicine, a medical certificate, medical appliances, etc. is excluded.
Hospitalization	Meaning confinement of the insured in a hospital or clinic to be solely engaged in treatment under continuous care of a medical doctor because the treatment at the insured's accommodation, etc. is difficult.
Entry	Meaning obtaining the permission for landing in Japan from an immigration inspector of Japan.
Spouse	Meaning a partner in marriage, including a common-law husband or wife, and a person in a state with a substance indistinguishable from a marital relationship although the person's gender in the family register is the same as the partner.
The insured	Meaning the insured person stated in the insurance policy.
Hospital, etc.	Meaning a hospital or clinic.
Insurance term	Meaning an insurance term stated in the insurance policy.
Insurance benefits	Meaning insurance benefits for medical treatment costs.
The insured amount	Meaning the insured amount stated in the insurance policy.
Insured accident	Meaning any accident or development of illness that has resulted in bodily injury, including rapid deterioration of symptom of anamnestic disease.
Unmarried	Meaning that a person has not been married so far.
Deductible	Meaning the amount of individual payment which should be deducted from the amount of loss upon calculation of the amount of insurance benefits payable,

Chapter 2 Indemnification Clauses

Article 2 (Company's Liability)

(1) The Company will pay to the insured, subject to the terms and conditions of these General Policy Conditions, the insurance benefits for any loss sustained by the insured because of payment of expenses incurred by the insured in undergoing medical treatment if any of the events set forth in the following subparagraphs 1) to 3) occurs to the insured.
   1) If the insured sustains bodily injuries by a sudden and incidental external accident (note 1) during the liability period, directly resulting in commencing medical treatment during the liability period.
   2) If the insured develops illness in the liability period, directly resulting in commencing medical treatment during the liability period.
   3) If the insured commences medical treatment in the liability period directly resulting from rapid deterioration of the anamnestic disease during the liability period.

(2) Expenses set forth in paragraph (1) shall be limited to those incurred in Japan within 180 days counting from the date of commencing medical treatment (note 2), inclusive of the date, during the liability period in Japan.
(3) Recognition/approval of the timing of development of an illness, timing of commencement of treatment, and rapid deterioration of symptom, as stated in subparagraphs 2) and 3) of paragraph (1), depends on the medical doctor's diagnosis.
(4) Notwithstanding the provision of paragraph (1), the Company shall not be liable for the insurance benefits for any damage, etc. caused by the insured accident occurring prior to receipt of premium.

(note 1) A sudden and incidental external accident
Hereinafter referred to as "Accident".
(note 2) The date of commencing medical treatment
In case of subparagraph 3) of paragraph (1), for a complication and sequela, it means the date on which medical treatment was first commenced during the liability period.

Article 3 (Exclusions - Part 1)
(1) The Company shall not be liable for insurance benefits for bodily injuries and development of illness or rapid deterioration of symptom of anamnestic disease resulting from any of the events set forth in the following subparagraphs 1) to 12).
1) Willful act or gross negligence of the policyholder (note 1) or the insured.
2) Willful act or gross negligence of the person entitled to insurance benefits (note 2).
3) Suicidal act, criminal act or combative act initiated by the insured.
4) Accident occurring while the insured falls under any of the following subsections a. to c.
a. While driving automobiles, etc. without having a qualification to drive (note 3) in accordance with laws and regulations.
b. While driving automobiles, etc. under the influence of alcohol, which is provided for in paragraph 1 of Article 65 of Road Traffic Act (Act No. 105 of 1960).
c. While driving automobiles, etc. under the influence of narcotic, hemp, opium, stimulant, thinner or the like in a state where normal driving may not be performed by the insured.
5) Dental diseases suffered by the insured.
6) Pregnancy, childbirth, premature delivery or miscarriage of the insured.
7) Surgical treatment or any other medical treatment to the insured, except for the cases where injuries or illness resulting from such treatment are due to treatment of injuries or illness for which the Company shall be liable to pay insurance benefits.
8) Execution of punishment sentenced to the insured.
9) War, military act of foreign nations, revolution, insurrection, civil war, armed rebellion or other similar disturbance, except for any act of terrorists (note 4).
10) Radioactive, explosive or other hazardous nature of nuclear fuel materials (note 5) or properties contaminated (note 6) by nuclear fuel materials (note 5) or any accident arising from such nature.
11) Any accident incidental to events stated in either of the preceding subparagraphs 9) or 10), or any accident arising out of the disturbance of good order incidental thereto.
12) Any nuclear radiation or radioactive contamination not included in subparagraph 9) above.

(2) Even if the insured complains of cervical syndrome (note 7), back pain or any other symptom, the Company shall not be liable for such symptom without medical objective findings in

support of such symptom for any cause whatsoever.

(note 1) The policyholder
If the policyholder is a corporation, the policyholder means any of its directors or any other body which executes the corporate duties.
(note 2) The person entitled to insurance benefits.
If the person entitled to insurance benefits is a corporation, the person entitled to insurance benefits means any of its directors or any other body which executes the corporate duties.
(note 3) Qualification to drive an automobile
Meaning the qualification to drive an automobile provided for in the statute of Japan.
(note 4) Act of terrorists
Meaning a violent act that an organization or individual having a political, social, religious, or ideological principle or opinion, or anyone uniting with them, commits in connection with such a principle or opinion.
(note 5) Nuclear fuel materials
Including spent fuel.
(note 6) Properties contaminated by nuclear fuel materials (note 5).
Including nuclear fission products.
(note 7) Cervical syndrome
Meaning so called “whiplash”.

