

Budget-Friendly Protection, for Budget Travelers.

MALAYAN'S

Travelite

BUDGET TRAVEL INSURANCE

PRODUCT FEATURES AND BENEFITS



PERSONAL ACCIDENT

Sometimes misfortunes can not be avoided - especially when travelling. With Malayan's Travelite, we've got you covered! Travelite offers benefit for death, disablement and dismemberment due to accidents, including burial benefit.



MEDICAL REIMBURSEMENT

In case you need emergency medical attention, expenses incurred due to medical treatment of accidental injuries shall be reimbursed. If hospitalized, Travelite also has provision for Hospital Cash Allowance.



RECOVERY OF TRAVEL EXPENSES

Travel did not push through, or was cut short? Consequences of these incidents include unused expenses for hotel bookings, and travel costs. Travelite pays cash for reasonable and irrecoverable travel costs paid in advance.



TRAVEL INCONVENIENCE BENEFIT

Say no to the hassles of travel, whether it be delayed flight and baggages, or lost travel documents and checked in luggages. Worry not, as Travelite compensates for these losses up to the specified limit in the policy.



TRAVEL ASSISTANCE BENEFITS

Travelite covers the costs of emergency medical repatriation and evacuation. Upon recommendation of attending physician, travel via commercial carrier is covered up to the limit specified in the policy.

BENEFITS AND TABLE OF PREMIUM

(Premium are inclusive of taxes and charges)

Applicable to **DOMESTIC** travel and **NON-SCHENGEN** countries that caters International Asia Zone trips: Southeast Asia, Hong Kong, Japan, China, Taiwan, Korea, Nepal, Sri Lanka, Australia, and New Zealand (except European country states).

MALAYAN'S TRAVELITE SCHEDULE OF BENEFITS	PLAN 250K (IN PHP)	PLAN 500K (IN PHP)
Accidental Death and Disablement	200,000.00	500,000.00
Total Permanent Disability	200,000.00	500,000.00
Disablement/Dismemberment	200,000.00	500,000.00
Medical Reimbursement (accidental injuries)	250,000.00	500,000.00
Burial Assistance (accidental death)	10,000.00	10,000.00
Daily Hospital Cash Allowance (due to accident and sickness, up to 7 days/confinement)	500.00 per day	1,000.00 per day
Trip Cancellation	20,000.00	50,000.00
Trip Termination / Curtailment	20,000.00	50,000.00
Delayed Departure		
Food Allowance (min. of six [6] hours delay)	500.00	1,000.00
Hotel Accommodation (min. of twelve [12] hours delay)	1,000.00	2,500.00
Flight Diversion	2,000.00	2,500.00
Baggage Delay	5,000.00	5,000.00
Loss of Baggage	Max. of 10,000.00	Max. of 10,000.00
Damage to Luggage	Max. of 5,000.00	Max. of 5,000.00
Loss of Travel Documents	Max. of 10,000.00	Max. of 10,000.00
Emergency Medical Evacuation	15,000.00	25,000.00
Emergency Medical Repatriation	15,000.00	25,000.00
Hijack (maximum of five [5] days)	1,000.00 per day	1,000.00 per day

NO. OF TRAVEL DAYS	PREMIUM (PLAN 250K)		PREMIUM (PLAN 500K)	
1-3 days	PHP	65.00	PHP	145.00
4-6 days		115.00		265.00
7-9 days		168.00		385.00
10-12 days		188.00		427.00
13-15 days		200.00		455.00
16-18 days		238.00		541.00
19-21 days		247.00		559.00
22-24 days		280.00		635.00
25-27 days		314.00		712.00
28-31 days		359.00		813.00
ADDITIONAL WEEK	PHP	70.00	PHP	160.00

APPLICATION FORM

Name: _____
 Last Name First Name Middle Name

Address (Mailing Address): _____
 Number Street

Subdivision/Village Barangay Municipality/City Province Zip Code

Contact Number/s:
 Home: _____
 Office: _____
 Mobile: _____

Email Address: _____

☐ Send me my Travelite policy in electronic format (e-policy).
 Would you like to receive company notifications via email? ☐ Y ☐ N

