

TRAVEL INSURANCE POLICY TERMS AND CONDITIONS

ARTICLE 1 - IMPORTANT INFORMATION

This policy does not cover everything. The policy holder should read this policy carefully including the policy's general exclusions and the specific exclusions for each benefit.

Under some sections of this policy, the policyholder must pay excess. That means that the policyholder will be responsible for paying the first part of the claim for each insured person, for each section, for each claim incident. The amount the policyholder has to pay is the excess.

ARTICLE 2 - DEFINITIONS

“Insurer”: The Insurance Company **Solidarity Bahrain B.S.C.**, registered and authorized in the in the country in which this insurance policy is issued and subscribed

“The Assistance Company”: **Gulf Assist Co W.L.L.** as a Europ Assistance company, provided by the reinsurer for the purpose of supplying the covers of this policy, directly or by means of its network, on the reinsurer's behalf.

“Policyholder”: The natural or legal person who subscribes the policy with the Insurer and who is bound by the obligations arising therefore, save those which, owing to their nature, must be complied with by the Insured.

“Insured Person”: Within the validity period of the policy, the person aged between 3 months and 80 years, whose name and address are specified in the policy, with respect to whom the premium has been paid before his/her travel and who is a resident of the country where the policy was issued.

There are not eligible as “Insured Person” the following persons:

- a) Insured intending to travel more than 92 consecutive days.
- b) Persons of less than 3 months of age.
- c) Persons aged from 81 years old, except in case a specific Plan including such cover for persons aged from 81 years is contracted.
- d) Non-residents in the country where the policy is issued;
- e) Those who have initiated the trip prior to the insurance underwriting.
- f) Insured travelling for work reasons (paid or otherwise), undertaking physical or manual hazardous activities such as: driving vehicles, use of machinery, loading and unloading, working at heights or in confined spaces, assembly of machinery, working on floating or underwater platforms, mines or quarries, use of chemical substances, laboratory work of any kind and any other hazardous activities.

“Beneficiary”: Person or persons for whom the Insured recognises the right to receive the corresponding amount of compensation as outlined in this contract. Should no one have been specified, the compensation will form part of the Insured's estate.

“Immediate Family Member” of the Insured: Spouse, children, parents, grandparents and siblings.

“Close Relative” of the Insured: Spouse, parents, children, grandparents, grandchildren, siblings, mother and father in law and brothers and sisters in law.

“Children”: Persons from 3 months to 18 years old.

“COVID-19”: is a disease caused by a new strain of coronavirus. CO' stands for corona, 'VI' for virus, and 'D' for disease. Formerly, this disease was referred to as '2019 novel coronavirus' or '2019-nCoV'

“Spouse”: Person officially registered as wife or husband of the Insured.

“Usual Country of Residence”: The Country where the Insured person is legal resident and where the Policy is issued by the Insurer.

“Worldwide”: Provides worldwide cover except the country of residence.

“Illness”: Any change in health diagnosed and confirmed by a legally recognised doctor during the life of the policy and which is not comprised or derived from either of the following two groups:

- a. Congenital disease: the disease that exists at the moment of birth as a consequence of hereditary factors or complaints acquired during pregnancy, even if it wasn't diagnosed or known.
- b. Pre-existing disease: the disease that the Insured suffered prior to the date of the trip commencement, even if it wasn't diagnosed or known.

“Serious Illness”: Any illness with the conditions described above, that requires admission to hospital and which, in the opinion of the Assistance Company's medical team, prevents the Insured from continuing travel on the date planned, or which involves the risk of death.

“Injury”: A medical problem caused by a sudden and severe external cause or reason beyond the control of the Insured, within the validity period of this Policy, during the trip.

“Serious Injury”: An injury with the conditions described above which, in the opinion of the Assistance Company's medical team, prevents the Insured from continuing travel on the date planned or involves the risk of death.

“Accident”: The bodily injury suffered during the life of the contract, which derives from a violent, sudden, external cause and one that is not intended by the Insured. For the purposes of this policy, the following shall also be construed to be accidents:

- a. Asphyxia or injuries as a consequence of gases or vapors, immersion or submersion, or from the consumption of liquid or solid matter other than foodstuffs.
- b. Infections resulting from an accident covered by the policy.
- c. Injuries that are a consequence of surgical operations or medical treatments resulting from an accident covered by the policy.

“Emergency Dental Care”: Any natural dental treatment covered by the policy due to a condition suddenly started up at travel and that it does not occur by reason of any pre-existing situation has been documented by dentist's report.

“Doctor” or **“Physician”**: An officially registered medical practitioner according to the law of the place where the claim happens.

“Osteosynthesis material”: Parts or pieces of metal or of any other kind used to join together the ends of a fractured bone, or to knit together the tips of joints, by surgical operation and which can be reused.

Orthopaedic material or orthosis: Anatomical parts or items of any kind used to prevent or correct temporary or permanent deformations of the body (walking sticks, cervical collar, wheelchair, etc.).

“Prosthesis”: These are deemed to be any item of any kind that temporary, or permanently, replaces the lack of an organ, tissue, organic fluid, member or part of any of them. By way of an example, mechanical or biological items such as cardiac valve parts, joint replacements, synthetic skin, intraocular lenses,

biological materials (cornea), fluids, gels and synthetic or semisynthetic liquids that replace organic humours or liquids, medicine reservoirs, mobile oxygen therapy systems, etc.

“Limit”: The amounts set forth in the Conditions of this Policy, Schedules of Covers and Economic Limits of each different Plan, and which represents the maximum benefit (financial, temporary or another kind) covered under each guarantee.

“Fraudulent Claims”: When the Insured, beneficiary or someone acting on their behalf, uses any fraudulent means or devices in order to obtain any of the benefits of this policy, consequently, any payment of any amount in respect of such claim shall be cancelled.

“Deductible” or “Excess”: The amount of expenses or the number of days which are not covered by the Insurer, and that are to be paid or supported by the Insured Person before the Policy benefits become payable.

“Premium”: The price of the insurance that the Policyholder must pay the Insurer in consideration for the coverage of the risks provided for the Insured by the latter, the receipt for which will include, moreover, the surcharges and taxes legally applicable.

“Period of Insurance” or “Effective Date of Coverage”: The period that commences and ends on the dates stated on the Certificate of the Policy contracted. Such period of Insurance is in any case not renewable.

“Territory”: Geographic area where the travel, object of the contract takes place, and in which the events that occur there have coverage.

“Means of Transport /Common Carrier”: It will be understood like Common Carrier which are hired to carry out the trip object of this insurance and will remain limited to the plane, ship, train, or coach, including when going into and going out of the above mentioned way of transport. Equally there remains covered the Accident of the way of public transport (limited to taxi, rent car with driver, tramway train, bus, train, underground train) during the direct route between the point of exit or come (domicile or hotel) up to the terminal of the trip (station, airport, port).

“Dangerous activities”: activities involving possible injury, harm, or death: characterized by danger or : able or likely to cause injury, pain, harm, death, etc.