Article 4 (Exclusions - Part 2)

(1) The Company shall not pay insurance benefits for bodily injuries sustained by the insured arising from an Accident occurring while the insured is participating in an event falling under any of the following subparagraphs 1) to 3).
1) While conducting games, etc. by means of traffic devices. However, except for the cases falling under subparagraph 3) mentioned below, this exclusion does not apply to bodily injuries sustained by the insured while conducting such games, etc. on the road by means of automobiles, etc.
2) While using any traffic devices in the manner or mode similar to games, etc. at the place which is mainly used for games, etc. However, except for the case falling under subparagraph 3) mentioned below, this exclusion does not apply to bodily injuries sustained by the insured while driving automobiles, etc. on the public roads in the manner or mode similar to games, etc.
3) While conducting games, etc. by means of automobiles, etc. with traffic restricted and the roads occupied with permission under the laws and regulations, or while driving automobiles, etc. in the manner or mode similar to games, etc.
(2) The Company shall not pay insurance benefits for bodily injuries sustained by the insured while playing sports set forth in Attached Table 1.
(3) The Company shall not pay insurance benefits for expenses incurred in medical treatment of altitude illness developed by the insured while conducting mountain climbing (note).

(note) Mountain climbing
Meaning mountain climbing using climbing gears such as an ice axe, climbing iron, climbing rope and hammer.

Article 5 (Exclusions - Part 3)

The Company shall not pay insurance benefits in case of the insured travelling in the circumstance

falling under 1) or 2) of the following subparagraphs.

1) Where the insured is travelling for the purpose of receiving medical treatment for bodily injuries or illness or mitigating symptoms.
2) Where it had been determined for the insured to receive medical treatment in a hospital or clinic in Japan prior to the inception of the liability period. (note)

(note) The case where it was determined to receive medical treatment.
Including the case where medical examination was scheduled or hospitalization was arranged.

Article 6 (Amount of insurance benefits payable)

(1) The amount of insurance benefits payable by the Company shall be that actually paid by the insured for medical treatment out of expenses set forth in the following subparagraphs 1) to 11), limited to the case where such the amount is deemed reasonable by the Company in light of common sense and is paid at the standard rate charged for occurrence of a similar accident as the insured accident or development of illness. However, any amount that would not have been paid if this insurance contract had not been concluded shall be excluded.
   1) Expense for medical examination, treatment and surgical operation by a medical doctor.
   2) Expense for medication, medical supplies, and medical equipment usage fee in accordance with procedure or prescription by a medical doctor.
   3) Expense for repairing an artificial arm or an artificial leg.
   4) Expense for X-ray examination, laboratory tests and use of operating room.
   5) Expense for employment of professional nurses, excluding reward and money offered as a token of thanks.
   6) Hospitalization cost incurred in confining the insured in a hospital or clinic.
   7) Expense incurred for ambulance service to carry the insured to a hospital or clinic for emergency medical treatment; however, the cost for a chartered non-routine air transportation service including transportation by a chartered aircraft shall be covered for the insurance benefits only when a medical doctor finds it difficult to carry the insured by regular air transportation service for the necessity of medical treatment.
   8) Expense incurred in moving the insured to another hospital or clinic by reason of unavailability of a specialist or difficulty in providing appropriate treatment at the hospital or clinic in which the insured is confined (note 1).
   9) Expense for hiring an interpreter necessary for medical treatment.
   10) Expenses for obtaining a medical certificate which is required in making insurance claims under this insurance contract.
   11) Expense incurred in disinfecting the place contaminated or alleged to be contaminated with pathogens when disinfection is mandated by a public agency under the laws and regulations.

(2) If with regard to expenses referred to in the preceding paragraph (1), any benefit falling under either of the following subparagraph 1) or 2) is provided to the insured, the Company shall deduct the amount of benefit from that of the insurance benefits payable by the Company.
   1) The amount of damages paid by any third party for expense borne by the insured.
   2) Any other benefit provided in order to indemnify any damage sustained by the insured (note 2)

(3) The amount of payment of insurance benefits shall not exceed the insured amount for bodily injury arising from one accident or for one illness (note 3).

(4) In case there are any other insurance contracts which are liable to pay insurance benefits for expenses set forth in paragraph (1) above, if the total of the amount of the payment liability

under the respective policies exceeds that of expenses set forth in paragraph (1), the Company shall pay the amount set forth below as insurance benefits.

1) In case any insurance benefit or mutual aid money is not paid under other insurance contracts, etc.
   The amount of the payment liability under this insurance contract.
2) In case any insurance benefits or mutual aid money is paid under other insurance contracts, etc.
   A balance after deducting the total of insurance benefits or mutual aid money which are paid under other insurance contracts, etc. from the amount of expense set forth in paragraph (1) above; provided, however, that the amount payable shall not exceed that of the payment liability under this insurance contract.

(5) In case the deductible is applicable to the respective other insurance contract or mutual aid contract, the amount of expenses referred to in paragraph (4) shall be the amount after deducting the smallest deductible among them.

(6) Notwithstanding the provision of Article 2 (Company's Liability), when an organization affiliated with the Company claims against the insured payment of expenses set forth in paragraph (1) above and the insured requests the Company to pay the insurance benefits to such affiliated organization, the Company shall pay such insurance benefits calculated in accordance with the provisions of the preceding paragraphs (1) to (5) to such organization, assuming that the insured has paid such expenses.

(7) Notwithstanding the provision of paragraph (1) above, if any of events falling under subparagraphs 1) to 3) of paragraph (1) of Article 2 (Company's Liability) occurs to the insured, out of the amounts actually paid by the insured as a direct result of such events, the Company shall not pay the insurance benefits for expenses set forth in the following subparagraphs 1) to 4).