Age: _____
 Date of Birth: (mm) ____ / (dd) ____ / (yy) ____

Sex: ☐ M ☐ F

Source of Funds: ☐ Salary ☐ Business ☐ Donation
☐ Inheritance ☐ Others _____

Type of Employment:
☐ Employed (☐ Private ☐ Government & Government Related ☐ OFW)
☐ Professional ☐ Business (Self Employed)
☐ Others _____

Tax Identification Number (TIN): _____

Industry: _____

ISIC Code (to be filled out by the Company Representative): _____

Name of Employer (if any): _____

Full Name of Beneficiary: _____

Relationship: _____

Type of Travel	Purpose	Type of Plan
☐ Local	☐ Business	☐ Peso Policy
☐ Asian	☐ Leisure	
☐ Worldwide	☐ Others _____	No. of Days _____

Travel Period: From _____ to _____

Destination / Itinerary: _____

Checklist for Purpose of Travel
 Are you traveling to receive medical treatment? ☐ Y ☐ N
 If yes, describe health condition _____

Have you been treated for high blood pressure, heart disease, cancer, kidney disease, diabetes, epilepsy? ☐ Y ☐ N
 If yes, describe health condition _____

DATA PRIVACY I acknowledge that Malayan Insurance Company, Inc. (Malayan) may collect, use, process and share my personal information to its employees, duly authorized representatives, other insurers, reinsurers, adjusters, investigators, and other third party providers for purposes such as underwriting, administration, claims adjudication and management, investment, data analytics, statistical analysis, risk analysis/ assessment/management, financial and tax monitoring/review/ reporting, protection against fraud, errors, or misrepresentations, profiling, research, due diligence, company evaluation, studies/customer satisfaction surveys, and compliance with legal, regulatory or contractual requirements. Further, I agree that Malayan may notify and offer me any of its products and services that may be useful to me. In furtherance of these purposes, my personal information, unless prohibited, may be processed outside the Philippines and be subject to different data protection standards.

AUTHORITY TO VERIFY INFORMATION I also authorize Malayan to verify and investigate the information given by me, including submitted documents from whatever source it may consider appropriate.

RIGHTS OF THE DATA SUBJECT I acknowledge that I have the right to access the given information and I undertake to correct, rectify or supplement the same should any information be found to be inaccurate or incomplete. I shall notify Malayan in writing of any changes in the information given above.

UNDERTAKING I hereby warrant that all personal information given by me are true, correct, updated to the best of my knowledge, and freely and voluntarily given to Malayan. I agree and consent that the above information are being collected, used, processed and recorded for purposes of securing insurance protection or any other business transaction(s) with Malayan and for other purpose as indicated herein.

If purchasing, transacting and/or acting in behalf of other person(s), I hereby warrant that I have been duly authorized to perform such acts and permitted to give their information to Malayan. I hereby bind myself to advise all other persons in whose behalf I have acted, transacted with and/or purchased any product or services from Malayan of all the terms and conditions herein. I will hold Malayan, directors, officers, employees, agents, successors and assigns free and harmless from any liability that may arise as a result of the authorization given above.

By signing this form, I hereby certify that I have read and understood the foregoing and this consent remains valid and binding unless I submit a written notice to Malayan revoking or altering the same.

☐ **AUTHORITY TO DISCLOSE** By ticking the box, I hereby authorize Malayan to grant the members of the Yuchengco Group of Companies (YGC), their and Malayan's affiliates, subsidiaries, contractors, partners, agents and representatives, intermediaries, industry associations, and other third parties access to my personal information, including this form, for purposes of marketing, sales or promotional information campaigns, and provision of any products, services, or offers through mail/email/SMS/telephone, or any type of electronic facility.

Signature: _____
 (Client's signature over Printed Name) (Date Signed)

Signature: _____
 (Broker, Agent or other Authorized Representative of Client)
 (Date Signed)

Budget-Friendly Protection,
for Budget Travelers.



Exclusively
packaged for domestic
and non-Schengen
countries!



MALAYAN'S



BUDGET TRAVEL INSURANCE

MALAYAN
INSURANCE

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 Website : www.malayan.com • E-Mail : malayan@malayan.com

Insure to be Sure.