ARTICLE 3 - OBJECT AND SCOPE OF THE POLICY

By virtue of this contract the Assistance Company will immediately provide the Insured, the assistance specified under the “Coverage” clause of this Insurance Policy for accidents that occur due to unforeseen incidents during travels outside his/her Usual Country of Residence, provided that this occurrence does not take place outside the specified geographical boundaries and does not take place out of the prescribed travel duration between the validity dates of this Policy. The scope of this Policy becomes void when the travel causing the acquisition of this Policy ends and/or the Insured arrives at his/her Usual Country of Residence, whichever takes place first.

The period of cover granted under this policy shall not exceed 92 consecutive days each travel.

Travel medical insurance shall cover any expenses which might arise in connection with repatriation for medical reasons, urgent medical attention and/or emergency hospital treatment or death, only for the duration of the applicant’s stay(s) on the territory of the Member States and not throughout the validity of the visa.

The benefits guaranteed under the policy shall be provided, in every case, according to the terms and conditions set forth in the policy and in keeping with the specific guarantees that have actually been contracted.

ARTICLE 4 - TRAVEL ASSISTANCE BENEFITS

The Assistance Company will provide the following Benefits only when the Insured is travelling outside the Usual Country of Residence for up to a maximum of 92 consecutive days.

SECTION A: TRAVELS BENEFITS

1. Personal Civil Liability

1.1 The Assistance Company guarantees the Insured to pay the compensation for which the Insured may be civilly liable by law, for bodily or material damages caused involuntarily to third parties and products during the lifetime of the insurance contract, according to the definitions, terms and conditions set out in the policy and for incidents arising from the risk specified therein.

1.2. Save express agreement to the contrary, the Assistance Company will assume the legal supervision as regards the claim by the damaged party, and will meet the cost of the defence expenses that arise. The Insured shall provide the collaboration necessary to assist the legal supervision assumed by the Assistance Company.

1.3. If in the court procedures brought against the Insured there should be a conviction, the Assistance Company will decide whether it is appropriate to appeal to the competent higher Court; if it does not deem the appeal appropriate, it will inform the Insured thereof, and the latter will be free to lodge it on its own exclusive account. In this latter event, if the appeal lodged were to give rise to a sentence favourable to the interests of the Assistance Company, it will be obliged to meet the cost of the expenses arising from such appeal.

1.4. When any conflict arose between the Insured and the Assistance Company, prompted by the latter having to maintain in the loss interests contrary to the defence of the Insured, the Assistance Company will inform the Insured thereof, without prejudice to taking the measures which, because of their urgent nature, are necessary for the defence. In this case, the Insured may choose between maintaining the legal supervision provided by the Assistance Company or entrusting its own defence to another person. In this last event, the Assistance Company will be obliged to pay the expenses of such legal supervision up to the limit agreed in the Policy Schedule.

When in the civil part an amicable agreement was reached, the defence in the criminal part is discretionary on the part of the Assistance Company and is subject to the prior consent of the defendant.

This cover is subject to a limit provided by the referred plan.

1.5. Recoveries

In the event of concurrence of the Assistance Company and of the Insured against a liable third party, the amount recovered will be shared out between them both in proportion to their respective interest.

1.6. Specific exclusions to Personal Civil Liability cover:

In addition to the General Exclusions, applicable to all Coverage and Sections of this policy, the consequences of the following events and damages are not covered:

- a) Damage which has its origin in the breach of or voluntary failure to observe positive Legal rules or of those governing the activities object of the insurance.
- b) Damage to goods or animals that are in the possession of the Insured, or the person for whom the latter is answerable, for his/her own use, or that have been entrusted or rented out to him/her to use, look after, transport, use for working purposes or operate.

- c) Damage caused by the contamination of the ground, waters or the atmosphere, unless the cause thereof should be accidental, sudden and unforeseen or not anticipated by the Insured.
- d) Damage caused by risks that should be object of compulsory insurance cover.
- e) Damage arising from the use and running of motor vehicles, and of the elements towed or incorporated therein.
- f) The contractual obligations of the Insured.
- g) Damage caused to ships, aircraft or any device destined for navigation on water or air support, or caused by them.
- h) Damage caused by the transport, storage and handling of corrosive, toxic, inflammable and explosive substances and gases.
- i) The payment of penalties and fines, as well as the consequences of failure to pay them and the furnishing of court bonds to guarantee the criminal results of the procedure.
- j) Liability arising from labour accidents sustained by the personnel in the service of the Insured.
- k) Damage caused by products, completed works and services rendered, after they have been delivered to clients or after they have been rendered.
- l) Damage caused to movable or immovable property which, for their use or enjoyment, handling, transformation, repair, safe-keeping, deposit or transport, have been entrusted, assigned or rented to the Insured, or which are in his/her possession or sphere of control.
- m) Financial losses that are not the consequence of a material damage covered by the policy, as well as the financial losses that are the consequence of a bodily harm or material damage not covered by the policy.
- n) Damage caused by engaging in obviously dangerous sports, such as mountaineering, underwater activities, shooting or similar.
- o) Injury to employees of the Insured.
- p) Liability arising out of:
 - Any wilful act or misconduct;
 - The carrying on of any trade profession or business.
- q) Liability to members of the Insured's family or any employee.
- r) Liability for which indemnity is provided to the Insured under any other insurance.

2. Loss of Passport

In case of loss of the Insured's passport while abroad, the Assistance Company will take charge of the expenses of the replacements necessary for obtaining a new passport or equivalent consular document.

This cover is subject to a limit provided by the referred plan.

3. Compensation for in-flight loss of checked-in baggage

The Assistance Company will supplement the compensation for which the carrier is liable up to a limit provided by the selected Plan, as a sum of both compensation payments, for the collection of baggage and possessions checked in by each Insured, in the event of loss during the carriage by air performed by the carrier company, for the purpose of which the Insured shall furnish a list of the contents including the estimated price and date of purchase of each item, as well as the settlement of the compensation payment by the carrier.

Compensation payment for loss will be calculated according to the procedures recommended by international carriage by air organisations.

The minimum period of time that must elapse for the baggage to be considered to have been lost once and for all will be that stipulated by the carrier company shall not be less than 21 days.

This cover is subject to a limit provided by the referred plan.

Money, jewellery, debit/credit cards, cheques and any type of document are excluded from this guarantee.

4. Compensation for delay in the arrival of luggage

In the event of a delay of more than 4 hours in delivering the baggage checked in, since the arrival of the flight on an IATA Member Airline, the Assistance Company will cover **up to a limit specified by the selected plan for each Insured person**, to purchase prime necessity items (those that are indispensable while the Insured awaits the arrival of the delayed baggage), provided that the relevant original copies of the invoices are furnished.

This cover is subject to a limit provided by the referred plan.

All such claims shall be accompanied by documents duly certified by the Airline attesting to the occurrence of the event.

5. Delayed Departure/cancelled flight by airline company

When the departure of the common carrier contracted by the Insured for travelling is delayed by at least 4 hours, the Assistance Company, subject to presentation of the corresponding original invoices, shall reimburse any additional expenses incurred (transport and hotel accommodation, as well as meals) as a result of the said delay, with the following limits in accordance with the Schedules in the Plan selected.

This guarantee duly excludes any delay that is a direct consequence of a strike called by employees belonging to the airline company and/or the departure or arrival airports for the flight, or to service companies subcontracted by the same.

Also excluded from this guarantee are those delays that occur on charter or non-regular flights.