1) Expenses for Japanese traditional massage, massage, finger pressure, acupuncture, moxa cautery, judo-orthopedics, chiropractic or osteopathy.
2) Expenses incurred in fitting and adjustment of eyeglasses, contact lenses or hearing aids, or expenses incurred in surgery for correction of myopia, hyperopia, astigmatism or presbyopia or other procedures intended for eyesight restoration ; provided, however, that the Company shall pay the insurance benefits in case of falling under subparagraph 1) of paragraph (1) of Article 2 (Company's Liability).
3) Expenses incurred in hair transplant, plastic surgery for cosmetic reasons, or procedure intended for any other purpose than health condition improvement.
4) Expenses incurred in infertility treatment or other pregnancy promotion control.

(note 1) Expenses incurred in moving the insured to another hospital or clinic.
Including expenses incurred for attendance, if necessary, of a medical doctor or professional nurse for treatment during the transportation. However, the cost for any chartered non-routine air transportation service including transportation by a chartered aircraft, shall be covered for the insurance benefits only when a medical doctor finds it difficult to carry the insured by regular air transportation service for the necessity of medical treatment.

(note 2) Other benefit
Excluding the insurance benefits or mutual aid money which has been paid by other insurance contracts, etc. that is liable to pay insurance benefits for expenses set forth in paragraph (1) above.

(note 3) Illness
Including a complication and sequela.

Article 7 (Influences of other physical suffering or illness)

(1) If the insured's injury or illness becomes deteriorated by any physical suffering or illness that had already existed when the insured suffered injury or developed illness, or by another physical suffering or illness from which the insured suffered independently of the insured accident after suffering injury or developing illness, the Company will determine and pay the amount that would have been payable had there been no such deterioration.

(2) If the insured's injury or illness becomes deteriorated because the insured fails to receive treatment without any reasonable grounds or is prevented by any action of the policyholder or the person entitled to insurance benefits from receiving the medical treatment, the Company shall make a payment in the same manner as set forth in the preceding paragraph (1).

Chapter 3 General Provisions

Article 8 (Inception and Termination of Insurance Liability)

(1) This insurance liability begins at 0:00 a.m. (note 1) on the first day of the insurance term and ends at 12:00 p.m. on the last day thereof.

(2) Hours stated in the preceding paragraph (1) shall be in accordance with the standard time in Japan.

(3) Notwithstanding paragraph (1) above, if the insured is scheduled to depart from Japan prior to 12:00 p.m. on the termination date of this policy but his or her departure is delayed beyond that date on account of any of the events set forth in the following subparagraphs 1) to 5), the coverage of this policy shall be extended by the time which is usually recognized for delay in departure from Japan due to the event concerned, but in any event the time to be extended shall not exceed 72 hours.

   1) Delay or suspension of a scheduled transportation system (note 2) in or on which the insured is riding or is scheduled to ride as a passenger.
   2) Inability of the insured to ride in or on the transportation system (note 2) owing to any failure in booking procedures for boarding.
   3) Medical treatment which the insured underwent.
   4) Loss or theft of the insured's passport, limited to the case where the insured has had the passport reissued or "travel document for return to his or her native country" issued.
   5) Hospitalization of any of the insured's accompanying family members (note 3) or any other accompanying person who has booked the same travel (note 4).

(4) In addition to cases of paragraph (3) above, if the insured is scheduled to depart from Japan prior to 12:00 p.m. on the termination date of the policy but his or her departure from Japan is delayed beyond that date on account of any of the events set forth in the following subparagraphs 1) to 4), the coverage of this policy shall be extended by the time required from the time of the incident to the time when the insured is released and become ready to depart from Japan; provided, however, that such extension shall be until the time of departure or the time of departing to the destination not initially scheduled to go (note 5), whichever is earlier.

   1) Unlawful control by the third party or detention by a public agency of the transportation system in or on which the insured is riding as a passenger (note 2) or the premises to which the insured is presently admitted.
   2) Detention of the insured by the public agency.
   3) Kidnapping of the insured.
   4) Closure of an airport in Japan resulting in the condition that the insured has become unable to easily depart from Japan.

(note 1) 0:00 a.m. on the first day of the insurance term

If any other time is stated in the insurance policy, the time shall be deemed the time on the first day of the insurance term.

(note 2) Transportation system

Meaning transportation systems such as aircraft, vessel or vehicle.

(note 3) Accompanying family members

Meaning the insured's spouse, a relative who lives with the insured or his or her spouse, or any unmarried children who live apart from the insured or his or her spouse, who accompany the insured.

(note 4) An accompanying person who has booked the same travel.

Meaning a person who has booked the same travel at the same time in order to accompany the insured.

(note 5) The time of departing to the destination not initially scheduled to go.

Excluding the case where it is necessary and unavoidable to move to the final destination.

Article 9 (Disclosure Obligation)

(1) The policyholder or the insured shall notify the Company correctly of the matters to be notified at the time of entering into an insurance contract.

(2) If the policyholder or the insured, intentionally or by gross negligence, failed to notify the Company of any known fact or made a false statement concerning the matters to be notified, the Company may terminate this insurance contract by notifying the policyholder thereof in writing.

(3) The provisions of paragraph (2) shall not apply to cases falling under any of the following subparagraphs 1) to 4).

1) When the fact referred to in paragraph (2) has ceased to exist.
2) When the Company was aware of the fact provided for in paragraph (2) or did not know such facts due to its negligence (note) at the time of entering into the insurance contract.
3) When the corrections have been requested in writing to the Company pertaining to matters to be notified by the policyholder or the insured prior to occurrence of an insured accident and the Company has approved such corrections. In the event of receiving applications for corrections, such corrections shall only be approved when the Company acknowledges that the insurance contract would have been concluded even if such corrections were informed to the Company as facts at the time of entering into such insurance contract.
4) When one (1) month has elapsed since the time the Company became aware of events that may cause termination in accordance with the provisions of paragraph (2) or when five (5) years have elapsed since entering into the insurance contract.

(4) Even if this policy was terminated under the provision of paragraph (2) after any damage, etc. took place, notwithstanding the provision of Article 17 (Validity of Termination of Insurance Contract), the Company shall not pay any insurance benefits. In such a case, if payment by the Company has already been made, the Company may request for a refund of the payment already made.

(5) The provision of paragraph (4) above shall not apply to any loss or damage caused by the insured accident that occurs not based on the facts provided for in paragraph (2).

(note) When the Company was aware of the facts or did not know such fact due to its negligence.

Including the case where an agent who concluded an insurance contract on behalf of the Company impeded notification of facts, or recommended that facts not be notified or that false statement misrepresenting the facts be notified.

Article 10 (Change of Policyholder's Address)
In the event the policyholder has changed the address or addressee stated in the insurance policy, the policyholder shall give notice thereof to the Company without delay.

Article 11 (Avoidance of Insurance Contract)
This insurance contract shall be null and void if the fact set forth in either of subparagraph 1) or 2) occurred.

1) If the policyholder concluded an insurance contract with the aim of unlawfully obtaining insurance benefits or with the aim of unlawfully having a third party receive insurance benefits.
2) If it has become known that with regard to an insurance contract concluded outside Japan, the policyholder concluded an insurance contract in violation of the provisions of laws and regulations, etc. (note).

(note) Laws and regulations, etc.
Meaning the laws and regulations of any other country than Japan which shall apply to the policyholder.

Article 12 (Invalidity of Insurance Contract)
In any case where the loss of life of the insured has occurred after conclusion of this insurance contract, this insurance shall become invalid at the time of such loss of life.

Article 13 (Cancellation of Insurance Contract)
The Company may cancel this insurance contract by notifying the policyholder in writing, if the Company has concluded that this insurance contract as a result of fraud or threat on the part of the policyholder, the insured or the person entitled to insurance benefits.

Article 14 (Termination of Insurance Contract by Policyholder)
The policyholder may terminate this insurance contract by notifying the Company thereof in writing.

Article 15 (Termination due to Significant Event)
(1) If any of events set forth in the following subparagraphs 1) to 5) occur, the Company may terminate this insurance contract by notifying the policyholder thereof in writing.
1) Where the policyholder, the insured or the person entitled to insurance benefits causes or attempts to cause any loss to occur with the intent of instigating payment of insurance benefits in accordance with this insurance.
2) Where the insured or the person entitled to insurance benefits commits a fraud or attempted to commit a fraud with regard to insurance claims under this insurance contract.
3) Where the policyholder falls under any of the facts set forth in the following subsections a. to e.
a. The policyholder belongs to antisocial forces (note 1).
b. The policyholder is involved in antisocial forces (note 1) such as providing fund or offering benefits.
c. The policyholder unlawfully has access to antisocial forces (note 1).
d. If the policyholder is a corporation, antisocial forces (note 1) exercise managerial control over the corporation and are substantially involved in management of the corporation.

e. The policyholder has the relationship with antisocial forces (note 1), which are socially criticized.

4) In case the special contract which is liable to pay a certain amount of the insurance benefits for bodily injuries or illness is attached, if it would be likely that the total of the insured amount involved in the insured becomes significantly large by overlap with other insurance policy contracts, etc., which may cause such circumstance contrary to the purpose of insurance system.

5) In addition to cases set forth in subparagraphs 1) to 4), the policyholder, the insured or the person entitled to insurance benefits has caused a significant event which results in the Company losing faith in such persons and makes the continuation of this insurance contract difficult to the extent comparable to circumstances provided for in subparagraphs 1) to 4).

(2) If an event falling under either of the following subparagraphs occurs, the Company may terminate this insurance contract (note 2) by notifying the policyholder thereof in writing.

1) Where the insured falls under any of subsection a., b., c. or e. of subparagraph 3) of paragraph (1).

2) Where the person entitled to insurance benefits payable for any damage, etc. falls under any of subsections a. to e. of subparagraph 3) of paragraph (1).

(3) Even if this insurance contract was terminated under the provisions of paragraphs (1) or (2) after the insured accident (note3) took place, notwithstanding the provision of Article 17 (Validity of Termination of Insurance Contract), the Company shall not pay insurance benefits (note 4) for any damage or injury caused by the insured accident which had taken place during a period from the time of occurrence of events set forth in subparagraphs 1) to 5) of paragraph (1) or subparagraph 1) or 2) of paragraph (2) until the time of termination of this insurance contract. In such a case, the Company may request for a refund of payments if insurance benefits (note 4) has already been paid.

(note 1) Antisocial Forces
Meaning organized crime groups, members of organized crime groups (including members who withdrew from the organization less than five (5) years ago), quasi members of organized crime groups, organized crime group related companies and other persons similar to the foregoing.

(note 2) Insurance Contract
Limited to the insurance contract part involved in the insured.

(note 3) Insured accident
In the event of termination under the provisions of paragraph (2) above, meaning an accident in which the insured got involved.

(note 4) Insurance benefits
In the event of termination under the provisions of subparagraph 2) of paragraph (2) above, limited to the amount receivable by a person falling under any of subsections a. to e. of subparagraph 3) of paragraph (1) above.

Article 16 (Request for Termination of Insurance Contract by the Insured)

(1) Unless agreed otherwise with the policyholder, the insured who is not the policyholder may request the policyholder to terminate this insurance contract (note).

(2) If the insured requests the policyholder to terminate under the provisions of paragraph (1) above, the policyholder shall terminate this insurance contract (note) by notifying the Company thereof.

(note) Insurance Contract

Limited to the insurance contract part involved in the insured.

Article 17 (Validity of Termination of Insurance Contract)
Termination of insurance contract shall only become effective prospectively.