Conditions and Limitations applicable to benefits section 4 and 5:

1. The Insured Person must obtain written confirmation from the carriers or their agents of the actual date and time of departure and the reasons for delay before a claim is considered under this Section of the Policy.
2. Claims under these Sections shall be calculated from the actual time of departure of the conveyance on which the Insured was booked to travel, as specified in the booking confirmation.

6. Missed departure

The Company will reimburse up to the overall limit shown on the Table of Benefits, for customary charges for necessary accommodation, telephone calls, meals and local public transportation incurred by the Insured Person if the Insured Person cannot reach the original departure point at the recommended time of his Insured Journey on either the outward or return journey, because public transportation services fail or the vehicle in which the Insured Person is travelling is involved in an accident or breaks down.

SPECIFIC CONDITIONS:

1. The Insured Person must allow enough time to arrive at his original departure point at or before the recommended time;

2. The Insured Person must get confirmation/Justification of the reason for the delay and how long it lasts from the appropriate authority.

SPECIFIC EXCLUSIONS:

The Company will not be liable to reimburse any Sum Insured for claim which is the result of a strike or industrial action that the Insured Person knew about before he booked his insured Journey.

7. Hijacking

The insurer will pay the Insured a distress compensation up to the limit provided by the referred plan for every 24 hour during which any common carrier in which the beneficiary is travelling has been hijacked.

This cover is subject to a limit provided by the referred plan.

8. Emergency Travel of one Immediate Family Member

In the event that the Insured should be admitted to hospital for more than five days as a result of an accident or illness covered in the policy, the insurer will take charge of the transfer of an immediate family member at the Insured's choice, from the usual country of residence of the Insured, including meeting the cost of the outbound to the place of hospitalisation, accommodation expenses and return journey, **up to a limit provided by the referred plan.**

9. Legal Defence

If the Insured is arrested or is in danger of being arrested as the result of any non-criminal action resulting from responsibilities attributed to him, the Assistance Company will, if required, provide him with the name of an attorney who can represent him in any necessary legal matters.

The Insurer will cover the expenses of legal defence abroad of the beneficiaries in the penal or civil procedures which are generated against the beneficiaries as a result of false arrest or wrongful detention.

This cover is subject to a limit provided by the referred plan.

10. Advance of Bail Bond

The Assistance Company will advance funds for any legal bond required on behalf of an Insured **up to the amount provided by the referred plan.**

The Insured will be required to repay such sum as may have been advanced within 45 days. The Assistance Company will require valid credit authorisation prior to any such fund advance.

11. 24 Hours Assistance Services

11.1 Medical Assistance

As soon as the Assistance Company is notified about a medical emergency resulting from the Insured's accident or illness, the Assistance Company will contact the medical facility or location where the Insured is placed and confer with the Physician at that location of the Insured to determine the best course of action to be taken.

If possible and if deemed appropriate by the Assistance Company, the Insured's Physician will be contacted in order to have a better knowledge of the medical conditions of the Insured, The Assistance Company will then analyse the situation and recommend the most appropriate way of providing the assistance benefits, as well as arranging hospital admission of the Insured where, in discretion, of the Assistance Company is appropriate.

11.2 Legal Assistance

If the insured person is arrested or in danger of being arrested as the result of any non-criminal action resulting from responsibilities attributed to him, the Assistance Company will, if required, provide him with the name of an attorney who can represent him in any necessary legal matters.

11.3 Pre-Departure Services

Prior to The Insured's departure, The Assistance Company will provide basic useful information about foreign locations, information about immunization requirements and passport or visa requirements, general information about weather and warnings about travel to certain locations.

11.4 International General Assistance

The Assistance Company will serve as a central point for translation and communication for the Insured during emergencies.

The Assistance Company agrees to provide to him advice on contacting and using services available from consulates, government agencies, translators and other service providers that can help with travel problems.

11.5 Abroad Information Assistance about lost Luggage and Passport,

If the Insured outside his country of residence, notifies the Assistance Company that his/her luggage or passport has been lost, the Assistance Company will endeavour to assist him/her by contacting the appropriate authorities involved and providing direction for replacing the passport or finding the luggage.

12. Trip cancellation or curtailment

12.1. Benefit:

The company will meet the cost of the reimbursement up to a limit specified in the Policy Schedule of the travel cancellation or curtailment expenses charged to the Insured and invoiced to him/her in application of the general conditions of sale of his/her provider, provided that he/she cancels or curtails the trip before it starts and for one of the following causes:

- a) Serious illness, serious bodily accident, or death, sustained by:
 - i. The Insured or a member of his /her Close Relatives as defined in the present Travel Insurance General Conditions.

- ii. The person in charge, during the trip, of the custody, in the Usual Country of Residence, of the under-age or disabled children.

b) Compulsory quarantine, jury service or witness summons unless there had been knowledge thereof prior to contracting the trip. An original copy of the court or administrative notification will be furnished.

c) Serious damage caused by fire, explosion, Burglary or by force of Nature, in his/her Usual Country of Residence or in his/her own or rented business premises, which rendered them uninhabitable or under serious risk of greater damage occurring which justify indispensably his/her presence.

d) Professional, non-disciplinary, dismissal of the Insured. In any case, this contract must have been signed before the worker was notified by the Insurer.

e) Forced unemployment of the Insured due to partial or complete closure of the company where the Insured is employed. A condition is that the Insured became unemployed after the insurance was taken out. This cover shall not apply to self-employed persons;

The Insured will be under the obligation to notify his/her travel provider and the Insurer of the cancellation or curtailment of the trip as soon as he/she has knowledge of the event causing it, and the Insurer will be exempted from compensating the expenses or penalizations that accrue from the moment of that notification in the event of failure to fulfil this obligation

12.2. Specific exclusions:

In addition to the General Exclusions, described at the end of these General Conditions and applicable to all Coverages and Sections of this policy, travel cancellation or curtailment is not insured when they are brought about by:

a) An aesthetic treatment, a cure, a travel or vaccination contraindication, the fact that it is impossible to continue in certain destinations the preventive medical treatment advised.

b) Epidemics.

c) Failure to furnish, for any cause, the documents indispensable for any travel, such as Passport, Visa, tickets, Identity Card or vaccination certificates.

d) Non-emergency dental treatments and rehabilitation treatments.

e) Illnesses sustained by persons aged seventy-five years old or more.

f) Travel arrangements made more than seven days before taking out the insurance.

g) Mental or nervous illness or anxiety;

h) Expenses arising from illness or injury where Insured:

i. is proposing to travel against a doctor's advice,

ii. is receiving, or is on a waiting list for in-patient treatment in a hospital or nursing home,

iii. Have received a terminal prognosis;

i) Any claim relating to a medical condition for which Insured received treatment in the 12 months prior to arranging Cover;

j) Any amount recoverable from a travel agent, tour operator, carrier or any other source;

k) Pregnancy or childbirth;

13. Terrorism Extension [Only applicable if specifically purchased]

(Silver Plan Excluded)

In consideration of an additional premium, it is hereby understood and agreed that Uniform Exclusions (Any Terrorist Act or bomb incident or threat thereof) is deleted in its entirety.