Article 18 (Handling of Premium - in case of Avoidance of Insurance Contract)
(1) The Company shall not refund premiums already paid in the event that this insurance contract becomes invalid pursuant to the provision of subparagraph 1) of Article 11 (Avoidance of Insurance).
(2) The Company shall refund the full amount of premiums already paid in the event that this insurance contract becomes invalid pursuant to the provision of subparagraph 2) of Article 11 (Avoidance of Insurance Contract).

Article 19 (Handling of Premium - in case of Invalidity of Insurance Contract)
If this insurance contract becomes invalid pursuant to the provision of Article 12 (Avoidance of Insurance Contract), the Company shall refund the premium calculated on a pro-rata basis for the un-elapsed period.

Article 20 (Handling of Premium - in case of Cancellation of Insurance Contract)
If the Company cancelled this insurance contract pursuant to the provision of Article 13 (Cancellation of Insurance Contract), the Company shall not refund the premiums already paid.

Article 21 (Handling of Premium - in case of Termination of Insurance Contract)
(1) If the Company terminated this insurance contract pursuant to provisions of paragraph (2) of Article 9 (Disclosure Obligation) or paragraph (1) of Article 15 (Termination due to Significant Event), the Company shall refund the balance after deducting the premium calculated for the elapsed period from the amount of premium already paid.
(2) If the policyholder terminated this insurance contract pursuant to the provision of Article 14 (Termination of Insurance Contract by the Policyholder), the Company shall refund the amount of premium calculated in the same manner as stated in the preceding paragraph (1).
(3) If the Company terminated this insurance contract (note) pursuant to the provision of paragraph (2) of Article 15 (Termination due to Significant Event), the Company shall refund the amount of premium calculated in the same manner as stated in paragraph (1) above.
(4) If the policyholder terminated this insurance contract (note) pursuant to the provisions of paragraph (2) Article 16 (Request for Termination of Insurance Contract by the Insured), the Company shall refund the amount of premium calculated in the same manner as stated in paragraph (1) above.

(note) Insurance Contract
Limited to the insurance contract part involved in the insured.

Article 22 (Notice of Accident)
(1) In the event of occurrence of an insured accident, the policyholder, the insured or the person entitled to insurance benefits shall give notice thereof, containing information regarding circumstances of the accident, the extent of the injury or circumstances of development of illness and its progress, to the Company within thirty (30) days commencing from the date of the insured accident, inclusive of the date. In such a case the policyholder, the insured and the person entitled to insurance benefits shall comply with the Company’s request for submission of the medical certificate or postmortem certificate of the insured.
(2) In case of paragraph (1) above, the policyholder, the insured or the person entitled to

insurance benefits shall, without delay, give notice to the Company of whether or not there is the fact related to other insurance contracts, etc. and its details (note).

(3) In addition to the preceding two paragraphs (1) and (2), the policyholder, the insured or the person entitled to insurance benefits shall submit documents or evidences which are specifically needed and requested by the Company, and shall cooperate with the Company in the investigation of damage conducted by the Company.

(4) If the policyholder, the insured or the person entitled to insurance benefits, without reasons satisfactory to the Company, fails to comply with requirements as stated in the preceding three paragraphs (1) to (3) or fails to notify any known fact on the notice or explanation or makes a false statement misrepresenting the fact, the Company shall pay insurance benefits after having deducted losses sustained by the Company due to the reasons referred to above.

(note) Whether or not there is the fact related to other insurance contracts, etc. and its details. Including, if any, the fact that the insured has received payment of the insurance benefits or mutual aid money from other insurance contracts, etc.

Article 23 (Insurance Claim)

(1) The right to make insurance claims of this insurance contract to the Company shall be recognized and may be exercised from when the insured does not require medical treatment any longer or when 180 days have elapsed from the date of commencing medical treatment (note 1), inclusive of the date, or at the time of departure, whichever is earlier.

(2) Among claim documents (note 3), those requested by the Company must be submitted if the insured or the person entitled to insurance benefits makes insurance claims (note 2).

(3) The Company may request the submission of documents or evidences other than those set forth in paragraph (2) or may request for the cooperation in investigations conducted by the Company from the policyholder, the insured, or any person entitled to insurance benefits, depending on the details of the insured accident, the amount of loss, or the extent of bodily injuries or illness. In such a case, documents or evidences requested by the Company must be submitted promptly and necessary cooperation given.

(4) If the insured person has a reason preventing him/her from claiming insurance benefits and there is no person acting on behalf of the insured, the person falling under any of the following subparagraphs 1) to 3) submits the document showing such the circumstance and notifies the Company thereof, and after obtaining the Company's approval, may claim insurance benefits as the insured's proxy.

1) Spouse who lives with or shares the same livelihood with the insured (note 4).
2) If there is no person stipulated in subparagraph 1) above or if such a person stipulated in subparagraph 1) above has a reason preventing him/her from claiming insurance benefits, a person within the third degree of relatives (note 5) who lives with or shares the same livelihood with the insured.
3) If there is no person stipulated in subparagraphs 1) and 2) or if such a person stipulated in subparagraphs 1) and 2) has a reason preventing him/her from claiming insurance benefits, spouse not falling under subparagraph 1) (note 4) or a person within the third degree of relatives (note 5) not falling under subparagraph 2).

(5) If, after the Company made payment of the insurance benefits, the insured's proxy referred to in subparagraph 4) demands double payment of the insurance benefits, the Company shall pay no insurance benefits.

(6) If the policyholder, the insured or the person entitled to insurance benefits violates the provisions of subparagraph 3) without justifiable causes or states matters that misrepresent the fact in the documents stipulated in subparagraphs 2) to 4) or falsifies or fabricates documents or evidences,

the Company shall pay insurance benefits after having deducted losses sustained by the Company due to the reasons referred to above.

(note 1) The date of commencing medical treatment
In case of a complication or sequela falling under subparagraph 3) of paragraph (1) of Article 2 (Company's Liability), the date of commencing medical treatment means the date on which the medical treatment for the illness is commenced for the first time during the liability period.
(note 2) If the insured or the person entitled to insurance benefits makes insurance claims.
Including the case where the insured requests the Company to pay the insurance benefits to an organization affiliated with the Company.
(note 3) Claim documents
Meaning the documents set forth in Attached Table 2. In case of making insurance claims under the special contracts attached to this insurance contract, meaning the claim documents provided for in the special contracts.
(note 4) Spouse
Notwithstanding the provision of Article 1 (Definitions of Terms), limited to legal spouse.
(note 5) Relatives
Notwithstanding the provision of Article 1 (Definitions of Terms), limited to legal relatives.

Article 24 (Timing of Insurance Benefit Payments)

(1) The Company shall complete the confirmation of the matters set forth in the following subparagraphs 1) to 5) that are necessary for the Company to pay insurance benefits within 30 days of the completion date of the insurance claim (note 1), inclusive of the date, and then pay the insurance benefits.
1) As matters that are necessary in order to confirm whether or not the insurance benefits payment event occurred, the details of causes of an accident or development of illness, circumstances of an insured accident, whether or not any damage occurred, and facts corresponding to the insured.
2) As matters that are necessary in order to confirm whether or not the exclusions are applicable, whether or not there are facts corresponding to events set forth in this insurance contract as exclusions.
3) As matters that are necessary in order to confirm calculation of the amount of insurance benefits, the amount of damage (note 2), the extent of damage, etc., relationship between the insured accident and damage, etc., progress of medical treatment and details of treatment given.
4) As matters that are necessary in order to confirm whether or not an insurance contract is valid, whether or not there exists a circumstance falling under causes of termination, avoidance, invalidity or cancellation that are provided for in this insurance contract.
5) In addition to subparagraphs 1) to 4), matters that are necessary to confirm in order to determine an amount of insurance benefits payable by the Company, such as the existence and details of other insurance contracts, etc., a right to claim compensation for damages or other claims that belong to the insured as well as those already obtained.

(2) Notwithstanding the provisions of the preceding paragraph (1), the Company shall pay insurance benefits by the date on which the number of days set forth in the following subparagraphs 1) to 5) (note 3), inclusive of the date, has elapsed from the completion date of the insurance claim (note 1) in the event that exceptional inquiries or investigations stated in subparagraphs 1) to 5) below are needed in order to confirm the matters that are provided for

paragraph (1). In such a case, the Company shall notify the insured or the person entitled to insurance benefits of the matters requiring confirmation and the date by which such confirmation should be completed.

1) Inquiries regarding the findings of investigations made by the police, prosecutors, fire department and other public agencies in order to confirm the details set forth in subparagraphs 1) to 4) of paragraph (1): 180 days
2) Inquiries regarding the findings of medical examination and expert testimony by medical institutions, inspection agencies and specialized agencies in order to confirm the details provided for in subparagraphs 1) to 4) of paragraph (1): 90 days
3) Inquiries regarding the findings of medical examination by medical institutions and determination of the extent of physical impediment by specialized agencies in order to confirm the details and extent of physical impediment out of the details provided for in subparagraph 3) of paragraph (1): 120 days
4) Investigations in order to confirm the details of inquiries provided for in subparagraphs 1) to 5) of paragraph (1) in disaster-stricken regions to which the Disaster Relief Act (Act No. 118 of 1947) has been applied: 60 days
5) Investigations conducted outside Japan in the event there are no alternative methods of conducting investigations in Japan in order to confirm the details of inquiries provided for in subparagraphs 1) to 5) of paragraph (1): 180 days

(3) When confirming the necessary matters set forth in paragraphs (1) and (2), in the event that the policyholder, the insured or the person entitled to insurance benefits hinders such confirmation without reasonable grounds or does not comply with such confirmation (note 5), the period during which the confirmation is delayed as a result shall not be calculated in the period provided for in paragraph (1) or (2).

(note 1) The completion date of the insurance claim.
Meaning the date on which the insured or the person entitled to insurance benefits has completed the procedures stipulated in paragraphs (2) and (4) of the preceding Article.
(note 2) The amount of damage.
Including the insured value.
(note 3) The number of days set forth in the following subparagraphs 1) to 5).
In case of falling under two or more of subparagraphs 1) to 5), the longest number of days among them.
(note 4) Inquiries
Including any inquiry made under the Attorneys-at-Law Act (Act No. 205 of 1949) and other laws and regulations.
(note 5) Not complying with such confirmation.
Including the case of failing to provide cooperation required.

Article 25 (Request for submission of a medical certificate, etc. prepared by a medical doctor designated by the Company)

(1) Upon receipt of the notice as stated in Article 22 (Notice of Accident) or the claim as stated in the Article 23 (Insurance Claim), the Company may request that the policyholder, the insured or the person entitled to insurance benefits should submit a medical certificate or postmortem certificate of the insured prepared by a medical doctor designated by the Company to the extent necessary in certifying the extent of bodily injury or illness and in making payment of insurance benefits.
(2) Expense (note 2) incurred in medical examination or postmortem examination (note 1) under the provision of paragraph (1) shall be borne by the Company.

(note 1) Postmortem Examination.
Meaning an examination of a dead body to certify the death medically.
(note 2) Expense
Not including any loss of revenue.

Article 26 (Currency of Payment)
Payment of insurance benefits by the Company shall be made in the currency of Japan.

Article 27 (Prescription)
The right to make insurance claims shall lapse if it is not exercised for three (3) years counting from the date following the date stipulated in paragraph (1) of Article 23 (Insurance Claim).