The Company will pay up to the limit shown on the Table of Benefits under Section B and Section C, for covered accidents, which are caused by an act or acts of Terrorism, to the extent that this hazard is not covered by the policy. This coverage is subject to the terms set forth below.

SPECIFIC CONDITIONS

1. The premiums and benefits for this option may be changed at any time by agreement between the Insured Person and the Company. This may be done as needed to reflect conditions, which in the opinion of the Insured Person or the Company, change the terrorism risk.

2. The Company reserves the right to change the rate for this optional benefit by seven (7) days written notice mailed to the Insured Person at the last address the Company has on record.

SPECIFIC EXCLUSIONS

The Company will not be liable to reimburse any Sum Insured for loss caused by or resulting from nuclear radiation or the release of nuclear energy.

SECTION B: MEDICAL BENEFITS

1. Medical Expenses and hospitalization outside the habitual country of residence

In the event of illness or injury of the insured occurring outside the Usual Country of Residence, which is not related to any pre-existing condition, The assistance company will pay the usual, customary, necessary and reasonable costs of hospitalization, surgery, medical fees and pharmaceutical products, prescribed by the attending doctor.

The Assistance Company's medical team will maintain the telephone contacts necessary with the centre and with the doctors who attend to the Insured to supervise the provision of proper health care.

This cover is subject to a limit and deductible provided by the referred plan.

1.1. Covid-19 Specific Conditions

1.1.1. Emergency Medical Expenses and Hospitalization due to COVID-19

In case the Insured gets infected with the Covid-19 during a trip covered by the Insurance Policy, the Travel Insurance covers the Medical Expenses & Hospitalization abroad, up to the proposed limit on the particular conditions of the purchased policy and according to the terms and conditions defined in the same, save the Insured travels to a location declared as not recommended for travel by the competent local Authority.

In case of infection, the Insured must contact the Emergency Assistance Service immediately to provide the necessary assistance.

This cover is Covered under Medical expenses benefit and subject to a limit of Euro 30,000 / USD 35,000 and excess of \$100

1.1.2. Quarantine Expenses due to COVID-19

In case the Insured gets infected with the Covid-19 during a trip covered by the Insurance Policy, the Travel Insurance covers the expenses incurred due to mandatory quarantine in a governmentally approved or facilitated quarantine centre, up to the proposed limit on the

particular conditions of the policy and according to the terms and conditions defined in the same, save the Insured travels to a location declared as not recommended for travel by the competent local Authority.

In case of infection, the Insured must contact the Emergency Assistance Service immediately to provide the necessary assistance.

This cover is Covered under Medical expenses benefit is subject to a limit of 14 days quarantine period and up to \$100 per day

1.1.3. Specific Conditions

- 1.1.3.1. Applicable for worldwide plans only. Hajj and Umrah plans excluded
- 1.1.3.2. Whenever it is required, travelers need to have a PCR negative test dated not more than 48 hours- 72 hours before departing for each trip conducted regardless of the duration of the issued policy.
- 1.1.3.3. Cover is valid only for the specified duration of stay and once this duration is over, the cover ends and is not renewable.
- 1.1.3.4. The cover only operates if a positive Covid-19 diagnosis has been made.
- 1.1.3.5. Insured's maximum age: up to **75 Years**.
- 1.1.3.6. COVID-19 tests cost are not covered.
- 1.1.3.7. In case of positive results, the Insured must contact the Emergency Assistance Service immediately to provide the necessary assistance.

2. Emergency dental care

If and when found necessary, the Assistance Company will provide the Insured party with the emergency dental assistance required abroad. However, this coverage is restricted to the treatment of pain, infection and removal of the tooth/teeth affected and should not be related to any pre-existing condition.

This cover is subject to a limit and excess provided by the referred plan.

3. Emergency Medical Evacuation

In the event of an accident or sudden illness which is acute which is not related to any pre-existing condition, the Assistance Company will take charge of transferring the Insured to a properly equipped health centre or repatriating to his/her usual country of residence.

The Assistance Company's medical team will maintain the telephone contacts necessary with the doctors attending to the Insured and will decide which health centre the Insured is transferred to or whether repatriation is necessary, depending on the situation or gravity of the state the latter is in.

The Assistance Company will arrange the evacuation, using the means it deems suitable, based on the medical evaluation of the seriousness of the Insured's condition. These means may include air ambulance, surface ambulance, regular airplane, railroad or other appropriate means. All decisions relating to the means of transportation and final destination will be made by the Assistance Company.

Approval and arrangements shall be taken from the Assistance Company. In case any transportation or arrangement is made without obtaining prior approval from the Assistance Company, fees shall be paid by the Insured.

This cover is subject to a limit and excess provided by the referred plan.

4. Repatriation of Mortal Remains

In the event of the death of the Insured, which is not related to any pre-existing condition, the Assistance Company will make the necessary arrangements for the return of the Insured's remains to the Insured's country of residence and the Assistance Company will meet the cost of the transfer expenses to the place of interment, cremation or funeral ceremony at his/her usual country of residence.

This cover is subject to a limit provided by the referred plan.

Payment of expenses for interment, cremation or funeral ceremony is excluded from this guarantee.

SECTION C: PERSONAL ACCIDENT BENEFITS

1. “Means of Transport” Cover:

Insurance covers accidents the Insured may suffer at the means of transport used during the trip, including public means of transport (taxis, buses, minibuses, coaches) used by the Insured to get from his usual place of residence to the boarding point (airport, sea port, bus station) and from the point of arrival to the place of accommodation, as well as the return journey under the same conditions.

The indemnity limit for each cover is that provided at the Plan selected of the Policy or at the Individual Insurance Certificate.

The indemnity limit for all Insured affected by the same accident is USD 500,000 (five hundred thousand USD), regardless the number of Insured persons or policies involved.

2. Accidental Death

- 1) Where an accident should lead to the death of the Insured, the Insurer shall pay the Beneficiary the sum determined for this eventuality.
- 2) If, prior to the death, the Insurer has paid an indemnity for Disability, as a result of the same accident and this had occurred in less than one year, it shall indemnify the difference between the amount paid and the insured sum in the event of death. Should the indemnity already paid out be greater, the Insurer shall not lay claim to the difference.
- 3) If, upon the death of the Insured, there should be no designated beneficiary, nor rules to decide upon one, the insured sum shall go on to form part of the Insured's estate. Where there are several beneficiaries, and except agreement to the contrary, payment of the sum insured shall be divided equally between them, or in proportion to their share of the estate, where those designated are the legal heirs. That part not received by a beneficiary shall augment all the others, except agreement to the contrary, except in the case where any of them should be a wilful causer of the accident. In such a case, any designation in favour of the same shall be deemed null and void and the corresponding part not received shall go on to form part of the Policyholder's estate.
- 4) In order to obtain payment of the Insured Sum, the Beneficiaries should furnish the Insurer with the following documents:
 - a) Insured's Birth certificate and literal Death certificate.
 - b) Those that prove the Beneficiaries' identity. Should they be the legal heirs, it shall also prove necessary to present the declaration of heirs decreed by the competent Court.
 - c) Where the beneficiaries are duly designated in a will, a certification from the General Registry of Last Wills and Testaments or local equivalent Authority, together with a first copy thereof, will be required.
 - d) Letter of payment or declaration of exemption from Inheritance Tax, duly issued by the corresponding Tax Delegation or local equivalent Authority.