Article 28 (Subrogation)
(1) In the event that the insured has acquired the right to demand compensation for loss or other rights to claim as a result of paying expenses set forth in subparagraphs 1) to 11) of paragraph (1) of Article 6 (Amount of Insurance benefits Payable), such rights shall be transferred to the Company when the Company has paid insurance benefits for such loss; provided, however, that the transfer shall be limited to the amount of either subparagraph 1) or 2) below.
1) When the Company has paid the full amount of expenses as the insurance benefits.
The full amount of rights acquired by the insured.
2) Cases other than subparagraph 1).
The amount of rights acquired by the insured from which the amount of expenses not paid as insurance benefits has been deducted.
(2) In the event of subparagraph 2) of paragraph (1), the rights to claim which are not transferred to the Company and are retained by the insured shall be reimbursed in priority to the rights which have been transferred to the Company.
(3) The policyholder, the insured and the person entitled to insurance benefits must cooperate with the Company in maintaining and exercising the right to claim provided for in paragraph (1) or (2) which is acquired by the Company and in obtaining evidences and documents required by the Company for such maintaining and exercising. In such a case the Company shall bear expenses required to cooperate with the Company.

Article 29 (Change of Policyholder)
(1) After concluding an insurance contract, the policyholder may, with the consent of the Company, transfer to a third person all the rights and obligations involved in the General Policy Conditions and Special Contracts which are applicable to this insurance contract.
(2) In the event of transfer as provided in paragraph (1), the policyholder shall give notice thereof in writing to the Company and request for the consent of the Company.
(3) If the policyholder died after concluding this insurance contract, the heir-at-law of the deceased policyholder at the time of death shall succeed all the rights and obligations involved in the General Policy Conditions and Special Contracts which are applicable to this insurance contract.

Article 30 (More than One Policyholder)
(1) When this insurance contract has two or more of policyholders, the Company may request to determine one representative therefor. In such a case, such representative shall act on behalf of the other policyholders.
(2) If such representative provided for in paragraph (1) is not determined or he or she is not located, any conduct of the Company toward any of the policyholders shall be effective to the

other policyholders.

(3) If this insurance contract has two or more of policyholders, each policyholder shall undertake obligations as such jointly and severally under the General Policy Conditions and Special Contracts which are applicable to this insurance contract.

Article 31 (More than One Insured)

If this insurance contract has two or more insured persons, the provisions of the General Policy Conditions shall apply to each insured separately.

Article 32 (Filing of Lawsuit)

Lawsuits relating to this insurance contract shall be filed with a court located in Japan. Provided that if the policyholder, the insured or the person entitled to insurance benefits, who becomes a party to a lawsuit, has nationality other than Japanese and lives outside Japan, or is a corporation or group which has a principal office outside Japan, then lawsuits relating to this insurance contract may be filed with a court outside Japan.

Article 33 (Governing Law)

Matters not provided for in these General Policy Conditions shall be governed by the laws and regulations of Japan.

Attached Table 1

Article 4 The sports as provided for in paragraph (2) of (Exclusions - Part 2)

Mountain climbing (note 1), luge, bobsleigh, skeleton, aircraft (note 2) flying (note 3), skydiving, hang gliding, ultralight power machinery (note 4) boarding, gyroplane boarding, or any other similar dangerous sports similar to the foregoing.

(note 1) Mountain climbing

Meaning mountain climbing using climbing gears such as an ice axe, climbing iron, climbing rope and hammer, and rock climbing (including free climbing), except for bouldering for climbing walls of up to 5m in height.

(note 2) Aircraft

Excluding gliders and airships.

(note 3) Flying

Excluding cases of flying on professional duty.

(note 4) Ultralight power machinery

Meaning motor hang glider, microlight craft, ultralight plane and the like, but excluding parachute-type ultralight power machinery (i.e., paraplane, etc.).

Attached Table 2
Documents for Insurance Claim

Documents to be submitted \ Type of insurance benefit	Medical treatment expense for bodily injury	Medical treatment expense for illness
1. Written claim form	○	○
2. Insurance policy	○	○
3. Report on circumstances of injury or illness in the form specified by the Company	○	○
4. Certificate of accident issued by a public agency (in case of unavoidable circumstances, a third party)	○	
5. Medical certificate by a medical doctor certifying that the medical treatment was commenced during the liability period as well as the extent of bodily injury	○	
6. Medical certificate by a medical doctor certifying that the medical treatment was commenced during the liability period, as well as the extent of illness, the timing of occurrence of the cause for illness, and rapid deterioration of symptom of anamnestic disease		○
7. Receipts proving payment of expenses set forth in subparagraphs 1) to 11) of paragraph (1) of Article 6 (Amount of Insurance benefits Payable) or bills for such expenses from an organization affiliated with the Company	○	○
8. Copy of the insured's passport by which the insured's passport number, his or her name, the date of birth, and the date of entry to Japan can be confirmed	○	○
9. Power of attorney and certificate of a seal impression of the authorized person (If a third party is authorized to make insurance claims.)	○	○
10. Other documents that are provided for, as indispensable documents or evidences, in the documents, etc. delivered by the Company at the time of concluding the insurance contract in order for the Company to confirm necessary matters provided for in paragraph (1) of Article 24 (Timing of Insurance benefit Payments).	○	○

Note: In making insurance claims, such documents as required by the Company among those with ○ mark shall be submitted to the Company.

Special Contracts for conclusion of an insurance contract via Internet, etc.

Article 1 (Application and Underwriting of an insurance contract)

(1) Any person who intends to apply for an insurance contract to the Company may apply by making an indication of the intention of concluding a contract (note 2) to the Company through means of communication (note 1).

(2) If the Company receives an indication of the intention of concluding a contract (note 2) under the provision of paragraph (1), the Company judges contract underwriting. In case of having determined to undertake the contract, the Company specifies an application screen for the insurance contract to the applicant.

(3) The Company shall display the important matters (note 3) on the application screen for the insurance contract.

(4) An applicant shall confirm the important matters (note 3) and agree to them, and then enter the matters required on the application screen for the insurance contract and transmit it back to the Company within the prescribed period.

(note 1) Means of communication
Meaning means of communication such as information processing equipment; hereinafter the same shall apply in this Special Contracts.

(note 2) Indication of the intention of concluding a contract.
Meaning indicating the intention of applying for an insurance contract.

(note 3) Important matters
Meaning the important matters among promises required for an insurance contract.

Article 2 (In case the application screen for the insurance contract is not transmitted back)

If the application screen for the insurance contract which is provided for in paragraph (2) of the preceding Article is not transmitted back by an applicant within the prescribed period, the insurance contract shall be deemed not to have been effective.

Article 3 (Payment method of premium)

(1) The policyholder shall pay premiums pursuant to the method displayed on the application screen for the insurance contract.

(2) Unless provided for otherwise in other Special Contracts attached to this insurance contract, the due date for payment of premium as displayed on the application screen for the insurance contract shall be the date up until the first day of insurance term designated by the Company.

Article 4 (Termination - Non-payment of premium)

If payment of premium displayed on the application screen for the insurance contract has not been made by the due date for payment, the Company may terminate this insurance contract by notifying the policyholder thereof in writing. In such a case, termination of the insurance contract shall only be effective prospectively from the first day of insurance term.

Article 5 (Notice to the Company)

In addition to cases provided for in the General Policy Conditions, the policyholder may give notice prescribed by the Company through means of communication.

Article 6 (Provisions applied mutatis mutandis)

Matters not provided for herein shall be subject to the provisions of the General Policy Conditions

and the Special Contracts attached to this insurance contract so far as they are consistent with this Special Contracts.

Special Contract for Payment of Premium by Credit Card

Article 1 (Definitions of Terms)
As used in this Special Contract, the terms below shall be defined as follows.

Term	Definitions
Membership agreement, etc.	Meaning the membership agreement, etc. concluded between a cardholder and the card issuer.
Card issuer	Meaning a company issuing credit cards.
Credit card	Meaning the credit card designated by the Company.

Article 2 (Payment of Premium by Credit Card)
(1) The policyholder may pay premium of this insurance contract (note) by credit card.
(2) The policyholder referred to in paragraph (1) shall be limited to cardholders provided for in the membership agreement, etc. or persons who are authorized to use credit cards.

(note) Premium
Including additional premium charged for changes of an insurance contract; hereinafter the same shall apply in this Special Contract.

Article 3 (Accident prior to receipt of premium)
(1) If the policyholder makes an offer to pay premium by credit card upon application for this insurance contract or upon request for approval of changes, the Company confirms to the card issuer whether the card is valid and whether the premium is within the credit limit. In case where following such confirmation the Company approved of payment of premium by credit card, after the time of the approval (note), the provisions concerning handling of the insurance contract in case of an accident occurring prior to receipt of premium, which are provided for in the General Policy Conditions to which this Special Contract is attached and other Special Contracts attached thereto, shall not apply.
(2) The provision of paragraph (1) shall not apply to the cases set forth in the following subparagraph 1) or 2).
1) If the Company has failed to receive the amount equivalent to premium from the card issuer; unless the policyholder had used his or her credit card in compliance with the membership agreement, etc. and already paid to the card issuer the full amount equivalent to premium of an insurance contract to which this Special Contract is attached.
2) If the procedures provided for in the membership agreement, etc. have not been taken.

(note) The time of the approval
If the Company approved prior to the inception of insurance term stated in the insurance policy, the words “the time of the approval” shall be deemed “the time of the inception of insurance term”.

Article 4 (Direct demand for payment of premium and after payment of premium billed)
(1) If the Company has failed to receive the amount equivalent to premium as referred to in subparagraph 1) of paragraph (2) of the preceding Article, the Company may bill the amount of premium directly to the policyholder. In such a case, if the policyholder already paid to the card issuer the amount equivalent to premium of the insurance contract to which this Special

Contract is attached, the Company may not bill the amount equivalent to such premium already paid to the policyholder.

(2) If the policyholder had used his or her credit card in compliance with the membership agreement, etc., the provision of paragraph (1) of the preceding Article shall apply to the case where the Company billed premium to the policyholder under paragraph (1) and the policyholder paid the premium without delay.

(3) If the policyholder failed to pay premium referred to in paragraph (2), the Company may terminate the insurance contract to which this Special Contract is attached by notifying the policyholder thereof in writing; provided, however, that in such a case, the amount of premium to be billed shall be limited to that of the premium payable at the time of application for an insurance contract. If at the time of request for approval of changes the policyholder failed to pay the additional premium, the provision of the General Policy Conditions to which this Special Contract is attached and other Special Contracts attached thereto shall apply.

(4) Termination of this insurance contract provided for in paragraph (3) shall become effective prospectively from the first day of insurance term.

Article 5 (Refund of Premium)

In case the Company refunds premium pursuant to the provisions of the General Policy Conditions and other Special Contracts attached thereto, the Company confirms receipt of the amount equivalent to premium from the card issuer, and then shall refund the premium except for the case where the policyholder paid premium directly to the Company pursuant to the provision of paragraph (2) of the preceding Article or the case where the policyholder had used his or her credit card in compliance with the membership agreement, etc. and already paid to the card issuer the full amount equivalent to premium of the insurance contract to which this Special Contract is attached.

Article 6 (Provisions applied mutatis mutandis)

Matters not provided for herein shall be subject to the provisions of the General Policy Conditions and other Special Contracts attached thereto so far as they are consistent with this Special Contract.