3. Permanent Disability

- 1) This shall be deemed to consist of the permanent anatomic loss or lack of functionality or limbs or organs as a result of an accident. The amount of the indemnity shall be determined by applying to the Sum Insured the percentages established in the following Injury Table:

Injury Table	Percentage of Indemnity
Head and nervous system	
• Complete mental derangement	100
• Maximum expression of epilepsy	60
• Total blindness	100
• Loss of one eye or the sight thereof, where the other had previously been lost	70
• Loss of one eye, while conserving the other, or reduction of binocular vision to 50%	25
• Operated bilateral traumatic cataract	20
• Operated unilateral traumatic cataract	10
• Total deafness	50
• Total deafness in one ear, having previously lost hearing in the other	30
• Total deafness in one ear	15
• Total loss of sense of smell or taste	5
• Total mutism with impossibility of emitting coherent sounds	70
• Ablation of the lower jaw	30
• Grave disorders in the articulations of both jawbones	15
Spine	
• Paraplegia	100
• Quadriplegia	100
• Mobility limitations as a result of vertebral fractures, without neurological complications or grave deformations of the spine: 3 per cent for each vertebra affected, up to a maximum of	20
• Barré-Lieou syndrome	10
Thorax and Abdomen	
• Loss of a lung or a reduction to 50 per cent of lung capacity	20
• Nephrectomy	10
• Enterostomy	20
• Splenectomy	5
Upper Limbs	
• Amputation of an arm from the articulation of the humerus	100
• Amputation of an arm at the level of, or above, the elbow	65
• Amputation of an arm below the elbow	60
• Amputation of a hand at the level of, or below, the wrist	55
• Amputation of four fingers of a hand	50
• Amputation of a thumb	20

Injury Table	Percentage of Indemnity
• Total amputation of an index finger or two joints thereof	15
• Total amputation of any other finger or two joints thereof	5
• Total loss of movement of a shoulder	25
• Total loss of movement of an elbow	20
• Total paralysis of the radial, cubital or median nerve	25
• Total loss of movement of a wrist	20
Pelvis and Lower Limbs	
• Total loss of movement of a hip	20
• Amputation of a leg above the knee	60
• Amputation of a leg, while conserving the knee	55
• Amputation of a foot	50
• Partial amputation of a foot, while conserving the heel	20
• Amputation of a big toe	10
• Amputation of any other toe	5
• Shortening of a leg by 5 cm or more	10
• Total paralysis of the external popliteal sciatic nerve	15
• Total loss of movement of a knee	20
• Total loss of movement of an ankle	15
• Serious walking difficulties subsequent to the fracture of one of the heel bones	10

- 2) Applying the table of injuries shall be governed by the following principles:
- When the injuries affect the non-dominant upper limb, the left of a right-handed person or vice versa, the indemnity percentages for the same shall be reduced by 15 per cent, except in case of a hand amputation related to a foot amputation.
 - In order to determine the said percentages, neither the Insured's profession or age, nor any other factor not included in the table shall be taken into account.
 - The accumulation of all the Disability percentages arising from the same accident shall not give rise to an indemnity of over 100 per cent.
 - The total lack of functionality of some limb or organ shall be considered as total loss thereof.
 - The sum of diverse partial percentages related to the same limb or organ shall not exceed the percentage of indemnity established for the total loss thereof.
 - Those types of Disability not expressly specified shall be indemnified by analogy with other cases that do appear therein.
 - Partial limitations and anatomic losses shall be indemnified proportionally, with respect to the total loss of the affected limb or organ.
 - In the event that, prior to the accident, some member or organ suffered amputations or functional limitations, the percentage of the indemnity shall be the difference between the pre-existing Disability and that present after the accident.

- 3) For the purposes of the definitive indemnity, the degree of disability shall be determined by the Insurer whenever the Insured's physical condition is medically recognised as being definitive and the corresponding medical certificate of incapacity is provided. Where twelve months pass from the date of the accident, without the above being established, the Insured may request from the Insurer a further period of up to twelve months more, after which time the latter must determine the disability on the basis of what it believes, will be the definitive condition.
- 4) Should the Insured not accept the Insurer's proposal, duly made in accordance with the medical certificate of incapacity and in line with the scale outlined in the policy, the following rules shall apply:
 - a. Each party shall appoint a medical expert and their written acceptance must be duly recorded. Should one of the parties not make such an appointment, he shall be obligated to do so within eight days of the date on which the party who had done so requires him to comply; should the former still not name anyone within this period, it shall be taken that he accepts the report issued by the other party's appraiser and he shall be duly bound by it.
 - b. Where the experts reach an agreement, this shall be reflected in a joint report, which shall state the causes of the loss, the degree of disability, any other circumstances that have a bearing on the determination of the same and the corresponding percentage of indemnity proposed.
 - c. Where no agreement between the medical experts is forthcoming, both parties shall agree on the designation of a third appraiser. Should this agreed designation not prove possible, this shall be incumbent on the competent Judge corresponding to the Insured's address, under the Insured's country Law of Civil Procedure.

4. Specific Exclusions for Personal Accident

4.1 In addition to the General Exclusions to all the guarantees of this policy described at the end of these General Conditions, the Insurer does not cover the consequences originated or produced by the following:

- a) Bad faith on the part of the Insured or those intentionally caused by the same, except where the damage was sustained in order to avoid something worse.
- b) Wars, with or without prior declaration, and any conflicts or international interventions using force or duress. As well as damage caused during the course of strikes.
- c) Events arising from terrorism, mutiny or crowd disturbances; unless provided by the extension.
- d) Events or actions of the Armed Forces or Security Forces in peacetime.
- e) Extraordinary natural phenomena such as floods, earthquakes, landslides, volcanic eruptions, atypical cyclonic storms, falling objects from space and aerolites, and in general any extraordinary atmospheric, meteorological, seismic or geological phenomenon.
- f) Fall of sidereal bodies and meteorites.
- g) Those derived from radioactive nuclear energy.
- h) Those caused when the Insured takes part in bets, challenges or brawls, except in the case of legitimate defence or necessity.
- i) Accidents caused by the Insured's participation in criminal acts, or as a result of his/her fraudulent, seriously negligent or reckless actions.
- j) Accidents suffered as a result of being inebriated or under the effect of drugs, toxics or narcotics. Inebriation shall be taken to mean when the blood alcohol level is greater than 0,50 grams per 1.000 cubic centimetres, or the Insured is fined or convicted for this cause.
- k) Intoxication or poisoning from the consumption of foodstuff.
- l) Injuries that are a consequence of surgical operations or medical treatments not brought about by an accident covered by the policy.

- m) Accident as a result of any kind of loss of consciousness, illnesses of any kind, fainting fits, syncope, strokes, epilepsy or epileptiforms.

4.2 The consequences of accidents that occurred prior to the coming into force of this insurance are also excluded, despite the fact that they become apparent during its lifetime, as well as the consequences or after-effects of an accident covered which become apparent after the three hundred and sixty-five days subsequent to the date on which it occurred.

4.3 Unless expressly included in a specific Plan and subject to payment of the relevant surcharge Premium, the consequences of the following are excluded from the guarantee object of this contract:

- a) Engaging in the following sports: motor racing or motorcycle racing in any of its modes, big game hunting, underwater diving using artificial lung, navigation in international waters in craft not intended for the public transport of passengers, horse riding, climbing, mountaineering, alpinism, pot holing, boxing, wrestling in any of its modes, martial arts, parachuting, hot air ballooning, free falling, gliding and, in general, any sport or recreational activity that is notoriously dangerous.
- b) Participation in competitions or tournaments organised by sporting federations or similar organisations.
- c) The use, as a passenger or crew, of means of air navigation not authorised for the public transport of travellers, as well as helicopters.
- d) Accidents due to a physical or manual risk activity (paid or not) such as: driving of vehicles, use of machinery, loading and unloading, work in heights/levelling or confined locations, assembly of machinery, undertaking work on floating or underwater/sub-aquatic platforms, mines or quarries, use of chemical substances, laboratories of any kind, and any other dangerous activities.

ARTICLE 5 - THE ASSISTANCE COMPANY'S LIABILITY CONDITIONS

- 1) In the event of any claim the liability of the Assistance Company shall be conditional on the insured claiming indemnity or benefit having complied with and continuing to comply with the terms of this Policy.
- 2) In the event of a claim under this Policy the Insured shall:
 - a) Take all reasonable precautions to minimize the loss.
 - b) As soon as possible telephone the Assistance Company to notify the claim stating the Benefits required.
 - c) Freely provide the Assistance Company with all relevant information.
 - d) Make no admission of liability or offer promise or payment of any kind.
- 3) The Insurer will not reimburse or consider reimbursing any expenses which were not previously approved. In relation to previously approved expenses, the insured or beneficiaries will have to include the claim number obtained from The Assistance Company prior to sending the official receipts and/or letter explaining the reason and circumstances of why the Travel Assistance Services for which expenses are claimed were not obtained from The Assistance Company directly.

ARTICLE 6 - GENERAL EXCLUSIONS TO ALL BENEFITS

The following exclusion applies to the whole of this policy:

- 1) **It is excluded loss, damage, illness and/or injury directly or indirectly caused by, arising out of, and/or during, and/or in consequence of the following are excluded from the guarantee/cover granted under this Policy:**
 - a) The bad faith of the Insured, by his/her participation in criminal acts, or as a result of his/her

- fraudulent, seriously negligent or reckless actions including those actions of the Insured in a state of derangement or under psychiatric treatment costs for which are themselves excluded;
- b) Extraordinary natural phenomena such as floods, earthquakes, landslides, volcanic eruptions, atypical cyclonic storms, falling objects from space and aerolites, and in general any extraordinary atmospheric, meteorological, seismic or geological phenomenon any other type of natural disaster;
 - c) Events arising from terrorism, mutiny or crowd disturbances; unless provided by the extension.
 - d) Events or actions of the Armed Forces or Security Forces in peacetime;
 - e) Wars, with or without prior declaration, and any conflicts or international interventions using force or duress or military operations of whatever type;
 - f) Those caused by or resulting from radioactive materials and nuclear energy;
 - g) Those caused when the Insured takes part in bets, challenges or brawls, save in the case of legitimate defence or necessity;
 - h) Illness or injuries existing prior to the claim, unless expressly included in the Private or Special Conditions and subject to payment of the relevant surcharge premium;
 - i) Those that occur as a result of the participation by the Insured in competitions, sports, and preparatory or training tests;
 - j) Engaging in the following sports: motor racing or motorcycle racing in any of its modes, big game hunting, underwater diving using artificial lung, navigation in international waters in craft not intended for the public transport of passengers, horse riding, climbing, mountaineering, alpinism pot holing, boxing, wrestling in any of its modes, martial arts, parachuting, hot air ballooning, free falling, gliding and, in general, any sport or recreational activity that is known to be a dangerous one;
 - k) Participation in competitions or tournaments organised by sporting federations or similar organisations;
 - l) Hazardous winter and/or summer sports such as skiing and/or similar sports;
 - m) Permanent resident and students outside of country of residence;
 - n) The use, as a passenger or crew, of means of air navigation not authorised for the public transport of travellers, as well as helicopters;
 - o) The accidents deemed legally to be work or labour accidents, consequence of a risk inherent to the work performed by the Insured;
 - p) Internationally and locally recognized epidemics;
 - q) Illnesses or injuries arising from chronic ailments or from those that existed prior to the commencement of the trip;
 - r) Death as a result of suicide and the injuries or after-effects brought about by attempted suicide or any self-inflicted injuries;
 - s) Illness, injuries or pathological states caused by the voluntary consumption of alcohol, drugs, toxic substances, narcotics or medicines acquired without medical prescription, as well as any kind of mental illness or mental imbalance;

- t) Illness or injuries resulting from refusal and/or delay, on the part of the Insured or persons responsible for him/her, in the transfer proposed by the Assistance Company and agreed by its medical service;
- u) Illness or injuries caused by pregnancy and childbirth or any complication therefore or voluntary termination of pregnancy;
- v) Mental Health diseases;
- a) Venereal sexually transmitted diseases;
- b) All pre-existing, congenital and/or Chronic Medical Conditions prior to the commencement of the trip;
- c) Any cardiac or cardio vascular or vascular or cerebral vascular illness or conditions or after-effects thereof or complications that, in the opinion of a medical practitioner appointed by the Assistance Company, can reasonably be related thereto, if the insured person has received medical advice or treatment (including medication) for hypertension 2 years prior to the commencement of the Protected Journey.

2) In addition to the foregoing General Exclusions, the following benefits are not covered by this insurance:

- a) The services arranged by the Insured on his/her own behalf, without prior communication or without the consent of The Assistance Company, except in the case of an extreme emergency/urgent necessity. In that event, the Insured shall furnish the Assistance Company with the vouchers and original copies of the invoices;
- b) Assistance or medical services, which are not medically necessary and all Elective and/or non-Emergency medical condition and its complications;
- c) Rehabilitation treatments;
- d) Prostheses, orthopaedic material or thesis and osteosynthesis material, as well as spectacles;
- e) Assistance or compensation for events that occurred during a trip that had commenced, in any of the following circumstances:
 - 1) Before this insurance comes into force;
 - 2) With the intention of receiving medical treatment;
 - 3) After the diagnosis of a terminal illness;
 - 4) Without prior medical authorisation, after the Insured had been under treatment or medical supervision during the twelve months prior to the start of the trip;
- f) Expenses that arise once the Insured is at his/her usual country of residence, those incurred beyond the scope of application of the guarantees of the insurance, and, in any case, after the dates of the travel object of the Agreement have elapsed or after 90 days has elapsed since the start thereof, notwithstanding what is provided for in the Additional Clauses or in the Private or Special Conditions;
- g) Any Health Services that are received as Out-of-Hospital benefits;
- h) All expenses relating to dental non-emergency treatment, dental prostheses, and orthodontic treatments;
- i) Services that do not require continuous administration by specialized medical personnel;
- j) Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies);

- k) Medical Services that are not performed by Authorized Healthcare Service Providers, apart from medical Services rendered in a Medical Emergency;
- l) Prosthetic devices and consumed medical equipment;
- m) Treatments and services arising as a result of hazardous activities, including but not limited to, any form of aerial flight, any kind of power-vehicle race, water sports, horse riding activities, mountaineering activities, violent sports such as judo, boxing, and wrestling, bungee jumping and any professional sports activities;
- n) Costs associated with hearing tests, vision corrections, prosthetic devices or hearing and vision aids;
- o) Patient treatment supplies (including elastic stockings, ace bandages, gauze, syringes, diabetic test strips, and like products, non-prescription drugs and treatments, excluding such supplies required as a result of Healthcare Services rendered during a Medical Emergency);
- p) Services rendered by any medical provider relative of a patient for example the Insured person and the Insured member's family, including spouse, brother, sister, parent or child;
- q) All Healthcare Services & Treatments for In-Vitro Fertilization (IVF), embryo transport, ovum and male sperms transport;
- r) Treatments and services related to viral hepatitis and associated complications, except for treatment and services related to Hepatitis A;
- s) Air or Terrestrial Medical evacuation except for Emergency cases or unauthorized transportation services;
- t) Medical services and associated expenses for organ and tissue transplants, irrespective of whether the Insured Person is a donor or recipient;
- u) Any test or treatment not prescribed by a doctor;
- v) Diagnosis and treatment services for complications of excluded illnesses.

3) The Assistance Company is exempt from liability when, as a result of force majeure, it is unable to put into effect any of the benefits specifically envisaged in this policy.

ARTICLE 7 – CLAIMS & LIABILITY CONDITIONS

When a loss incident occurs, the Policyholder, the Insured and/or the Beneficiary are obliged to:

- a. Report the occurrence of the loss as soon as possible and, where appropriate, request by telephone the corresponding assistance, furnishing identifying details, the policy number, their location and the kind of service required. For the purposes of handling and reviewing claims, these conversations may be recorded.
- b. Employ all means available to them to mitigate the consequences of the incident. Failure to fulfil this duty shall entitle the Assistance Company to reduce its compensation in a fitting proportion, taking into account the importance of the damage arising from the same and the degree of blame attributable to the Insured.

Should this breach be as a result of the Insured's manifest intention to injure or deceive the Assistance Company, the latter shall be freed from any obligation to compensate for the said loss.
- c. Inform the Assistance Company of the existence of other insurance policies taken out with other companies that could also cover the claim.

- d. Make no admission of liability or offer promise or payment of any kind
- e. Collaborate to ensure the optimum processing of the claim, informing the Assistance Company as soon as possible of any judicial, extrajudicial or administrative notification that comes to their knowledge and is related to the loss.
- f. Furnish the Assistance Company with all manner of information regarding the circumstances and consequences of the loss, the initial medical assistance provided and the evolution of the Insured's injuries, apart from any complementary information the former may request. Failure to fulfil this obligation to provide information shall forfeit the right to compensation, in the event that there should also exist bad faith or gross negligence.
- g. Present documentary proof – receipts, certificates, formal complaints, etc. – that corroborate both the occurrence of events covered by this Policy and having incurred expenses entitled to indemnity thereunder.
- h. Agree to an examination by the doctors the Assistance Company may designate, where it deems this necessary in order to complete the reports furnished, and, at the Assistance Company's expense, attend the corresponding medical facilities for the said examination.
- i. The Insurer will not reimburse or consider reimbursing any expenses which were not previously approved. In relation to previously approved expenses, the insured or beneficiaries will have to include the claim number obtained from The Assistance Company prior to sending the official receipts and/or letter explaining the reason and circumstances of why the Travel Assistance Services for which expenses are claimed were not obtained from The Assistance Company directly

ARTICLE 8 - CONCURRENCE OF INSURANCE POLICIES

- a) Where any of the risks covered by this Policy should also be covered by another Insurer for the very same period of time, save agreement to the contrary, the Policyholder or the Insured must inform the Assistance Company of the other policies in existence.

Where, through bad faith, this information is omitted and the loss should occur in a situation of over-insurance, the Assistance Company shall not be obligated to pay compensation.

- b) Once the loss occurs, the Policyholder or the Insured must report this to the Assistance Company, in accordance with the provisions of article 16 of these General Conditions, indicating the names of the other insurers who shall be contributing proportionally to the payment of the benefits provided.
- c) In no case may the policy serve as a means of unfair enrichment for the Insured.

ARTICLE 9 – CLAIMS HANDLING PROCEEDURE

I- Claims & Liability Conditions

When a loss incident occurs, the Policyholder, the Insured and/or the Beneficiary are obliged to:

- a. Report the occurrence of the loss as soon as possible and, where appropriate, request by telephone the corresponding assistance, furnishing and identifying details, the policy number, their locations and the kind of services required. For the purposes of handling and reviewing claims, these conversations may be recorded.
- b. Employ all means available to mitigate the consequences of the incident. Failure to fulfil this duty shall entitle the Assistance Company to reduce its compensation in a fitting proportion, taking into account the importance of the damage arising from the same and the degree of blame attributable to the Insured.

Should this breach be as a result of the Insured's manifest intention to injure or deceive the Assistance Company, the latter shall be freed from any obligation to compensate for the said loss.

- c. Inform the Assistance Company of the existence of other insurance policies taken out with other companies that could also cover the claim.
- d. Make no admission of liability, promise or payment of any kind on behalf of the Assistance Company.
- e. Collaborate to ensure the optimum processing of the claim, informing the Assistance Company as soon as possible of any judicial, extrajudicial or administrative notification that comes to their knowledge and is related to the loss.
- f. Furnish the Assistance Company with all manner of information regarding the circumstances and consequences of the loss, the initial medical assistance provided and the evolution of the Insured's injuries, apart from any complementary information the former may request. Failure to fulfil this obligation to provide information shall forfeit the right to compensation, in the event that there should also exist bad faith or gross negligence.
- g. Present documentary proof – receipts, certificates, formal complaints, etc. – that corroborate both the occurrence of events covered by this Policy and having incurred expenses entitled to indemnity thereunder.
- h. Agree to an examination by the doctors the Assistance Company may designate, where it deems this necessary in order to complete the reports furnished, and, at the Assistance Company's expense, attend the corresponding medical facilities for the said examination.

The Insurer will not reimburse or consider reimbursing any expenses which were not previously approved. In relation to previously approved expenses, the insured or beneficiaries will have to include the claim number obtained from The Assistance Company prior to sending the official receipts and/or letter explaining the reason and circumstances of why the Travel Assistance Services for which expenses are claimed were not obtained from The Assistance Company directly.

The Assistance Company's Liability Conditions

In the event of any claim the liability of the Assistance Company shall be conditional on the insured claiming indemnity or benefit having complied with and continuing to comply with the terms of this Policy.

II- Call Centre and Complaints Service Level Agreements:

- (1) Speed of answer: Minimum: 80% of calls handled within 20 sec
- (2) Abandon calls: Maximum: 5% abandon calls in queue
- (3) SLA for claim related complaint [ex customer debating claim rejection]: 3 working days

- (4) SLA for Bad treatment complaint [ex staff treatment, breaching SLA or process]: 1 working day
- (5) The Insurer should have the authority to request for customer claims history and status.

III - Claims Management

A- Direct International Assistance

- (1) When requesting for assistance, the customer should submit all requested document.
- (2) In case the customer does not have access to email, a Whatsapp number is available for the purposes of sending necessary documents required for claim procedures. The Whatsapp number is 00962-776811108
- (3) In case of medical emergency, the Assistance Company will arrange the medical service within its medical network. Depending on the customer location and the insured's condition, this will take an average of 2 hours from requesting assistance.
- (4) Approval or rejection for treatment on the Insured, after receiving all medical documents from the doctor, can take an average of 2 hours.
- (5) Once the claim approved, the the Assistance Company will sent the guarantee of payment to the concerned hospital/medical center on the spot.
- (6) the Assistance Company can advise the customer to go seek treatment directly from his nearest hospital in emergency cases and then ask for reimbursement.

B- Reimbursement claims

- (1) The customer should submit all requested document.
- (2) In case the customer does not have access to email, a Whatsapp number is available for the purposes of sending necessary documents required for claim procedures. The Whatsapp number is 00962-776811108
- (3) In case of missing details/documents regarding the claim; the customer must be informed the same day.
- (4)The insured should submit missing documents (if any) within a maximum of 15 working days. If not received within this time frame, and after 2 reminders, Assistance Company will inform the insured that the case will be closed (Assistance company will not do any further communication with the insured).
- (5) In case of rejection or approval, and once all documents received, the customer must be informed within maximum 48 hours.
- (6) Reimbursement of funds can take up to 7 working days from the approval day.
- (7) In order to proceed with the claim settlement, insured shall send original invoices.

HOW THE INSURED SHOULD APPLY FOR ASSISTANCE?

Since the appearance of an event that could be included in any of the guarantees described previously, the beneficiary or any person acting in his place will necessarily contact, in the shortest possible time, in every case, the Alarm Centre mentioned below, which will be available to help any person 24h/24 7d/7.

<p>GENERAL 24/7 INTERNATIONAL HELPLINE</p> <p>USA: 0015672692968 Germany: 0049 1805115610 France: 800918040 Kuwait: 00965 22583610 UAE: 800035702831 Bahrain : 80001222 / 17218919 Saudi Arabia:8008973919 International: 00962 65008119 Fax: 00962 65627981 WhatsApp: 00962 776811108 Email: travea@europ-assistance.com</p>	<p>Spoken Languages: English, Arabic</p>	<p>By dialing the Emergency number, the insured will be prompt to provide:</p> <ul style="list-style-type: none"> ▪ Copy of Passport or Identity card. ▪ Copy of the Insurance certificate. ▪ Full name of the injured and the principal insured. ▪ The cause of the call. ▪ The place he/she are located (Hotel/City/Address/Phone number).
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Requested documents for Travel Assistance claims

In case of any claim related to any of the below benefits, please make sure to provide the full mandatory required documents.

❖ 1- Medical and dental Direct Services

Once the insured contact our call centre, we need all the following details that must be provided by the Insured in order to find the details in our record and provide the service:

• Policy number.
• Date of birth.
• Passport Identify/ include exit and entry.
• Name

If the policy not found on the system we ask for:

- Copy of Policy.
- Beneficiary Name.
- Exit date from the country of residence/ Entry date to the destination.

❖ 2- Reimbursement cases

The documents we need to process the reimbursement cases:

➤ **Medical claim:**

- An explanatory letter (explaining the cause why the insured did not call the alarm centre to request the assistance).
- Copy of the policy showing the policy number, the period of coverage and the covered benefits.
- Copy of the passport, first page (has to include the pages where we can see the stamp with the day of departure of the country of residence and the one with the day of entrance to the foreign country).
- The initial medical report in detail (Date of admission, Past Medical History, Physical Examination and initial diagnosis) plus all the Medical Reports that have been made for the patient
- Original Detailed invoices. Please note that receipts are not sufficient.
- We need full medical not initial medical report.
- The medical report with history of present illness.

➤ **Lost Luggage:**

- Copy of the policy showing the policy number, the period of coverage and the covered benefits.
- Copy of the passport, first page (has to include the pages where we can see the stamp with the day of departure of the country of residence and the one with the day of entrance to the foreign country).
- The compensation paid by the carrier (if exists) or letter of the carrier saying that they will not compensate the insured.
- Property Irregularity Report (PIR) made by the Airline Company.
- Copy of the Tag Number.
- List of the contents including the estimated price and date of purchase of each item.

➤ **Delayed Luggage:**

- Copy of the policy showing the policy number, the period of coverage and the covered benefits.
- Copy of the passport, first page (has to include the pages where we can see the stamp with the day of departure of the country of residence and the one with the day of entrance to the foreign country).
- Property Irregularity Report (PIR) made by the Airline Company.
- Tag Number.
- Detailed Invoices of the items bought as first needs.

➤ **Delayed/Missed Flight:**

- Copy of the policy showing the policy number, the period of coverage and the covered benefits.
- Copy of the passport, first page (has to include the pages where we can see the stamp with the day of departure of the country of residence and the one with the day of entrance to the foreign country).
- Letter from the Airline explaining the reason of the delay and for how many hours.
- Copy of the Airline Ticket.
- Compensation paid by the carrier (if exists) or letter of the carrier saying that they will not compensate the insured.
- Invoices of the expenses used during the delay (transport and hotel accommodation, as well as meals)
- Boarding pass

➤ **Trip Cancellation:**

- Copy of the policy showing the policy number, the period of coverage and the covered benefits.
- Copy of the passport, first page (has to include the pages where we can see the stamp with the day of departure of the country of residence and the one with the day of entrance to the foreign country).
- Letter from the Airline explaining the reason of the cancellation.
- Copy of the Airline Ticket, old and new if it's existed.

- Compensation paid by the carrier (if exists) or letter of the carrier saying that they will not compensate the insured.
- Evidence of reasons of cancelation, if it was not related for to the Air line.
 - **Loss of Passport**
 - Copy of the policy showing the policy number, the period of coverage and the covered benefits.
 - Copy of temporally passport.
 - Police report.
 - Copy of ticket.
 - **Repatriation of Unattended Children Travelling with the Insured**
 - Copy of the policy showing the policy number, the period of coverage and the covered benefits.
 - Copy of the passport, first page (has to include the pages where we can see the stamp with the day of departure of the country of residence and the one with the day of entrance to the foreign country).
 - The initial medical report in detail (Date of admission, Past Medical History, Physical Examination and initial diagnosis) plus all the Medical Reports that have been made for the patient.
 - **Repatriation of Mortal Remains**
 - Copy of the policy showing the policy number, the period of coverage and the covered benefits.
 - Copy of the passport, first page (has to include the pages where we can see the stamp with the day of departure of the country of residence and the one with the day of entrance to the foreign country).
 - Death certificate explain the cause of the death
 - Medical report mentioning the cause of the death.
 - Autopsy report in case a medical report is not available.
 - **Transport of Repatriation in case of illness or Accident**
 - Copy of the policy showing the policy number, the period of coverage and the covered benefits.
 - Copy of the passport, first page (has to include the pages where we can see the stamp with the day of departure of the country of residence and the one with the day of entrance to the foreign country).
 - The initial medical report in detail (Date of admission, Past Medical History, Physical Examination and initial diagnosis) plus all the Medical Reports that have been made for the patient.
 - FTF (Fit To Fly)